Bishop Ian Ramsey C of E Primary School

Intimate/Personal Care and Toileting Guidance for Schools and Early Years settings.

Date ratified: September 2026

Date for review: September 2027

This guidance sets out procedures for dealing with toileting and personal/intimate care tasks with utmost professionalism, dignity and respect for the child and maintenance of highest health and safety standards possible. This is in order to safeguard pupils, parents, staff and the educational setting by providing a consistent approach within a framework which recognises the rights and responsibilities of everyone involved.

The vast majority of children will be toilet trained and able to manage their own personal care needs competently before they start school. However, some children may not be at that stage due to a number of reasons including: developmental delay, medical needs, behavioural issues, physical or learning disabilities. On the other hand, some children may be continent, but still have personal/intimate care needs due to difficulties accessing toileting facilities or dealing with their personal care independently afterwards. These children have an educational entitlement irrespective of their difficulties with toileting and personal care.

The Children Act 2004

The Children Act 2004 provides the legal basis for how agencies deal with issues relating to children. These guidelines have been laid down so that all individuals who are involved in the looking after children, be it in the home, the work place, school or other area are aware of how children should be looked after in the eyes of the law.

Principles of the Act:

The Children Act 2004 was designed with guiding principles in mind for the care and support of children.

These are:

- To allow children to be healthy
- Allowing children to remain safe in their environments
- Helping children to enjoy life

• Assist children in their quest to succeed

• Help make a contribution – a positive contribution – to the lives of children

• Help achieve economic stability for our children's futures.

This act was brought into being in order for the government in conjunction with relevant bodies to help work towards these common goals.

Equality Act 2010

The Equality Act provides protection for anyone who has a physical, sensory or mental impairment that has an adverse effect on his/her ability to carry out normal activities of daily living. Anyone with a condition that affects aspects of personal development must not be discriminated against. It is also unacceptable to refuse admission to children who have toileting needs. - Educational providers have an obligation to meet the needs of pupils with delayed personal development in the same way as they would meet the needs of pupils with any other developmental delay. Children should not be excluded from any normal pre-school or school activities because of incontinence and intimate/personal care needs.

Any admission policy that sets a blanket standard of continence, or any other aspect of development is discriminatory and therefore unlawful under the Act. All such issues have to be dealt with on an individual basis and educational establishments are expected to make reasonable adjustments to meet the needs of each pupil. It is essential to note that asking parents to come into the school or educational setting to change their child is a direct contravention of the Equality Act, as is leaving the child in a soiled/wet nappy/pad for any length of time pending the return of a parent a form of abuse/neglect.

Supporting Pupils with Medical Conditions Guidance 2014

In September 2014 a new duty will be introduced for governing bodies to make arrangements to support pupils at school with medical conditions. 'Supporting pupils at school with medical conditions' Statutory guidance DfE April 2014, is intended to help governing bodies meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice. The

aim is to ensure that children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long term and complex medical conditions may require on-going support, medicines and care while at school to help them manage their condition and keep them well.

It is therefore important that parents feel confident that their child's medical condition will be supported effectively in school and that they will be safe. In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend.

Inclusive Culture

It requires commitment from everyone involved in the education and care of children to develop attitudes which support inclusive practice. Pupils with toileting or personal/intimate care needs who receive support and understanding from those acting in loco parentis are more likely to achieve their full potential across the range of activities within the school. This guidance is for pupils who have on-going needs relating to a developmental delay, medical condition or a physical disability. Intimate Care Intimate/Personal Care can be defined as care tasks of an intimate nature, requiring close personal contact involving an individual's personal space, associated with bodily functions, personal hygiene and procedures due to medical conditions – activities which require direct or indirect contact with or exposure of the genitals. Examples include care associated with continence, toileting, catheterisation, menstrual management as well as tasks such as washing and bathing.

This document aims to:

• Provide guidance and advice to ensure pupils and their families are not excluded, or treated less favourably, because they have personal or intimate care needs, whether it is the occasional accident or ongoing support with personal/intimate care or toileting.

