Genesis 16:13 You are the God that sees me.

Document Title	**Toileting and Intimate Care Policy**
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Policy Category	1	**Trust/Academies to use without amendment**
	2	School specific appendices
(Please Indicate)	3	School personalisation required (in highlighted fields)

Summary of Changes from Previous Version

Version	Date	Author	Note/Summary of Revisions
V1	January 2026	Nicky Bailey	New Trust Policy
V1.1	February 2026	Sam Eden	Updated Appendix 4 to move from a general intimate care log to an individual care log.
V1.2	March 2026	Nicky Bailey	Added Appendix 5 for information relating to Nursery Nappy Changing.

Contents

1. Aims

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, rights and wellbeing of every child are safeguarded
- Pupils who require intimate care are not discriminated against, in line with the Equality Act 2010
- Parents/carers are assured that staff are knowledgeable about intimate care and that the needs of their child are taken into account
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved

Intimate care refers to any care that involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

2. Legislation and statutory guidance

This policy complies with statutory safeguarding guidance.

3. Role of parents/carers

3.1 Seeking parental permission

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents/carers will be asked to sign a consent form.

For children whose needs are more complex or who need particular support outside of what's covered in the permission form (if used), an intimate care plan will be created in discussion with parents/carers (see section 3.2 below).

Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure.

If the school is unable to get in touch with parents/carers and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents/carers afterwards.

3.2 One-off incidents

Where a child requires intimate care due to an unexpected accident and there is no intimate care plan is place, adult support will be given in line with the intimate care policy. A note will be sent home to parents/carers to notify them (see appendix 2) and the incident will be logged on CPOMS.

3.3 Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents/carers, the child (where possible) and any relevant health professionals. If the child also has an Individual health care plan, this should be cross referenced.

The school will work with parents/carers and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents/carers will be consulted. If a child is of an age and stage where they can take care of their own needs e.g. applying cream to an intimate area, for a short period of time where an IHP is not required, this can be done with adult supervision ensuring all of the relevant consents are in place (see Medical Conditions Policy).

The plan will be reviewed twice a year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

See appendix 1 for a blank template plan to see what this will cover.

3.4 Sharing information

The school will share information with parents/carers as needed to ensure a consistent approach. It will expect parents/carers to also share relevant information regarding any intimate matters as needed.

4. Role of staff

4.1 Which staff will be responsible

Any roles who may carry out intimate care will have this set out in their job description. This includes:

- Teaching Assistants
- Teachers
- Designated additional Support Staff

Volunteers must not be used for intimate care.

4.2 How staff will be trained

Staff will receive:

- Training in the specific types of intimate care they undertake
- Regular safeguarding training
- If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation and dignity as possible. (See Individual IHP for details around manual handling).

They will know:

- The control measures set out in risk assessments carried out by the school
- Hygiene and health and safety procedures

5. Intimate care procedures

5.1 How procedures will happen

- **Under no circumstances should any digital devices be in the same space as a child who is receiving intimate care.**
- Individual Intimate Care Plans will be drawn up for pupils who require regular intimate care to suit the circumstances of the student. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the student and the carer.
- Each pupil's right to privacy will be respected. Careful consideration will be given to each pupil's situation to determine how many carers might need to be present when a pupil needs help with intimate care.
- Risk assessments for nappy changing should be in place for early years settings. They should also be in place for any child beyond early years who requires regular nappy changing as part of their IHP. See appendix 5.
- Protocols for recording nappy changing and communicating with parents should be in place.
- Within a typical early years setting, for routine nappy changing or for accidental soiling, ideally, two adults should be present. If this is not possible, because it would affect the supervision of other children in the setting, then the adult supporting the intimate care will make the other adult present, aware that intimate care has been carried out and the other colleague will sign the form to say the change has happened.
- Outside of an early years setting,for any children requiring regular intimate care as part of their IHP, two adults will always accompany the child, as it is likely that the dignified space for

intimate care to be carried out will not be within the classroom setting and may involve taking the child to a separate room. This process will support any manual handling such as supporting the child onto a changing mat.

- Within an early years setting for routine nappy changing, a rota should be in place for all children requiring this supported by all adults in the setting.
- Outside of early years and for children requiring intimate care as part of their IHP, a range of supporting adults should be named in the IHP.
- The school will complete an intimate care log of all intimate care given on an individual record sheet per child. See appendix 4.
- For schools with a nursery setting, a nappy change log will be recorded. If any concerns are noticed, this should be recorded and reported on CPOMS and a staff signature is required to confirm that this has been reported to parents. See appendix 5.

When carrying out procedures, the school will provide staff with:

- Protective gloves/PPE
- Cleaning supplies
- Changing mats
- Designated bins for removal of body fluids

For pupils needing routine intimate care, the school expects parents/carers to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, wipes, underwear and/or a spare set of clothing.

Any soiled clothing will be contained securely, clearly labelled and discreetly returned to parents/carers at the end of the day.

5.2 Concerns about safeguarding

If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this using the school's safeguarding procedures.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to the Designated Safeguarding Lead.

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures.

