Intimate Care Policy

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Contents

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Purpose & Scope

This policy sets out Waterloo Primary School's arrangements for children who need assistance with intimate or personal care, whether routinely, occasionally or unexpectedly. It applies throughout the school day and to wraparound care, educational visits, swimming, residential visits and other school-organised activities.

It applies to all pupils, including children in the Early Years Foundation Stage (EYFS), mainstream classes and the school's specialist provision. Needs may arise because of age or developmental stage, disability, special educational need, medical condition, illness, injury, emotional need or an unexpected continence incident.

The policy should be read alongside the school's Safeguarding and Child Protection Policy, Staff Code of Conduct, Supporting Pupils with Medical Conditions Policy, SEND Policy and Information Report, Equality and Accessibility arrangements, Health and Safety Policy, Educational Visits Policy, Care and Control Policy and Complaints Policy.

Legal & Statutory Framework

The school has regard to the following legislation and statutory guidance, as amended:

- Children Act 1989 and Children Act 2004;
- Education Act 1996 and Education Act 2002;
- Equality Act 2010, including the duty to make reasonable adjustments and not discriminate because of disability;
- Children and Families Act 2014;
- Special Educational Needs and Disability Code of Practice: 0 to 25 years;
- Supporting pupils at school with medical conditions;
- Early Years Foundation Stage statutory framework for group and school-based providers;
- Keeping Children Safe in Education 2026 (from 1 September 2026);
- Working Together to Safeguard Children 2026;
- UK GDPR and Data Protection Act 2018; and
- relevant health and safety, manual handling, infection prevention and waste-management requirements.

There is no single statutory "intimate care policy" template. The arrangements in this policy bring together the school's safeguarding, equality, SEND, medical, health and safety and EYFS duties.

Definitions

Intimate care is care involving direct or indirect contact with, or observation of, parts of the body usually covered by underwear, or care associated with bodily functions and personal hygiene. It may include:

- nappy or pad changing;
- toileting, wiping and cleaning after a continence incident;
- changing wet, soiled or contaminated clothing;
- support with menstruation;
- washing, bathing or showering where this is part of agreed provision;
- application of prescribed or agreed preparations to intimate areas;
- catheter, stoma or other medical care where trained staff have agreed to undertake it; and
- support with dressing or undressing where privacy is required.

Personal care includes less intimate help such as washing hands or face, prompting with hygiene, fastening clothing, or supervised changing. The same principles of dignity, consent, safety and independence apply.

Not covered
Physical intervention or reasonable force is governed by the Restrictive Interventions, Reasonable Force & Seclusion Policy. General comforting touch, PE demonstrations and ordinary first aid are governed by the Staff Code of Conduct and relevant policies, although any intimate element must follow this policy.

Principles

Waterloo will:

- put the child's welfare, dignity, privacy, communication and emotional safety first;
- recognise that needing intimate care is not a safeguarding concern in itself and must never be stigmatised;
- listen to the child and seek their agreement at each stage, using communication methods they understand;
- encourage the greatest safe independence without withholding help, rushing or shaming;
- provide care promptly so that a child is not left wet, soiled, distressed, uncomfortable or at risk;
- make reasonable adjustments so disabled pupils can access education, visits, sport and wider opportunities;
- use the least intrusive level of help needed and explain what will happen before and during care;
- balance privacy with safeguarding; neither an audience nor unnecessary isolation is acceptable;
- ensure arrangements are planned, recorded, reviewed and known to the relevant staff; and
- work in partnership with parents or carers, health professionals and the child, while recognising the school's duty of care.Identifying and notifying medical needs

Parents and carers should notify the school office or Designated Medical Conditions Lead when a child has a medical condition, receives a new diagnosis, is prescribed medicine, returns after hospital treatment, or experiences a material change. Information may also be received from a previous setting, school nurse, GP, specialist service or other professional, subject to lawful information sharing.

For a new pupil, arrangements should be in place by admission wherever practicable. For a new diagnosis or changed need, the process should normally begin immediately and be completed as soon as reasonably practicable. Interim safety measures will be agreed where full clinical information is awaited.

Admission, Inclusion & Access

A child will not be refused admission, sent home routinely, placed on a reduced timetable, denied a visit or activity, or otherwise treated unfavourably because they are not toilet trained or need intimate care. Decisions will be needs-led and will comply with admissions, equality and SEND duties.

