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## Intimate care & Toileting Policy

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*June 2025*

*Review date: June 2026*



## Intimate Care and Toileting Policy

**Updated March 2024**



## **1. Principles**

The Governing Board is committed to ensuring that all staff responsible for the intimate personal care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate personal care needs is one aspect of safeguarding.

The Governing Board recognises its duties and responsibilities in relation to the Equality Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

The child/young person's welfare is of paramount importance and his/her experience of intimate and intimate personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain. We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate personal care is given.

Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

Where pupils with complex and/or long term health conditions have an individual health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate personal care policy.

All staff undertaking intimate care must be given appropriate training.

This Intimate Personal Care Policy has been developed to safeguard children and staff and it applies to everyone involved in the intimate care of children.

## **2. Child/young person focused principles of intimate and intimate personal care.**

The following are the fundamental principles upon which this Policy and guidelines are based:

Every child/young person has the right to:

- be safe
- personal privacy
- be treated as an individual
- be treated with dignity and respect
- to be involved and consulted and have their views taken into account in their own intimate personal care, appropriate to age/ability
- have levels of intimate personal care that are as consistent as possible

### **3. Definition**

Intimate personal care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their developmental stage, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

It also includes supervision of pupils involved in intimate self-care.

### **4. Practicalities**

It is generally expected that most children will be toilet trained and out of nappies before they begin at school.

We recognise that children will join school having reached differing levels of independence and development in toileting and self-care. Therefore, it is inevitable that from time to time some children will have accidents. In these instances, accidents involving urination only will involve the child being encouraged to independently change their clothes. If a spare set of clothes has not been sent into school the parents are telephoned. Accidents that involve soiling will require a phone call to parents for them to collect their child. In order to help the children to become aware of their bodily needs and respond to them in time, those who wish to go to the toilet are always allowed to go. Although they are encouraged as they progress through the school to use the toilet during break times.

At Harworth, we do not have the facilities to change nappies if your child is not yet toilet trained.

In addition to this, an increasing number of children and young people with disabilities and medical conditions are being included in mainstream settings. A significant number of these pupils require adult assistance for their personal and

intimate care needs. These children will have a plan of medical needs which will be agreed by all parties involved. Specially trained staff will assist these children according to their individual needs.

Children in the EYFS have access to the toilet whenever they need to and are encouraged to be as independent as is age and developmentally appropriate. They are reminded at regular times to go to the toilet and are also encouraged to wash their hands after the toilet.

## **5. Best Practice**

Pupils who require regular assistance with intimate personal care have written individual Health Care Plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil (where applicable) are present. Any historical concerns (where known) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate personal care). They should also take into account procedures for educational visits/day trips.

Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child receives invasive care, e.g. support with catheter usage (see Appendix 1).

All pupils will be supported to achieve the highest level of autonomy that is possible given their developmental stage and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.

Staff who provide intimate personal care are trained in intimate personal care (e.g. health and safety, moving and handling and safeguarding) in order to meet the needs of the pupil. Best practice regarding infection control, including the requirement to wear disposable gloves, aprons etc. is to be followed at all times.

Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation.

There must be careful communication with each pupil who needs help with intimate personal care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding, permission should be sought before starting an intimate procedure.

These trained staff who provide intimate personal care should speak to the pupil personally by name, explain what they are doing and communicate with all children/young people in a way that reflects their age and developmental stage.

Every child/young person's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate personal care. Reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate personal care.

The religious views, beliefs and cultural values of children/young people and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer. The care needs of the child/young person should be paramount.

Adults who assist pupils with intimate personal care will be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

Health & Safety guidelines should be adhered to regarding waste products. If necessary, advice should be taken regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste. We have the yellow bags for safe disposal. We recognise that parents often wish to monitor urination and bowel movements of their children. The soiled items will be bagged and sent home using nappy sacks and yellow bags.

No member of staff will carry a mobile phone, camera or similar device whilst providing intimate personal care. See school policy regarding mobile phones.

## **6. Facilities**

The school building does not have specialist facilities designed to be suitable for changing nappies.

## **7. Child Protection**

The Governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

The school's child protection procedures will be adhered to.

From a child protection perspective it is acknowledged that intimate personal care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate personal care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

Pupils will be taught personal safety skills carefully matched to their level of development and understanding. This will include learning around consent, listening to what their bodies are telling them (protective behaviours), expectations of adults and how/who to ask for help.

If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc. s/he will immediately report concerns as per the procedure laid down in the Child Protection & Safeguarding Policy.

If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the Designated Safeguarding Lead. The matter will be investigated at an appropriate level (usually the Headteacher) and outcomes recorded. If the concern is about the Headteacher then it should be reported to the chair of governors.

If a pupil, or any other person, makes an allegation against an adult working at the school, this should be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's policy.

Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

## **8. Medical Procedures**

Pupils with disabilities might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the individual health care plan and will only be carried out by staff who have been trained to do so.

It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

## **9. Parental responsibility**

Partnership with parents is an important principle in any educational setting and is particularly necessary in relation to children needing intimate care. Much of the information required to make the process of intimate care as comfortable as possible is available from parents. Prior permission must be obtained from parents before Intimate care procedures are carried out. (See appendix 3) Parents should be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met. This will include involvement with SEN Support Plans (SPs), Health Care plans and any other plans which identify the support of intimate care where appropriate. Exchanging information with parents is essential through personal contact, telephone or correspondence.

What the school expects of parents: -

Parents/carers will endeavor to ensure that their child is continent before admission to school (unless the child has additional medical needs).

Parents/carers will discuss any specific concerns with staff about their child's toileting needs.

Parents/carers must inform the school if a child is not fully toilet trained before starting school, after which a meeting will then be arranged to discuss the child's needs.

Parents accept that on occasions their child may need to be collected from school.

### **Staff responsibilities**

Anyone caring for children, including teachers and other school staff, has a duty to care and act like any reasonably prudent parents. The following steps will be taken to ensure health and safety of both staff and children:

1. Alert another member of staff
2. Collect equipment and clothes
3. Adult to wear gloves
4. Child to undress as appropriate and clean themselves as much as possible under the verbal guidance of an adult.
5. Soiled clothes and to be placed inside bags (double wrapped) and to be given to parents at the end of the day. Plastic aprons and gloves should be disposed of in the designated bin.

6. Children are expected to dress themselves in clean clothing, wash their hands and return to class
7. Adult should wash their hands thoroughly after the procedure.
8. Area to be cleaned and disinfected by adult before returning to class.

In the interests of Health & Safety, it is unreasonable for staff to be expected to change a child who regularly soils unless the child has a medical condition as an underlying cause. School does not have staffing levels to accommodate members of staff regularly leaving the class to attend to an individual's hygiene.

### **Record of Intimate Care**

**Child's name:**.....**DOB:**.....



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