The Queen Anne
Royal Free CE First School

The Queen Anne Royal Free CE Controlled First School

In our Christian Community we Achieve, Enjoy and Include.

"But the fruit of the Spirit is love, joy, peace, patience, kindness, goodness, faithfulness, gentleness and self-control." Galatians 5:22-23

Intimate Care Policy

Safeguarding all of our children is at the centre of every aspect of school policy.

Policy status	Date
Original policy reviewed	May 2026
Revised draft approved	September 2026
Next review	September 2027, or sooner if guidance or needs change

This policy sets out how we support children who need help with toileting, changing and other personal care during the school day. It applies to all pupils from Reception to Year 4 and to staff who arrange, provide or supervise care. We protect each child's dignity, comfort, safety, privacy and access to education, while supporting independence at a pace appropriate to the child.

1 Purpose and principles

Intimate care means personal care involving parts of the body usually kept private, including help with toileting, cleaning after an accident, changing nappies or continence products, dressing and washing. Some children need occasional assistance; others need regular or specialist support. We treat every child respectfully, explain what we are doing in a way they understand, and involve them as much as possible.

- A child does not have to be toilet trained to attend school. We consider individual needs and reasonable adjustments; we do not use a blanket rule about nappies or accidents.
- Care is provided promptly and discreetly. A child is not routinely left wet or soiled while waiting for a parent, or sent home solely because they need changing.
- We seek the child's views and assent in an age and communication appropriate way. We offer choices where possible, but do not withhold necessary hygiene care.
- We consider the child's culture, faith, communication, disability, sensory needs and preferences without making assumptions about who may provide care.
- The child's individual plan may set out additional support, equipment or safeguards.

2 Responsibilities and individual planning

The headteacher ensures that suitable staff, facilities, equipment, training and arrangements are in place. The SENCo coordinates individual plans where SEND support is involved. The designated safeguarding lead (DSL) advises on safeguarding concerns. Staff follow this policy and the agreed plan, report concerns and keep proportionate records.

For a child who needs regular intimate care, the school and parents or carers agree an individual intimate care plan (Appendix A), with the child's views wherever possible. It identifies named or designated staff and cover arrangements; communication and privacy preferences; planned toilet visits or checks; supplies and products; moving and handling; health or skin issues; care on visits; recording and parent contact. Review it when needs change and at least annually. If care involves a medical condition, align the plan with the individual healthcare plan and seek relevant health professional advice. Staff must be trained and competent before carrying out specialist procedures.

Parents or carers share relevant information and supply agreed personal items where possible. The school keeps sufficient contingency supplies so that lack of an item does not leave a child uncomfortable. Staff will discuss any sustained supply difficulties with the family sensitively.

3 Safe and respectful care

- Use a suitable hygienic changing area. Protect privacy while ensuring that the arrangement remains consistent with safeguarding and the child's support needs. Keep other children out of the changing space.
- Normally one appropriately recruited and trained adult provides care. Another member of staff should know where the care is taking place and be nearby and available. Two adults take part when the individual plan specifies a reason, such as safe moving and handling.

- Tell the child what will happen, use their preferred communication method, seek their cooperation, and allow them to do the parts they can manage. Do not make unnecessary comments about their body or continence.
- Only expose the part of the body being cleaned, and help the child dress as soon as practical. Staff must not use personal devices to photograph a child during care.
- If a child becomes distressed or resists care, pause where safe, reassure and adapt the approach. Seek advice from the SENCo, DSL or relevant health professional as appropriate and review the plan. Any physical intervention must follow the school's separate behaviour and safeguarding procedures; it is not a routine intimate care method.
- If staff are unsure how to perform a task safely, they must seek help rather than improvise.

4 Responding to a toileting accident

A member of staff will help the child to become clean, dry and comfortable as promptly and discreetly as possible. Staff will follow the individual plan where one exists, use appropriate hygiene measures, record the care provided and contact parents where supplies, health advice or follow-up are needed. The school will not routinely require parents to attend to wash or change a child. Exceptional circumstances will be considered individually, with the child's welfare and continued access to education in mind.

