ST JOHN FISHER CATHOLIC PRIMARY SCHOOL

Intimate Care Policy

"With God's Love we are a family:
Caring, Learning and Growing together"

	Name of School	St John Fisher Catholic Primary
	Policy Review Date	October 2026
	Date of Next Review	October 2027
	Who reviewed this policy?	Head Teacher and Governors

Contents

1. Purpose and scope
2. Definition of intimate care
3. Principles
4. Equality, SEND and reasonable adjustments
5. Roles and responsibilities
6. Individual Intimate Care Plans
7. Nappy changing and continence care
8. Toileting and personal hygiene support
9. Privacy, dignity and communication
10. Staffing, safer working and safeguarding
11. Hygiene, PPE and disposal
12. Creams, medication and medical needs
13. Recording, information sharing and confidentiality
14. Accidents, skin concerns and health issues
15. Training and competency
16. Intimate care during trips and activities
17. Working with parents/carers and professionals
18. Complaints and concerns
19. Monitoring, review and governance
Appendix 1 – Individual Intimate Care Plan
Appendix 2 – Routine Intimate Care Record
Appendix 3 – Staff good-practice checklist
Key guidance and legislation

1. Purpose and scope

St John Fisher Catholic Primary School recognises that some pupils need support with intimate care as part of their everyday access to education. This may include toileting, changing nappies or continence products, washing, dressing, menstrual care, oral care, assistance following an accident, and other personal care needs. This policy provides a clear, consistent and safeguarding-focused framework for providing that support.

The school will not treat continence needs or delayed toileting as a reason to exclude a child from school or from learning opportunities. Where a pupil requires regular intimate care, the school will work with the child, parents/carers and relevant professionals to understand the need and agree safe arrangements.

This policy applies to all staff and volunteers who may be involved in intimate care. It should be read alongside the pupil's individual Intimate Care Plan and, where relevant, their healthcare plan, Education, Health and Care Plan, SEND support plan, moving and handling plan and risk assessments.

2. Definition of intimate care

Intimate care is personal care that involves washing, touching or carrying out a procedure to intimate areas of the body that most people usually manage themselves. In a school context this includes:

- changing nappies, pull-ups, pads or other continence products;
- assistance with toileting, wiping and cleaning after toileting;
- washing, cleaning or changing clothes following an accident;

- support with menstrual hygiene;
- assistance with personal hygiene or oral care where required;
- support with medical or physical needs where this involves intimate areas, in accordance with the Supporting Pupils with Medical Conditions Policy and any healthcare plan;
- supervision or physical assistance with intimate self-care where a pupil cannot yet complete the task independently.

3. Principles

All intimate care at St John Fisher will be guided by the following principles:

- The child's safety, dignity, welfare and best interests come first.
- Every child is treated as an individual, with respect, kindness and sensitivity.
- Children are supported to develop independence wherever possible and are not unnecessarily assisted with tasks they can manage themselves.
- Pupils are involved in decisions about their care at a level appropriate to their age, development and communication needs.
- The child's privacy is protected without creating an unsafe or completely isolated environment for staff.
- Intimate care is never used as a punishment, sanction, reward or means of controlling behaviour.
- Staff use the least intrusive level of assistance necessary and explain what they are doing.
- Care is provided consistently and in accordance with the child's agreed plan.
- No pupil will be humiliated, shamed, rushed or made to feel that their continence or personal-care needs are a problem.
- Staff maintain professional boundaries and report safeguarding or practice concerns promptly.

4. Equality, SEND and reasonable adjustments

The school recognises that some disabled pupils and pupils with SEND may need intimate care for longer than their peers. The school will make reasonable adjustments and provide appropriate support so that continence, toileting or personal-care needs do not become a barrier to attendance, learning, participation or inclusion.

- Intimate care arrangements will be considered as part of the pupil's wider SEND and/or medical support.
- The school will consider advice from parents/carers, the SENDCo, school nurse and other relevant professionals where appropriate.
- Equipment and facilities will be reviewed to ensure they are suitable for the child's needs and staff can work safely.
- The child will be supported to participate in trips, clubs, activities and wider school life, with intimate care arrangements planned in advance.
- Care arrangements will take account of communication, sensory, mobility, behavioural, cultural and other individual needs.
- The school will avoid assumptions about a child's ability based on age, diagnosis or disability; support will be based on assessed individual need.

The Equality Act 2010 requires schools to consider reasonable adjustments for disabled pupils, while current safeguarding guidance emphasises inclusive, child-centred practice.