• Ensure that every child and young person is able to easily access care, play and learning experiences in our schools, preschools, day nurseries, out of school settings and children's centres. Children cannot be excluded from normal educational activities solely because they have intimate or personal care needs.

• Provide guidance and advice to ensure that staff in educational settings are informed about their responsibilities for intimate and personal care in line with current legislation and that they are adequately supported so they can confidently and competently carry out their duties in meeting each child's individual needs. Educational settings should ensure that when staff are recruited their job descriptions clearly state that offering personal/intimate care to promote independent toileting and other self-care skills could be one of the tasks they undertake.

Principles of Good Practice

• Children who have difficulties in controlling their bladder and bowels or those that have not developed toileting skills have sometimes had a difficult start on the road to personal independence. Therefore those children who have intimate care needs or toileting issues must be treated with respect, dignity and sensitivity. They should be offered choice and control in every way possible.

• Sensitive arrangements may need to be put in place to allow children to toilet themselves at intervals to suit their needs and not at the demands of school routine or class requirements.

• Staff should encourage and promote independence and self-help skills as much as possible and give the child sufficient time to achieve. If handled correctly this can be the most important single self-help skill achieved, improving the

child's quality of life, independence and self-esteem. If handled incorrectly it can severely inhibit an individual's inclusion in school and community.

• The approach taken to provide a child's intimate care is very important – It conveys an image about what the body is worth. A positive body image should be encouraged; routine care should be relaxed, enjoyable and fun. The carer's behaviour should be appropriate to the pupil's age.

• It is important to develop a consistent approach between home and school. Therefore parents, schools and other professionals such as school nurses and specialist health visitors need to work together in partnership. In some circumstances it may be appropriate to set up a home to school agreement or management plan that defines the responsibilities for each partner. The aim should be to work towards the earliest possible or the maximum levels of independence with toileting if that is the issue.

• There also needs to be a consistency of approach between school staff with necessary information being communicated to appropriate staff members. It is important that everyone feels part of a team as this ensures continuity and consistency of practice between staff. At least 2 members of staff need to be trained in the procedures/routine required so that when the key worker is off school for any reason the child is not compromised with regards to their care.

• Only key staff members should be aware of the routine and procedures. Confidentiality and the child's dignity should be respected at all times with regards to sharing of information between staff.

• Staff should be well supported with access to appropriate resources and facilities. Any specialist equipment and adaptations required should be accessed through the Occupational Therapist for Learning Difficulties and Disabilities Inclusion Service (LDDIS).

• All staff supporting pupils with care needs, especially where the child is non-weight bearing or has specific medical needs, must receive appropriate information and training. Specialist nursing and health service staff should be involved to provide any relevant medical information, training and advice.

• It is important to take into consideration a child's preferences, if the child indicates a preference for a particular sequence, then this should be followed rather than a sequence imposed by a member of staff. As long as all the

necessary tasks are completed for the comfort and well-being of the child, the order in which they are complete is not important.

• Educational settings should be aware of and should ensure implementation of appropriate health and safety procedures and risk assessments.

• Educational settings should be aware of their duties to comply with the SEN and Disability Discrimination Act and should develop "reasonable adjustments" to accommodate children who have intimate/ personal care and toileting needs.

Facilities/Resources

• A suitable place for changing and carrying out intimate care with children should have high priority in any educational establishments' access plan. It should be situated in close proximity to hand washing facilities. The child's privacy and dignity must be maintained at all times.

• A dual purpose area, e.g. toilet block where there is enough space, can be converted into a designated screened off changing area with a do not disturb sign to protect the child's privacy and dignity.

• Any designated area should not compromise the safety of the child or member of staff.

• Any designated area for intimate care and toileting should be safe, hygienic and warm. It should be accessible, easy to reach and offer privacy. Appropriate toileting and changing facilities are an essential part of any treatment programme.