Where a need is known before entry or transition, the SENCO or relevant leader will coordinate planning with the family, previous setting and any involved professionals. Necessary facilities, training, equipment, staffing and risk controls should be in place from the child's start date wherever reasonably practicable. An interim safe plan will be agreed if specialist advice or equipment is awaited.

Consent, Assent & Refusal

Planned care

Parents or carers will normally provide written agreement for routine intimate care. For continuing or complex needs, this will be recorded in an Individual Intimate Care Plan and, where relevant, coordinated with an Individual Healthcare Plan, SEN support plan or Education, Health and Care Plan. Consent may be withdrawn, but the school will discuss the child's needs and agree a safe alternative; it cannot agree to leave a child in an unsafe, painful, soiled or degrading situation.

The child's voice

Staff will seek the child's assent immediately before and throughout care. Communication may include speech, symbols, signing, objects of reference, gesture, behaviour or an agreed communication system. Staff will notice hesitation, distress, avoidance or a change in presentation and pause where safe to do so.

Refusal or distress

A child will not be forced to receive routine care. Staff will remain calm, protect privacy, offer choices, allow processing time and, where appropriate, seek help from a familiar adult. Persistent or significant refusal will be recorded and reviewed with the family and relevant professionals. If delay creates an immediate risk to health or safety, staff will use the minimum necessary intervention in the child's best interests, seek senior advice where practicable, record the decision and inform parents or carers.

Unexpected or urgent care

Staff will try to contact a parent or carer where no prior consent exists and care is more than minimal. However, inability to contact a parent will not prevent proportionate action required by the school's duty of care. Staff may provide the minimum necessary care to protect health, safety and dignity. The reason, care given and attempts to contact home will be recorded and shared with the parent or carer as soon as practicable.

Individual Intimate Care Plans

An Individual Intimate Care Plan is required where care is regular, predictable, complex, involves specialist equipment or a medical procedure, presents identified manual-handling or safeguarding risks, or where the child's preferences and communication need detailed recording. A one-off minor accident does not normally require a plan, but must be logged.

The plan will be coordinated by the class teacher or provision lead with the SENCO and, where appropriate, the DSL, parents or carers, child, school nurse and other health or social care professionals. It will specify:

- the child's needs, strengths, communication, preferences, cultural or religious considerations and signs of distress;
- the precise help required, what the child can do independently and independence targets;
- the agreed staff team and contingency arrangements, without promising a particular adult at all times;
- location, privacy arrangements and whether a second adult is required or should remain nearby;
- equipment, products, protective equipment, safe moving and handling arrangements and required training;
- frequency or triggers, recording and communication with home;
- arrangements for lessons, transport, PE, swimming, visits, residentials and emergencies;
- what to do if the child refuses, becomes distressed, is injured or the plan cannot be followed;
- any linked healthcare, behaviour, risk assessment or safeguarding arrangements; and
- review date and signatures or recorded agreement.

Plans will be reviewed at least termly, and sooner after any significant change, concern, incident, professional advice or request by the child or family. Relevant staff will be briefed on a need-to-know basis.

Staffing & Safer Working

Who may provide care

Intimate care will be provided by employees whom the school has authorised, briefed and, where needed, trained. Agency or temporary staff may provide care only when the Headteacher or delegated leader is satisfied that checks, competence, briefing and supervision are adequate. Students, work-experience pupils and volunteers must not undertake intimate care. They must not be used merely as observers.

One adult or two?

Waterloo's normal staffing arrangement reflects the location and visibility of its changing facilities. In mainstream areas where bathrooms or changing spaces are away from the classroom, intimate care will normally be undertaken by two authorised members of staff. One adult may provide the direct care while the second remains available to safeguard, assist and verify that the agreed procedure has been followed; the child's privacy must still be protected and the second adult must not observe more than is necessary.

In Nursery, Reception and specialist-provision classrooms where the changing or toilet facility opens directly into, or is immediately adjacent to, a staffed classroom environment, routine care may be undertaken by one authorised adult because the adult and child are not isolated. Another adult must know that care is taking place and be close enough to assist.

These are normal arrangements, not substitutes for individual assessment. Two trained adults are required wherever the child's plan or risk assessment identifies this need, including some transfers, hoist use, complex procedures, significant distress or behaviour risk, or an identified safeguarding concern. Exceptionally, a plan may authorise one-adult care in another location where the Headteacher or delegated leader is satisfied that a recorded assessment provides equivalent safeguards. The decision will take account of the child's wishes, communication, mobility, behaviour, manual-handling needs, nature of care and any safeguarding concerns.