5. Roles and responsibilities

5.1 Governing Board

- Ensure the school has an appropriate framework for safe and dignified intimate care.
- Ensure the policy is reviewed and implemented effectively.

- Ensure appropriate resources, staffing and training are considered.

5.2 Headteacher

- Ensure this policy is implemented consistently.
- Ensure suitable facilities, resources and staffing are available.
- Ensure staff undertaking intimate care are appropriately trained and supported.
- Ensure safeguarding, health and safety and equality duties are considered.
- Ensure concerns or allegations about staff are managed under the school's safeguarding and allegations procedures.

5.3 DSL / Deputy DSL

- Provide safeguarding oversight of intimate care arrangements.
- Ensure staff know how to report concerns about a child's welfare or an adult's practice.
- Ensure patterns, disclosures, injuries or unusual behaviour arising during intimate care are considered through normal safeguarding procedures.

5.4 SENDCo / relevant inclusion lead

- Coordinate individual arrangements where intimate care is linked to SEND.
- Work with parents/carers and professionals to review needs and reasonable adjustments.
- Ensure intimate care is considered in relevant SEND planning.

5.5 Staff providing intimate care

- Follow this policy and the child's individual plan.
- Maintain dignity, privacy and professional boundaries.
- Use agreed hygiene and PPE procedures.
- Record care and relevant observations as required.
- Report safeguarding concerns, injuries, unusual marks, changes in presentation or concerns about practice without delay.
- Never undertake a procedure for which they are not trained or authorised.

6. Individual Intimate Care Plans

A written Individual Intimate Care Plan will be put in place where a pupil has regular or significant intimate care needs. For pupils who require routine nappy or continence changes, the plan should be agreed as early as possible and reviewed at least annually or sooner if needs change.

The plan should, where relevant, record:

- the pupil's individual needs and level of independence;
- how the child communicates their need for the toilet/change, including non-verbal communication;
- usual changing/toileting times and signs that a change may be needed;
- the level of physical assistance required;
- the agreed changing/toileting location and equipment;
- how dignity and privacy will be maintained;
- who normally provides the care and any staffing considerations;
- moving and handling requirements and equipment;
- skin-care requirements and any prescribed or agreed products;
- allergies, sensitivities or relevant medical information;
- how the child will be supported to develop independence;

- parent/carer views and relevant professional advice;
- arrangements for trips, activities and staff absence;
- review date and circumstances requiring earlier review.

Parental agreement should normally be obtained for routine intimate care arrangements. The child's views and preferences should also be sought and recorded wherever practicable.

7. Nappy changing and continence care

Nappy changing is a normal care need for some pupils and will be managed as a routine part of school provision. Staff will respond promptly and discreetly to wet or soiled nappies/continence products rather than requiring a child to remain uncomfortable or distressed.

7.1 Before changing

- Check the child's Intimate Care Plan and relevant healthcare/risk assessment information.
- Ensure the designated changing area is clean and stocked.
- Have the child's own nappies/continence products, wipes and approved creams available.
- Use disposable gloves and an appropriate disposable apron in line with infection-control procedures.
- Where equipment or moving/handling support is required, ensure it is safe and staff know how to use it.

7.2 During changing

- Explain to the child what is happening using language or communication methods appropriate to them.
- Maintain dignity by exposing only the area that needs attention and keeping the child appropriately covered wherever practicable.
- Use the child's agreed method of cleaning and care.
- Do not use a shared cloth/flannel for cleaning intimate areas.
- Use only products agreed in the child's plan; do not share creams or lotions between children.
- Encourage the child's participation in each step they can safely complete.
- Talk calmly and respectfully and avoid unnecessary conversation about the child's body or personal circumstances.
- Observe for rash, broken skin, swelling, bruising, unusual discharge, pain or distress and report/record appropriately.

7.3 After changing

- Support the child to dress and return to learning as independently as possible.
- Dispose of used nappies/continence products safely and hygienically.
- Clean and disinfect the changing surface/equipment as required.
- Remove PPE safely and wash hands thoroughly with soap and water.
- Record the change where the child's care arrangements require a record, including any significant concern or variation from normal presentation.

Current UK Health Security Agency guidance recommends a designated nappy/continence changing area, accessible handwashing facilities, appropriate PPE, safe disposal of soiled nappies and cleaning of changing mats after use.

8. Toileting and personal hygiene support

- Children who need help to access or use the toilet will be supported promptly and discreetly.
- Staff will use the least intrusive level of support necessary.
- Where a child can manage some steps independently, staff will encourage and allow them to do so.