• In special circumstances when a child with very complex needs is admitted to the school, the appropriate health and LDDIS professionals and school SENCO need to be involved in the planning as there may be resource implications with regards to staffing and facilities. If specialist equipment or adaptations are required additional resources from the school's delegated SEN budget or the Access Initiative fund may need to be allocated.

Safeguarding Children

• Safeguarding children is everyone's responsibility. The normal process of changing a child who has soiled should not raise child protection concerns and there are no regulations that indicate that two members of staff must be present to supervise the changing process to ensure abuse does not take place. Few educational establishments have the staffing resources to provide two members, of staff for this; therefore one member of staff is adequate to carry out the straight forward task of changing a child in these circumstances. The exception to the rule needs to be when there is a known risk of false allegation by a child, then a single practitioner should not undertake the changing task.

• Two members of staff may be required for more complex medical type of care procedures. The number of staff required should reflect the safety requirements for the pupil and staff and this will need to be assessed on an individual basis in joint consultation with nursing teams, health colleagues and OT for LDDIS. However, it is important to note that no unnecessary staff should be present and no other staff should interrupt the care procedure.

• All adults carrying out intimate care or toileting tasks should be employees of the school and enhanced CRB checks should already be in place to ensure the safety of children. Staff employed in childcare and educational establishments must act in a professional manner at all times.

• Students on work placement, voluntary staff or other parents working at the school/setting should not attend to toileting or intimate care tasks.

• Where the child is of an appropriate age and ability, their permission must be sought before any task is carried out and they should be supported to achieve the highest levels of independence and autonomy that are possible, e.g. in dressing and undressing themselves.

• Staff carrying out the intimate care/toileting should notify a colleague when they are taking the child out of the classroom for this purpose, this should be done discretely and sensitively.

• Parents should be made aware of the intimate care/toileting policy and must give consent for the child to be changed or the intimate care procedure to be carried out when they are under the care of the educational establishment. Parents must also be made aware of the fact that it may only be one member of

staff carrying out the changing task and there should be a written, agreed and signed consent form in place.

• A written log should be kept of all personal and intimate care interventions that take place.

• The school or setting should remain highly vigilant for any signs or symptoms of improper practice as they would for all activities carried out onsite.

• Any issues for concern, such as – physical changes in the child's presentation, any bruising or marks or any comments made by the child, should be recorded and reported to the line manager or head of establishment immediately. All normal Child Protection procedures should be followed.

• There should be careful communication between the child and key worker; the child should be made aware of the procedures according to their ability to understand. If the child becomes distressed or unhappy about being cared for by a particular member of staff, the matter should be looked into immediately and addressed with parents, appropriate agencies and all necessary procedures should be followed.

• Child Protection training should be an ongoing part of staff training.

• Younger children should not be left alone or unattended during toileting or changing procedures. Great care must be taken if the changing unit is any distance off the floor.

• Some older cognitively able children may prefer to be left alone for privacy when toileting. Staff need to adapt their input according to the needs of the child.

• When carrying out intimate/personal care away from school, privacy and safety should be the main concern and part of the planning process.

Health and Safety

• Some children are more susceptible to infection therefore, hygiene procedures are important in protecting pupils and staff from the spread of infectious diseases. Staff involved with toileting and intimate care should be

trained in correct hand washing techniques and hygiene precautions. The educational setting should provide disposable vinyl gloves, aprons, liquid hand soap, disposable paper towels and ensure there is access to hand washing facilities in close proximity to the changing area.

• There should be an agreed procedure in place for cleaning the child. Sensitivity and discretion should be used, washing and physical contact especially in intimate areas should be kept to a minimum and done only as necessary.

• All contaminated waste or marked items should be disposed of correctly in line with the school's policy and all staff should be made aware of these procedures. Arrangements should be made with the parents for soiled clothing to be taken home and they should be stored in a designated place. Any bins used for soiled items must be emptied at the end of each day.