Consistency, choice and gender

The school will use a small, familiar team where possible, while avoiding reliance on a single adult. The child's expressed preference, including any preference about the gender of the carer, will be taken seriously and met wherever reasonably practicable. Staffing constraints will not justify leaving a child without necessary care. Any departure from an agreed preference will be explained, proportionate and recorded where significant.

Practice expectations

Staff must:

- follow the child's plan and agreed risk controls;
- announce themselves, explain each step and gain assent before proceeding;
- offer choices that are genuine, such as which cubicle, which garment first or which familiar adult;
- ensure doors, screens and clothing preserve privacy while allowing agreed safeguarding oversight;
- never make sexualised, teasing, shaming or negative comments about the child, smell, body or continence;
- avoid unnecessary conversation with others and never use a personal device, camera or recording equipment;
- use appropriate protective equipment and infection-control procedures;
- report equipment, facility or supply problems immediately;
- record care accurately and report any variation, injury, distress or concern; and
- seek advice rather than improvise an unfamiliar medical, lifting or invasive procedure.

Training, Competence & Staff Wellbeing

The Headteacher will ensure that staff have training proportionate to their role. This may include safeguarding and safer working, dignity and communication, continence and nappy changing, infection prevention, disposal of waste, moving and handling, use of hoists or changing benches, and child-specific medical procedures. Specialist procedures must be undertaken only by staff who have received suitable training and have agreed to carry them out.

Competence will be refreshed when needs, equipment or guidance change and at intervals advised by the trainer or healthcare professional. Staff may raise concerns about competence, safety or emotional impact without criticism. A concern does not remove the school's duty to arrange care; leaders must provide training, supervision or alternative authorised staffing.

Facilities, Equipment & Supplies

The school will provide or arrange suitable, accessible and hygienic facilities. In EYFS, the school will ensure suitable hygienic changing facilities for children in nappies and will consider children's privacy while balancing safeguarding and support needs. Across school, facilities and arrangements will be adjusted to the child's size, mobility and needs.

As relevant, facilities will include:

- warm running water, liquid soap and hand-drying facilities;
- a safe changing surface or height-adjustable bench, steps or hoist where assessed;
- privacy screening and a door that can be accessed in an emergency;
- disposable gloves and aprons;
- appropriate cleaning products and spill materials;
- lidded, hands-free waste receptacles and agreed waste collection;
- labelled individual supplies, including nappies, pads, wipes, barrier products and spare clothing; and
- secure, accessible storage that protects dignity and confidentiality.

Parents or carers will normally supply personal products and spare clothes, clearly labelled. A lack of supplies will not be allowed to compromise a child's immediate dignity or safety; school emergency stocks may be used and replenishment requested.

Safe Handling
No child should routinely be changed on the floor or lifted manually unless an individual moving-and-handling assessment says this is safe. Equipment must be used according to training and manufacturer guidance, with defects taken out of use and reported immediately.

Hygiene, Infection Prevention & Waste

Standard infection-control precautions apply to every child. Staff must wash and dry their hands before and after care, use gloves when contact with urine, faeces, blood, vomit, mucous membranes or non-intact skin is possible, and use a disposable apron where clothing may be contaminated. Gloves do not replace hand hygiene.

The changing surface and any contaminated equipment will be cleaned after use with the school's approved product and according to the product instructions. Cleaning chemicals must be stored securely. Reusable items will be child-specific or cleaned and decontaminated between uses as appropriate.

Soiled nappies, pads, wipes and protective equipment will be bagged and placed in the designated lidded waste receptacle. Waste will be removed at a frequency determined by the school's waste assessment and collection arrangements—not left until a fixed weekly interval. Sharps, clinical waste or waste arising from a known infection will be managed under the relevant healthcare and contractor arrangements. Soiled clothing will be double-bagged or placed in a sealed labelled bag for return home; staff will not rinse it by hand.

Standard Procedure for Intimate Care

1. Check the child's plan, prepare the room and gather all supplies so the child is not left unattended.
2. Tell the relevant adult that care is beginning and follow the agreed privacy and staffing arrangement.
3. Explain what is needed, offer choices and seek the child's assent using their communication method.
4. Support the child to do every part they can safely manage themselves.
5. Wash hands and put on protective equipment appropriate to the task.
6. Provide the minimum necessary care, working from clean to dirty areas and preserving coverage and dignity.
7. Observe without unnecessary examination. If an injury, mark, soreness, bleeding or other concern is noticed, follow the 'Safeguarding Children & Staff' section of this policy.
8. Help the child dress, ensure they are comfortable and return them safely to learning.
9. Dispose of waste, clean equipment and the changing area, remove protective equipment and wash hands.