- Where a child is toilet training, the school will work with parents/carers and relevant professionals to use consistent approaches where appropriate.
- Toilet training will not be treated as a disciplinary issue.
- Accidents will be managed calmly and without shame or embarrassment.
- Older pupils approaching puberty or requiring menstrual support will receive age-appropriate, dignified assistance and privacy.

9. Privacy, dignity and communication

Intimate care requires a careful balance between the child's privacy and the safeguarding of both child and adult. The school will not routinely require two adults to be physically present for every nappy change or toileting episode. Staffing arrangements will be based on the individual child's needs, the care plan, the environment and identified risks.

- Routine care may be provided by one appropriately trained member of staff where the individual plan and risk assessment identify this as safe and appropriate.
- Another member of staff should normally be aware that intimate care is taking place and be readily available to assist if required.
- Two adults or additional assistance will be used where required by the individual risk assessment, moving and handling needs, equipment, the child's behaviour/medical needs or another identified safety or safeguarding risk.
- Staff should avoid being unnecessarily isolated with a child while also avoiding arrangements that compromise the child's dignity.
- Doors should provide privacy but staff must follow the school's agreed safeguarding arrangements for visibility, access and emergency assistance.
- The child's communication preferences must be followed wherever practicable.

10. Staffing, safer working and safeguarding

Because intimate care involves close physical contact, all staff must understand professional boundaries and safeguarding expectations. The school will use its normal safer-working and safeguarding procedures rather than treating intimate care as a separate safeguarding system.

- Only staff who have been identified as suitable and appropriately trained should routinely provide intimate care.
- Agency, supply or temporary staff should not undertake intimate care unless the school has confirmed their suitability, provided appropriate information and ensured they are competent for the task.
- Staff must never photograph, video or otherwise record intimate care.
- Personal mobile phones and other recording devices must not be taken into the changing area unless specifically authorised for a legitimate safeguarding or medical reason.
- Staff must not make jokes, comments or remarks about a child's body, toileting, continence, nappies or hygiene.
- Any concern about a colleague's conduct, boundary or practice must be reported immediately under the Managing Allegations and Low-Level Concerns About Adults Policy.
- Any allegation that an adult has harmed or may have harmed a child must be managed through the school's safeguarding/allegations procedures.
- Where a child makes a disclosure during intimate care, staff must listen, avoid leading questions, record accurately and report to the DSL without delay.
- Staff should not investigate safeguarding concerns themselves.

KCSIE 2026 requires a child-centred safeguarding approach, immediate action on concerns, prompt reporting to the DSL and appropriate recording of concerns, actions, decisions and outcomes.

11. Hygiene, PPE and disposal

- The designated changing area must be kept clean, uncluttered and appropriately stocked.
- Disposable gloves and a disposable apron should be worn for nappy/continence changes and changed between children.
- Hands must be washed with soap and water after every nappy/continence change and after removal of gloves.
- Changing mats and surfaces must be cleaned after use in accordance with current infection-control guidance.
- Soiled nappies/continence products should be securely wrapped and disposed of in accordance with the school's waste arrangements and current infection-control guidance.
- Reusable equipment must be cleaned and maintained according to manufacturer and infection-control instructions.
- Staff must follow COSHH requirements for cleaning products and use only products they are trained and authorised to use.
- Food preparation/eating areas must not be used for changing.

12. Creams, medication and medical needs

Some pupils may require barrier creams, prescribed creams or other products as part of continence care. Any product treated as medication must be managed under the Supporting Pupils with Medical Conditions Policy, healthcare plan and medicines procedures.

- Parents/carers should provide clear written information about products required for routine care.
- Products should be clearly labelled with the child's name and stored safely.
- Creams or lotions must not be shared between children.
- Staff must not apply a prescribed or medicinal product unless authorised under the school's medicines procedures and the child's plan.
- Catheterisation, stoma care, rectal medication or another clinical procedure must be covered by an appropriate healthcare plan and staff training from a competent health professional before it is undertaken.
- Clinical procedures must not be improvised by school staff.

13. Recording, information sharing and confidentiality

Intimate care records should be proportionate. The school does not need a detailed narrative for every routine toileting episode where the child's agreed care arrangements are working normally.

- Routine nappy/continence changes should be recorded where required by the child's Intimate Care Plan, particularly for pupils needing regular scheduled care.
- Records should normally include date/time, type of care provided and staff initials, with significant observations recorded separately where appropriate.
- Any unusual mark, injury, rash, bleeding, distress, disclosure, change in behaviour, refusal of care or other concern must be reported to the DSL and recorded through the appropriate safeguarding or health route.

