SPURCROFT PRIMARY AND NURSERY SCHOOL

INTIMATE CARE AND TOILETING POLICY AND PROCEDURES 2025-27

1. KEY PRINCIPLES

At Spurcroft Primary and Nursery School we are committed to safeguarding and promoting the welfare of children and young people.

We are committed to ensuring that all staff responsible for intimate care of children and young people will undertake their duties in a professional manner at all times. We are committed to ensuring that children are treated with sensitivity and respect when intimate care is given.

No child shall be attended to in any way that causes distress, embarrassment or pain.

Staff will work in close partnership with parents and carers to share information and provide continuity of care.

2. DEFINITION

Intimate care is defined as any care which involves washing, touching or carrying out an invasive procedure that most children and young people carry out for themselves, but which some are unable to do.

Intimate care tasks are associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with, or contact with intimate personal areas. Examples include support with dressing and undressing (underwear), changing incontinence pads and nappies, helping someone use the toilet or washing intimate parts of the body, cleaning a pupil who has soiled him/herself or vomited. It is also associated with other accidents that may require a child to remove their clothes. These include changes required as a result of water play, messy play, sickness and weather. Very young or disabled pupils may be unable to meet their own care needs for a variety of reasons and will require regular support.

3. EXPECTATIONS

The school expects that most children will be toilet trained and out of nappies before they begin school. However, it is inevitable that from time to time some children will have accidents and need to be attended to.

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.

4. LEGISLATION

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

5. TYPES OF INTIMATE CARE

It benefits children if they are out of nappies or at least working towards this by the time they start nursery or school. The school can help with advice on toilet training or signpost you to where to get support.

5.1 Nappy Changing

Any child wearing nappies will have an intimate care plan, which must be signed by the parent/carer. This plan will outline who is responsible in school for changing the child, and where and when this will be carried out. This agreement allows the school and parents to be aware of all issues surrounding the task from the outset.

Permission to change nappies is sought as children enter the Early Years Foundation Stage (EYFS) and slips are kept on record. Where a child has continuing incontinence problems (i.e. past EYFS) these procedures will continue to apply.

5.1.1 Procedures for changing a nappy

Staff in the EYFS area have access to changing area with a toilet and hand basin with warm water. There is also a stock of baby wipes, plastic bags and disposable protective gloves and aprons for staff to use.

- Staff must wash their hands with hot water and an appropriate soap/hand cleaner both before and after nappy changing. Gloves should be worn while nappy changing. The changing area should be cleaned after each use and the nappy should be disposed of hygienically in an appropriate container. Any spillages must be cleaned up immediately.
- Staff must be mindful of the need to preserve the dignity of the child (for example, do not allow other children to watch nappy changing).
- Staff should record times/frequencies of nappy changing and note any concerns (for example unusual bowel movement), which should be reported to parents/carers when the child is collected.
- An adequate supply of nappies must be kept on the premises at all times. Where parents/carers provide the nappies, staff should notify them well in advance when the stock is depleting.

In KS1/2 changing will take place in the disabled toilet and wherever possible by a member of staff known to the child. The same procedures will be followed.

5.2 Accidents and Changing Clothes

The above guidelines for nappy changing apply to supporting a child after they have had an accident and either wet or soil themselves. Staff will need to use some judgement in how much support to offer the child depending on the situation.

It is important though that the child is not reprimanded, and is reassured and then supported – as much as possible to clean themselves and change.

If a child soils him/herself during school time, one member of staff will help the child:

- Remove their soiled clothes
- Clean skin (this usually includes bottom, genitalia, legs, feet)
- Dress in the child's own clothes or those provided by the school
- Wrap soiled clothes in plastic bags and give to parents/carers to take home.

Students should not change pupils, unless supervised at all times by a permanent member of staff, and only then with parents'/carers' consent.

Children who have particularly messy accidents may need to be washed at home. The decision whether to do this will be based on the welfare and emotional well-being of the child and agreed with a member of the Leadership Team. In this case a parent/carer will be asked to come into school.

Older children may wish to change their own clothes, but they should always be supervised/assisted by a member of staff to ensure that they are clean and dry before putting on the new clothes. Wet or soiled clothing should be securely wrapped and kept in an appropriate place until it can be given to parents at the end of the day.

5.3 Diurnal Enuresis (daytime accidental wetting)

Pupils with diurnal enuresis will have an Individual Care Plan agreed with them and their parent /carer.

5.3.1 Nocturnal Enuresis

Where children regularly wet the bed at night and this is having an impact on them during the day, the school will work with the child and the family to ensure that there is support from other professionals. Staff must also be vigilant to the possibility that this may be an safeguarding concern and therefore must follow the agreed procedures.

5.4 Puberty and Menstruation

Normal puberty onset can be between 8 – 13 years of age. The age of first menstruation has declined over the last 50 years but there is wide ethnic disparity.

The class teacher must be made aware when a girl begins menstruating in order to be able to offer support.

When staff learn that a child has begun menstruating their class teacher will talk through where they can keep and change and dispose of their sanitary products

5.4.1 Procedures - Leaving the classroom

Girls who think they have started their period, or are having their monthly period should be allowed to leave the classroom if they request to and staff should be mindful of any distress this may cause.

5.4.2 PE, games and swimming

It is the expectation of the school that girls who are menstruating continue to take part in all activities, including Games and PE.

