



St John's CofE Primary Academy

Trust Headteacher: Cheryl

Heaton

Chair of Combined Local Academy Committee: Zoe Heath

INTIMATE CARE POLICY

St John's CofE Academy, Wednesbury

1. Purpose and scope

The academy will ensure that every child receives safe, respectful, timely and inclusive toileting and intimate care. This policy applies to all staff supporting children in Nursery, Reception and Years 1–6, including pupils with SEND, disabilities, health conditions and temporary needs. It applies during the school day, trips and academy activities. Intimate care includes assistance with toileting, wiping, changing nappies or clothing, washing intimate areas and related personal care. Clinical procedures are not authorised by this policy alone.

2. Legal and guidance framework

This policy should be read alongside the academy's child protection and safeguarding, staff code of conduct, SEND, supporting pupils with medical conditions, health and safety, infection prevention, data protection and complaints policies. Relevant law and guidance include the Equality Act 2010; Children and Families Act 2014; Education Act 2002 safeguarding duties; Childcare Act 2006 and applicable EYFS welfare regulations; UK GDPR and Data Protection Act 2018; Keeping Children Safe in Education (KCSIE) 2026; EYFS statutory framework for group and school-based providers effective September 2026; Working Together to Safeguard Children 2026; SEND Code of Practice 0–25; and DfE Supporting Pupils at School with Medical Conditions (currently in force). Not every cited document imposes a separate intimate-care requirement.

3. Core principles

Children must be treated with dignity, compassion and without shame or punishment. No child will be refused admission, routinely sent home, excluded from activities or denied access to education solely because they are not toilet trained or require intimate care. The academy will consider and make reasonable adjustments for disabled pupils and provide suitable facilities, equipment and staffing arrangements. Staff will encourage independence at the child's pace, explain each step in age-appropriate language, seek the child's cooperation and respect verbal and non-verbal communication. Where a child resists care, staff must not force routine care; they should reassure, consider alternatives, assess immediate health or safeguarding risks and seek senior advice.

4. Responsibilities

The Trust and Local Academy Committee oversee effective arrangements and policy review. The Trust Headteacher ensures facilities, resources, trained staff, risk assessment and implementation. The DSL leads safeguarding responses and liaison with relevant agencies. The SENDCo coordinates reasonable adjustments and individual plans where appropriate. The EYFS lead oversees EYFS practice. Staff follow plans and hygiene procedures, record relevant care, report concerns promptly and work within their competence. Parents/carers share relevant information and ordinarily supply agreed spare clothing and supplies; lack of supplies must not result in a child being left soiled.

5. Individual intimate care plans

For regular, complex or higher-risk care, a written plan will be agreed with parents/carers and, where appropriate, the child, SENDCo, healthcare professionals and relevant staff. Plans should record needs and communication preferences; level of independence; preferred staff/backup arrangements; location, equipment and accessibility; frequency and triggers; dignity and privacy arrangements; manual-handling/infection risks; safe disposal; any clinical instructions and training; recording and parent communication; emergency or refusal responses; review date. Link

with an EHCP, individual healthcare plan or risk assessment where relevant. Review after material changes and at least annually. A single accident does not automatically require a formal plan.

6. Staffing, privacy and safeguarding

Only appropriately recruited, suitable and trained staff may provide intimate care, with the required checks determined by role and applicable safeguarding rules. Enhanced DBS checking alone is not a substitute for supervision or safer working practice. Care should usually be provided by a familiar, designated adult; cover must be available. One-to-one care may be appropriate with safeguards such as staff awareness of location, accessible but private facilities, and contemporaneous records. A blanket two-adult rule is not required; use a documented risk assessment where two staff are needed for safety, moving/handling or a particular child's plan. Never use personal phones or take images. Maintain privacy without isolating staff or children from appropriate oversight. Respect the child's preferences where reasonably possible and never discriminate on grounds of sex or disability. Staff must not undertake invasive procedures without appropriate clinical direction, consent arrangements, training and authorisation.

7. Safeguarding concerns and allegations

Staff must report unexplained injuries, unusual soreness, disclosures, changes in presentation, repeated distress or concerning interactions to the DSL immediately and record factual observations in the approved safeguarding system. Do not investigate, photograph intimate areas or promise confidentiality. Where a concern relates to an adult, follow KCSIE 2026 and the academy's allegations/low-level concerns procedures, including referral to the Trust Headteacher or Chair/Trust as appropriate, LADO consultation when thresholds are met, and statutory notifications where applicable. The DSL determines appropriate parent contact where doing so may place a child at risk. If a child is at immediate risk, follow emergency safeguarding procedures.