Appendix 1: Template Intimate Care Plan as part of an IHP

Parents/Carers	
Name of child	
Type of intimate care needed	
How often care will be given	
In the events of products yet to be provided by parents, are there any allergies to any products that we need to be aware of?	
What resources and equipment will be used, and who will provide them?	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	
Child	
Are there any special things that you would like us to be aware of when we're helping you?	
Is there anything that would make you feel more or less comfortable?	
Date	

This plan will be reviewed twice a year.

Next review date:

To be reviewed by:

Appendix 2: Report slip for parents

Dear Parent/Carer,

This is to inform you that intimate care was provided to your child today.

Child's Name: _____

Date: _____ **Time:** _____

Type of Care Provided:

☐ Nappy change
☐ Assistance with toileting
☐ Change of clothing due to soiling
☐ Other: _____

Brief Details:

Staff Member(s) Present:

Child's Wellbeing:

☐ Your child was comfortable and settled
☐ Your child required additional support or reassurance

Additional Comments (i.e. please provide more wipes):

If you have any questions or concerns about the care provided, please contact the school.

We will continue to work closely with you to ensure your child's comfort and dignity at all times.

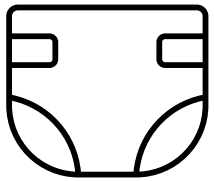
Appendix 3: Template Parent/Carer Consent Form

Permission for School to Provide Intimate Care	
Name of child	
Date of birth	
Name of parent/carer	
Address and contact details	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	☐
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)	☐
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	☐
I **do not** give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident). Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed). I understand that if the school cannot reach me or my emergency contact, if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.	☐
Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	

Appendix 4: Individual Pupil Intimate Care Log

Name of Child: Class:

Date & Time of care:	**Reason required for intimate care (on-going or temporary)**	**Actions taken during the episode of care:** *(description of actions carried out and any further information noticed)*	**Supporting staff members names and signatures to record that care has been given:** *(2 members required at all times)*	**Have any concerns noticed been recorded and reported on CPOMs?** *(Yes – CPOMs and DSL informed No – no concerns seen)*	**Staff member signature to acknowledge that parent has been informed.** *(Must be signed each time parent has been informed)*
Example: *01.9.2025 10:45am*	*On-going requirement for nappy changing. J is not yet able to recognise when she needs to use the toilet.*	*J's soiled nappy has been changed. Wipes used. J was slightly red and sore around her bottom today.*		*Yes – CPOMs log completed to highlight soreness. Parent will be informed at the end of the day, and we will monitor J's presentation tomorrow.*	

Summary Details				
Date original assessment completed:		Location affected:		
Person(s) completing assessment:		Headteacher sign off:		
Review completed by:		Review date:		

(To be read in conjunction with general hazards risk assessment)

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by Whom and when?	Completed
Moving and Handling	Staff may sustain a musculoskeletal injury when moving and handling children.	• Staff to undertake training in people moving and handling techniques (Flick). • The changing mat is used on the floor to avoid lifting.	•		✓
Infection from body fluids	Staff and children may suffer from ill health due to cross contamination. Likely injuries include illness and infection.	• Staff wash their hands before changing nappies or soiled clothing. • Staff wear disposable waterproof gloves and aprons when changing a soiled nappy or changing soiled clothing. • All changing mats are checked prior to use to ensure they are clean and sprayed with anti-bacterial surface cleaner. • Staff place soiled nappies into a nappy sack immediately.	Also see Intimate Care Plans for individual pupils for any individualised risk management e.g. use of specific wipes etc.		

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by Whom and when?	Completed
		• Staff place any soiled clothing in a plastic bag and clearly label it with the child's name for collection by their parent/carer. • Staff clean the child using disposable wipes and place these into the nappy sack immediately. • Staff wash the changing table mat with approved anti-bacterial spray using a disposable paper towel, which is disposed of into the nappy sack. • On completion of the task, staff place paper tissue, apron and gloves into the nappy sack which is then tied up and disposed of in the nappy bin. This is emptied daily directly to the external bin. • Staff wash their hands once the changing is finished. • Where appropriate, children are taught good hygiene practices and staff ensure that the children wash their hands.			
Slips, trips, and falls	Staff and children may be injured due to poor housekeeping practices. Injuries may include bumps, sprains, fractures, or head injuries	• Staff ensure spillages are mopped up immediately. • Signs are displayed when floors are wet or being cleaned.			

Appendix 6 – Nursery Nappy Change Log

Date & Time of care:	**Name of Child**	**Actions taken during the episode of care:** *(description of actions carried out and any further information noticed)*	**Supporting staff members names and signatures to record that care has been given:** Caregiver and countersigned by another member of staff	**Have any concerns noticed been recorded and reported on CPOMs?** *(Yes – CPOMs and DSL informed* *No – no concerns seen)*	**Where concerns have been raised staff member to countersign to confirm they have reported to parent.** Otherwise leave blank
Example: *01.9.2025* *10:45am*		*J's soiled nappy has been changed. Wipes used. J was slightly red and sore around her bottom today.*		*Yes – CPOMs log completed to highlight soreness. Parent will be informed at the end of the day, and we will monitor J's presentation tomorrow.*	