• Any changing mat or bench should be thoroughly cleaned between each use with appropriate cleaning materials and detergents.

• Any spillages or leakages should be cleaned immediately using the appropriate equipment and cleaning materials. All staff should aim for high standards of hygiene around the changing/medical facilities.

• Schools and other settings registered to provide education will also have hygiene and infection control policies which are necessary procedures followed in the case of any child accidentally soiling, wetting or vomiting whilst on the premises.

• Any damaged or torn equipment such as changing mats should be immediately discarded.

• Any requests from the parents for use of cleaning agents or creams should be labelled with the child's name and should not be shared between other children. These should be stored in a locked storage facility.

Manual Handling/Specialist Training

• When pupils with physical disabilities require manual handling, all staff undertaking these duties should have appropriate training and instruction to ensure they are competent and confident in their role. The Occupational Therapist for LDDIS should be contacted to ensure all procedures are carried out in accordance with best practice and maximum degree of safety for the staff and child being cared for.

• Some children will enter the educational setting with complex difficulties and long or short term medical conditions, which indicate the need for special procedures or intimate care arrangements. In this instance multi-disciplinary teams will need to be involved for the appropriate advice, training and any necessary equipment and adaptations. Parental consent and involvement will be required to ensure parents are in agreement with the plans that are put in place.

• In this instance it is important to draw up written care/management plans and risk assessments so that all staff involved are aware of their roles, responsibilities and all risks are considered and addressed.

Written Guidelines

As well as written consent from parents, guidelines should specify:

• Who will change the child or carryout the intimate care tasks?

• Where changing/intimate or personal care will take place.

• What resources will be used?

• How the nappy/pad or other disposable medical aids will be disposed of?

• What infection control measures are in place?

• What action will be taken if the child becomes distressed, or if the staff member notices any marks or injuries?

• Any School-Home-Professional agreement/care plan required.

• Agreement by parents to provide spare nappies, cleaning wipes, underwear or clothing. (Nursing staff are not able to provide nappies or wipes for use in an educational setting).

This guidance covers a variety of areas relating to the procedures required for intimate/personal care and toileting of children in schools and other educational establishments. However, it must be accepted that there has to be a degree of flexibility and judgement within some situations.

Intimate Care will always involve some degree of risk; it will not be possible to eliminate all the risks. However, the balance should be on the side of safety. Every child is entitled to maximum safety, privacy and respect for dignity.

Personal / Intimate Care and Toileting Parental Consent

Name of child……

D.O.B……

Class / Teacher name ……

……

Teacher or T.A. from Nursery/ Reception will support your child the task of being changed when necessary (i.e. When your child is toilet trained and has had an accident) – all staff have signed and continue to follow the Intimate Care Policy for Bishop Ian Ramsey Primary School.

Parent's responsibility to provide:

- A suitable change of clothes
- Nappies, wipes and bags (if appropriate)

I / We give permission for the Teacher or T.A. within the Nursery/Reception to attend the care needs of my / our child and are in agreement with the procedures proposed.

Name of Parent/ Carer: ……
Signature:……

Date:……

Personal / Intimate Care and Toileting Parental Consent Named Children

Name of child:……

D.O.B. ……

Class / Teacher
name:……

Below are the members of staff who will carry out the tasks – all staff are aware of the Intimate Care Policy and have signed to confirm it has been read.

Jolene Richards	Leanne Hindmarsh	Vicky Bailey
Dawn Healy		

Parent's responsibility to provide:

- A suitable change of clothes
- Nappies, wipes and bags (if appropriate)

I / We give permission for the named member(s) of staff to attend the care needs of my/our child and are in agreement with the procedures proposed.

Name of Parent/
Carer:……

Signature: ……

Date: ……

Intimate Care and Toileting Log Bishop Ian Ramsey C/E Primary School

Date	Time	Type of Care carried out (toileting, nappy change, washed, other intimate care task.)	Carried out by:	Signature