8. Toileting and continence support

Provide regular, flexible access to clean and accessible toilets and discreet prompts where needed. Encourage children to manage clothing, wiping, flushing and handwashing independently when able. Avoid punitive reward systems, humiliation or assumptions about age-based continence. Use a child-specific approach for constipation, bowel/bladder difficulties, sensory needs and communication barriers; seek school nursing or specialist advice with parents as appropriate. Keep spare clothing available and offer discreet changing support promptly.

9. Nappy changing procedure

Prepare a clean, suitable and accessible changing area and assemble supplies before starting. Explain what will happen, protect privacy and ensure the child is safely supervised throughout; never leave a child unattended on a raised changing surface. Staff wear disposable gloves and apron when exposure to body fluids is anticipated, following the local infection-control risk assessment. Remove the soiled nappy, clean front to back where appropriate using suitable materials, fit a clean nappy/pull-up and dress the child. Dispose of waste according to the academy's assessed waste stream and contractor arrangements; do not assume all nappies require yellow clinical-waste bins. Clean and disinfect the changing surface with an approved product in line with manufacturer instructions and required contact time. Remove PPE safely and wash hands with liquid soap and water; support the child to wash hands. Record changes according to the child's plan and the academy's proportionate recording arrangements, including skin concerns, accidents and supplies. Never use a child's changing supplies for another child unless safe and agreed.

10. Soiled clothing, spills and infection control

Respond to accidents promptly, safely and discreetly. Staff managing urine, faeces, blood or vomit must use appropriate PPE and follow the academy's infection prevention procedures, including cleaning, disinfection, safe waste handling and handwashing. Keep others away from contaminated areas until cleaned. Place soiled clothing in a securely closed, labelled and appropriate bag for return to parents; do not attach it openly to book bags or rinse it in handwashing sinks. Arrange appropriate assistance for large spills or specialist cleaning. Follow current UKHSA health protection guidance on illness, outbreaks and exclusion periods; do not routinely exclude for continence needs alone.

11. Facilities, equipment and moving/handling

The Trust Headteacher will ensure a suitable changing location with privacy, hygienic surfaces, soap, hand-drying, PPE and secure storage. Facilities must be accessible to the child and suitable for their age, size and needs; the existing accessible toilet/changing station may not meet every older pupil's needs. Conduct an individual assessment for hoists, transfer equipment or manual handling; only trained staff may use equipment. Do not lift children unsafely. Maintain and inspect equipment and seek Trust estates/health-and-safety advice where adaptations are needed.

12. Communication, records and data protection

Parents/carers will be consulted on planned arrangements and informed of significant accidents, skin concerns, changed needs or incidents. Staff should not seek fresh parental permission before every routine agreed care episode, but should involve the child and explain care each time. Record only necessary information, including date/time, care provided, staff member, notable concerns and any action taken. Store records securely in approved systems, limit access on a need-to-know basis, follow the Trust retention schedule and share safeguarding information lawfully when necessary. Avoid informal personal-device messages and unnecessary details in home-school communications.

13. Trips, emergencies and continuity

Planning for visits, clubs and off-site provision must include accessible toilets, staff competence, supplies, privacy, travel time and safe disposal. Arrange reasonable adjustments so children can participate. If supplies or facilities fail, seek a safe alternative and notify a senior leader; do not leave the child in soiled clothing. Escalate pain, bleeding, suspected infection, severe constipation or acute illness under first aid/medical procedures and contact parents or emergency services as indicated.

14. Training, assurance and review

All relevant staff will receive induction in safeguarding, dignity, professional boundaries, hand hygiene, infection prevention, PPE, recording and reporting. Provide child-specific instruction and competence checks for complex procedures, equipment or moving/handling. Leaders will periodically check facilities, practice, incidents, parent feedback and individual plans, and address concerns. Review this policy annually and earlier after legal or guidance changes or a significant incident.

Appendix A – individual care plan template

Pupil / class: _____ **Date:** _____ **Review:** _____

Needs and strengths / communication: _____

Support tasks and level of independence: _____

Staff / backup / location / equipment: _____

Hygiene, disposal and manual-handling risks: _____

Medical instructions / specialist training (if any): _____

Response to refusal, distress or emergency: _____

Records and parent communication: _____

Child's views: _____

Parent/carers and school agreement: _____

Appendix B – care record (where required)

Date/time

Pupil identifier

Care provided

Staff initials

Concerns/actions

Parent informed (if needed)

Appendix C – sources and implementation checks

DfE KCSIE 2026: <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

DfE EYFS framework (September 2026): <https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>

DfE supporting pupils with medical conditions:
<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

DfE SEND Code of Practice: <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>