Planned checks can support a child's continence programme, but an agreed schedule does not replace responding to the child's needs. Children must be able to use the toilet when they need to, including when this is necessary to manage a medical condition.

5 Infection prevention and equipment

- Use the designated changing area, with handwashing facilities readily available, and keep supplies to hand. Follow the school's cleaning and waste arrangements and current UKHSA guidance.
- Use disposable gloves and a plastic apron where there is a risk of contact with bodily fluids. Change PPE between children. Staff wash and dry hands with soap and water after every change; support the child to clean their hands too.
- Clean the child with suitable disposable wipes where appropriate. Label creams or lotions with the child's name, do not share them, and use only products agreed in the child's plan. Medicines, including medicated creams, follow the school's medicines procedure.
- Bag soiled nappies before disposal in the appropriate waste stream. Place soiled clothing in a sealed, labelled bag for return home unless an agreed plan specifies otherwise.
- Clean the mat after each use with soapy water or a mild detergent wipe, check it for damage, and follow the school's schedule for cleaning and disinfection. Follow the manufacturer's instructions for cleaning products.

6 Recording, health concerns and safeguarding

Staff record each change on the confidential care record in Appendix B or the school's equivalent system, including any relevant observations and parent contact. Records are stored securely, accessed only by those who need them, and retained under the school's records policy. The care record does not replace a safeguarding record.

Tell parents or carers about soreness, rashes, repeated accidents or other health concerns as appropriate, and seek medical or school nursing advice where needed. Unexplained injuries, concerning disclosures,

possible neglect or any other safeguarding concern are reported promptly to the DSL under the child protection policy. Staff record the child's words accurately and do not investigate themselves. Concerns about an adult's conduct, including a low-level concern or an allegation, are reported through the school's staff safeguarding and allegations procedures. Where a concern is about the headteacher, follow the route in the child protection policy.

Information is shared with parents and professionals on a need-to-know basis in line with the school's privacy and safeguarding procedures. Staff should normally involve parents in seeking health advice, but should not delay necessary safeguarding action while seeking consent.

7 Related documents and review

This policy should be read with the Child Protection and Safeguarding Policy, Staff Code of Conduct, SEND Policy, Supporting Pupils with Medical Conditions Policy, Behaviour and Relationships Policy, Health and Safety and Infection Prevention procedures, and Data Protection and Records Retention procedures.

The headteacher and governors will review this policy by September 2027, or earlier following changes to guidance, facilities or practice. Individual care plans are reviewed separately when a child's needs change.

Guidance used

- DfE, Keeping children safe in education 2026 (effective September 2026): gov.uk/government/publications/keeping-children-safe-in-education--2
- DfE, Early years foundation stage statutory framework for group and school-based providers (September 2026): gov.uk/government/publications/early-years-foundation-stage-framework--2
- DfE, Equality Act 2010 advice for schools: gov.uk/government/publications/equality-act-2010-advice-for-schools
- DfE, Supporting pupils with medical conditions at school: gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3
- UKHSA, Preventing and controlling infections in children and young people's settings: gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections
- ERIC, School toilets and intimate care resources: eric.org.uk/information/school-toilet-policy/

Appendix A Individual Intimate Care Plan

Complete with parents or carers and the child where appropriate. Store confidentially and share with relevant staff only.

Child and plan details	Entry
Child and class	
Date agreed and review date	
Parent or carer contact	
Lead staff member and trained cover	
Relevant healthcare or SEND plan	

Care required and when it is usually needed

_____

Child's communication, choices and signs of distress

_____

Independence steps and preferred support

_____

Privacy, changing space, equipment and any moving and handling needs

_____

Supplies, wipes, creams or medicines and consent arrangements

_____

Hygiene, waste and clothing arrangements

_____

Support on trips, at clubs and during staff absence

_____

What to record and when to contact parents or seek advice

_____

Child's views (where appropriate): _____

Parent or carer name and signature: _____ Date: _____

School representative and signature: _____ Date: _____

Review outcome and date: _____

Appendix B Intimate Care Record

Use one line for each care episode. Record health or safeguarding concerns separately through the appropriate procedure.

Child: _____ Class: _____

Date and time	Care provided and relevant observation	Staff initials	Parent informed or follow-up