10. Complete the care record and report any concern, variation or supply issue. Communicate with home as agreed in the plan.

Specific Situations

Nappies, continence products and toilet learning

Changing will be timely and responsive, not restricted to a timetable where a child is uncomfortable or soiled. Staff will use developmentally appropriate language and work with families on consistent, achievable independence goals. Toilet-training expectations must not be used to delay admission or participation. A child who has a pattern of new or unexplained continence difficulty should be referred to the SENCO or relevant leader for discussion with the family and, where appropriate, health advice.

Accidental wetting or soiling

Children will be reassured and supported discreetly. Where they can change independently, staff will provide privacy, clean clothing and proportionate supervision. Where hands-on help is necessary, staff will follow this policy and record the episode. Parents will be informed in accordance with age, need and the agreed plan; significant soiling, distress, injury or change in pattern will always be shared.

Menstruation

Menstrual products will be readily and discreetly available without requiring a child to justify need. Disposal facilities will be provided. A child who needs practical assistance will be supported sensitively by an authorised member of staff, taking account of their preferences and communication. Menstruation is not restricted to girls; language and arrangements will be respectful of each child.

Medical procedures and preparations

Catheterisation, stoma care, administration of rectal or vaginal medication, application of preparations to intimate areas and other specialised procedures must be included in an Individual Healthcare Plan or equivalent protocol. They may be carried out only by staff with appropriate child-specific training and in line with the Supporting Pupils with Medical Conditions Policy. Emergency treatment will not be delayed while seeking a second adult if delay would place the child at risk.

Swimming, PE and changing

Arrangements will be planned in advance and recorded where additional help is needed. Pupils will have appropriate privacy while staff maintain safe supervision. The venue's changing facilities, accessibility and emergency arrangements will be checked. Support will be the least intrusive necessary, and the child will not be excluded solely because they need assistance.

Educational visits, residentials and transport

The visit leader will ensure that the care plan and risk assessment cover accessible facilities, travel, supplies, disposal, medication, staffing, privacy, overnight arrangements and emergencies. Information will be shared only with staff who need it. Residential care arrangements will be agreed with the child and family in advance and incorporated into the visit risk assessment. The same safeguarding and recording standards apply off site.

Sun cream and other non-intimate personal care

Ordinary application of sun cream is personal care rather than intimate care and is not restricted to specialist provision. Parents or carers should normally apply sun cream before school and provide a named product where reapplication is required. The school will obtain written parental agreement before staff routinely apply sun cream and will encourage children to apply it independently wherever they can. Staff will apply it only to exposed skin, avoid

unnecessary contact and follow the school's sun-safety and allergy arrangements. Application to an area normally covered by underwear, or where a child needs unusually intrusive assistance, must be planned under this policy.

Recording & Communication

Every episode of hands-on intimate care will be recorded promptly. For frequent routine care, the individual log may use concise entries. Records will include date, time, care given, staff involved, any second adult, the child's response, relevant observations, any departure from the plan and action taken. Records must be factual and dignified.

Routine logs are care records, not automatically safeguarding records. A safeguarding concern must also be recorded immediately on the school's safeguarding system and reported to the DSL or a deputy. Medical information will be recorded in the appropriate healthcare record. Parents or carers will receive information at the frequency agreed in the plan, and immediately where there is injury, marked distress, a significant variation, suspected illness or a safeguarding concern unless the DSL decides that contact could increase risk.

Records will be stored securely, accessed on a need-to-know basis and retained in accordance with the school's records retention schedule and data-protection arrangements.

Information Sharing & Confidentiality

A child's intimate care needs are private. Staff will not discuss them in communal areas, in front of other pupils or with people who do not need the information. Relevant information will be shared with authorised staff, parents or carers and professionals where this is necessary to provide care, meet legal duties or safeguard the child. Data-protection law does not prevent proportionate information sharing for safeguarding.

Safeguarding Children & Staff

Children who need intimate care may be more vulnerable to abuse, may have communication barriers, and may be less able to recognise or report unsafe practice. Staff must remain professionally curious and must not assume that a change in behaviour, distress, injury or soreness is explained by disability or continence needs.