- Information about intimate care is confidential and should only be shared with staff who need it to provide safe care or fulfil safeguarding responsibilities.
- Parents/carers should be informed of significant concerns or changes in care arrangements, subject to safeguarding considerations.
- Records must be stored securely in line with the school's record-management and data-protection arrangements.

14. Accidents, skin concerns and health issues

Staff should respond calmly to accidents and should never shame or punish a child. If a child is unable to be safely changed using normal school arrangements, the DSL/Headteacher should be contacted promptly and parents/carers involved as appropriate.

- Minor skin irritation should be managed in accordance with the child's plan and parent/carer information.
- Broken skin, significant rash, unexplained bruising, bleeding, swelling, unusual discharge, pain or repeated unexplained injuries must be escalated appropriately.
- If staff observe an injury or mark that may have safeguarding significance, they must follow the Child Protection and Safeguarding Policy rather than assuming it is caused by continence care.
- If a child becomes unwell, staff follow the Supporting Pupils with Medical Conditions Policy and emergency procedures.
- Repeated changes in continence, toileting behaviour or presentation may require discussion with parents/carers and relevant health professionals.

15. Training and competency

Staff providing intimate care will receive information, instruction and training appropriate to their role and the needs of the pupils they support.

- Induction into this policy and safeguarding expectations.
- Practical instruction in safe changing/toileting procedures.
- Infection prevention and PPE.
- Manual handling where relevant.
- Use of changing equipment and hoists where relevant, with competency confirmed before independent use.
- Training specific to individual medical procedures where required, delivered by an appropriately qualified health professional.
- Safeguarding and professional-boundary expectations.
- Refresher training when needs change, following an incident/concern or where competency needs to be reinforced.

16. Intimate care during trips and activities

- Intimate care needs must be considered when planning educational visits, residentials, swimming, sports and other activities.
- The pupil's individual care plan and relevant risk assessment should identify equipment, supplies, staffing, facilities, transport and emergency arrangements.
- The school will make reasonable adjustments so pupils who require intimate care can participate wherever reasonably practicable.
- Staff accompanying pupils must understand their responsibilities before the activity takes place.
- Private, safe and hygienic facilities should be identified in advance.

17. Working with parents/carers and professionals

The school values parents/carers as partners and will communicate openly about intimate care arrangements. Parents/carers should provide relevant information about the child's needs, equipment, products, routines, communication and health.

- An Intimate Care Plan will normally be discussed with parents/carers before routine care begins.
- The school will seek the child's views in a developmentally appropriate way.
- Plans will be reviewed when the child's needs change, following significant incidents, when equipment changes, or at least annually.
- Where a child has persistent or complex continence difficulties, the school may recommend discussion with appropriate health or specialist services.
- Where professional advice conflicts with the child's safety or school capability, the Headteacher/SENDCo/DSL will seek further advice rather than improvising arrangements.

18. Complaints and concerns

Parents/carers or pupils who have concerns about intimate care should raise them with the Headteacher, DSL or another appropriate member of the school's leadership team. Concerns about safeguarding or staff conduct will be dealt with under the relevant safeguarding, allegations or whistleblowing procedures.

- Concerns about a child's dignity, privacy or care arrangements will be investigated promptly and sensitively.
- The school will not discourage a parent/carer or pupil from raising a concern.
- Where a concern relates to a possible safeguarding incident, the school's safeguarding procedures take priority.
- Formal complaints will be managed under the school's Complaints Policy.

19. Monitoring, review and governance

- The Headteacher and DSL will monitor implementation of this policy.
- The school will review whether pupils' intimate care needs are being met safely, consistently and with dignity.
- The Governing Board will receive appropriate assurance through safeguarding, SEND and health-and-safety monitoring.
- Individual Intimate Care Plans will be reviewed at least annually and sooner when needs change.
- This policy will be reviewed annually and whenever relevant legislation, statutory guidance, local procedures or school arrangements change.

Appendix 1 – Individual Intimate Care Plan

Complete with the pupil and parent/carer and, where appropriate, relevant professionals.

Pupil name / class	
Date of birth	
Parent/carer contact	
Nature of intimate care need	
Communication / how pupil indicates need	
Level of independence	
Usual routine / signs that care is needed	
Changing/toileting location	
Equipment required	
Nappies / continence products supplied by	
Wipes / creams / other products	
Skin-care arrangements	
Moving and handling requirements	
Staffing arrangements / second adult considerations	
How dignity and privacy will be maintained	
How independence will be encouraged	
Medical / SEND information relevant to care	
Trip / activity arrangements	
Parent/carer views	
Pupil's views / preferences	
Review date	