Concern about a child

If a member of staff observes an unexplained mark, injury, soreness, bleeding, pain, unusual discharge, significant change in behaviour or hygiene, or receives a disclosure, they must:

- respond calmly and listen;
- not investigate, examine unnecessarily, take photographs or ask leading questions;
- record the child's words and factual observations as soon as possible;
- report immediately to the DSL or a deputy under the Safeguarding and Child Protection Policy; and
- follow any direction about medical attention, parental contact, referral or preservation of evidence.

Concern or allegation about an adult

Any concern that an adult may have behaved in a way that harmed a child, may have committed an offence, may pose a risk, or may not be suitable to work with children must be reported immediately under the school's allegations procedures. Low-level concerns must be reported under the Staff Code of Conduct. Concerns about the Headteacher must be reported to the Chair of Governors or Trust as set out in the Safeguarding and Child Protection Policy. Staff must not investigate the matter themselves or discuss it with the person concerned.

Child distress about a carer or arrangement

If a child appears distressed by a particular adult or arrangement, care will pause where safe, the child will be listened to and a senior leader informed. The plan and staffing will be reviewed promptly. Parents or carers will normally be

informed unless the DSL judges that doing so may place the child at additional risk. Safeguarding procedures take precedence where a concern is identified.

Roles & Responsibilities

Local Governing Body	Approves and monitors the policy; seeks assurance that duties, resources, facilities and safeguarding arrangements are effective.
Headteacher	Ensures implementation, suitable staffing, training, facilities, risk management and links with Trust procedures; resolves operational concerns.
DSL and deputies	Advise on safeguarding, receive and act on concerns, oversee allegations/low-level concern routes, and liaise with the SENCO where children with SEND are involved.
SENCO / Inclusion Lead	Coordinates plans and reasonable adjustments for pupils with SEND; obtains specialist advice; supports transition and reviews provision.
EYFS Lead / provision and phase leaders	Ensure practice in their areas meets this policy, EYFS requirements where applicable, and individual plans; monitor supplies, records and staff competence.
Class teachers / key adults	Know the child's plan, coordinate day-to-day communication, promote independence and ensure care does not unnecessarily interrupt learning.
Authorised care staff	Follow plans and training; seek assent; preserve dignity; record care; report concerns, changes and equipment issues immediately.
Parents or carers	Share accurate information; provide agreed personal supplies; notify changes; contribute to plans and reviews; raise concerns promptly.
Pupils	Are supported to express preferences, participate in planning, build independence and tell a trusted adult if anything feels wrong. Responsibility for safe care remains with adults.

Complaints, Disagreements & Whistleblowing

Concerns should be raised promptly with the class teacher, provision lead, SENCO or Headteacher so that care can be reviewed. Formal complaints will be considered under the school's Complaints Policy. A complaint does not replace safeguarding action; any safeguarding element will be referred immediately to the DSL or the appropriate allegations route. Staff must use the school's whistleblowing procedure where they believe unsafe or improper practice is not being addressed.

Monitoring & Review

The Headteacher, DSL and SENCO will monitor implementation through plan reviews, incident and concern patterns, complaints, staff training, facility checks and appropriate sampling of records. Monitoring will protect confidentiality and will not subject children to unnecessary scrutiny. The Local Governing Body will receive assurance at least annually. The policy will be reviewed annually and sooner where legislation, statutory guidance, school provision or learning from an incident requires change.

Appendix 1: Nappy/Pad Changing & Continence Procedure

1. Check the individual plan and confirm the agreed staffing and location.
2. Prepare the changing area and gather labelled supplies before bringing the child in.
3. Explain the routine, offer choices and gain assent using the child's communication method.
4. Encourage the child to walk or transfer as independently as safely possible. Use trained moving-and-handling techniques and equipment where required.
5. Wash hands. Put on disposable gloves and an apron where contamination of clothing is possible.
6. Remove clothing and the used nappy/pad while maintaining coverage and privacy.
7. Clean from front to back using the child's agreed products. Do not share creams, wipes or other personal products.
8. Observe only what is necessary. Report soreness, injury, bleeding, discharge, pain or an unexplained change under the relevant procedure.
9. Apply an agreed preparation only where authorised in the plan or healthcare arrangements.
10. Fit the clean nappy/pad and support dressing, encouraging independence.
11. Place waste in the designated bag/receptacle. Seal and label soiled clothing for return home; do not rinse it.
12. Return the child safely and comfortably to learning.
13. Clean and decontaminate the surface and any equipment according to school procedure.
14. Remove PPE safely and wash and dry hands.
15. Complete the care record and report any concern or variation.

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