Pupils will be excused from swimming and a note will be required from their parent/ carer.

5.4.3 Links to attendance

The school will monitor any patterns of absence, which may be related to menstruation or continence issues and act in accordance with the Attendance Policy.

5.4.4 Easing pain

If a child needs medication to ease pain a medical note is needed and a medical form completed and signed by the parent.

In all of the above situations, members of staff must pay attention to the level of distress and comfort of the child. If the child is ill the member of staff will telephone the parent/carer.

The school will ensure that pupils do not experience additional embarrassment and anxiety because of a medical condition or the early onset of puberty.

6. INTIMATE CARE PLAN

Individual Care Plans will be drawn up for any pupil requiring regular intimate care.

Where specialist equipment and facilities above that currently available in the school are required, every effort will be made to provide appropriate facilities in a timely fashion, following any appropriate medical advice.

There is careful communication with any pupil who requires intimate care in line with their preferred means of communication to discuss needs and preferences.

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

Pupils will be supported to achieve the highest level of independence possible, according to their individual condition and abilities

Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. Where possible, one pupil will be cared for by one adult unless there is a sound reason for having more adults present. In such a case, the reasons will be documented. Intimate care arrangements will be discussed with parents/carers and recorded on the care plan.

7. PROMOTING INDEPENDENT TOILETING

Time spent changing a child is not dissimilar to the amount of time that might be allocated to work with a child on any other developmental need and the time spent changing the child should be used as a positive learning experience. Children will be encouraged to use the toilets independently. Where children are still working towards this, the necessary support will be given.

The adult can often pick up clues if this is the case, and should use the child's name to get their attention and suggest a trip to the toilet.

Adults should praise children for using the toilet appropriately to reinforce good habits.

8. PARTNERSHIP WORKING

It is important that staff talk openly and positively with parents about supporting children with their toileting at transition into the school. Staff should also support children to become familiar with toileting arrangements in their school.

In Nursery home visits, the responsibilities and expectations between the school and the parents will be discussed in order to support the child to achieve continence.

The school agrees to:

- Change the child should they soil themselves or become wet.
- Inform parents should the child be distressed or in physical discomfort (this is separate from any action taken in response to any safeguarding concerns).

- Praise the child for successful use of the toilet.
- Review arrangements on a regular basis.

The parent agrees to:

- Ensure that the child is changed at the latest possible time before being brought to the school.
- Provide the school with spare nappies, nappy cream (if needed), cleaning wipes, nappy sacks and/or a change of clothing.
- Inform the school should the child have any marks/rash.
- Review arrangements on a regular basis.

9. ROLES AND RESPONSIBILITIES

Headteacher

- To ensure the policy is understood and followed.
- To ensure that the best interests of pupils are supported.
- To ensure the adequate training of staff to ensure children's needs are met.
- To ensure, with the Inclusion Leader, adequate training is provided for staff to carry out their duties and responsibilities safely.

Teaching Staff

- To be aware of the Intimate Care and Toileting Policy and work in line with it.
- To carry out intimate care in line with whole school policy and procedures.
- To monitor arrangements for intimate care within classrooms.
- To be responsible for supporting safeguarding arrangements and being accountable for who is involved in supporting children with intimate care needs within their classroom.

- To keep records of intimate care/toileting care provided on CPOMS, and to report care to parents on the day it has happened
- To liaise with the Inclusion Leader (Senior Staff) to ensure children's needs are met and concerns raised around health and well-being.

Support Staff

- To be aware of the Intimate Care and Toileting Policy and work in line with it.
- To carry out intimate care in line with whole school policy and procedures.
- To be responsible for supporting safeguarding arrangements and being accountable for who is involved in supporting children with intimate care needs within their classroom.
- To keep records of intimate care/toileting care provided on CPOMS, and to report care to parents on the day it has happened

7. TRAINING

All staff at the school will be made aware of the policy and appropriate procedures to follow. This will also be included in new staff induction.

Staff named on a child's Intimate Care Plan will receive the appropriate training, according to the needs of the child, which will change over time. They will understand and follow the child's care plan.

8. CHILD PROTECTION POLICIES

The Governors and staff at Spurcroft Primary and Nursery School recognise that children with disabilities are particularly vulnerable to all forms of abuse.

The needs and wishes of children and parents will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation.

All members of staff carrying out intimate care procedures have enhanced DBS checks. Students should only do so under the supervision of a trained member of staff. It is not appropriate for volunteers to carry out intimate care procedures.

Child Protection/safeguarding procedures will be adhered to at all times.

If a member of staff has any concerns about physical changes in a child's presentation such as unexplained marks, bruises or soreness for example, he/she will immediately report concerns to the Designated Person for Child Protection.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated at an appropriate level and outcomes recorded.

Parents/carers will be contacted at the earliest opportunity as part of the process of reaching a resolution.

Further advice will be taken from partner agencies.

If a child makes an allegation about a member of staff this will be investigated in accordance with the Child Protection Policy and school procedures, and reported to the LADO.

10. RECORD KEEPING

All staff who attend to a child/pupil with regards to intimate care must record this. If it is a one off incident, it should be recorded on CPOMS. For routine care, and intimate care plan should be written, and log on incident kept with the plan.

Written parental consent form should be completed and uploaded to CPOMS.

11. MONITORING

All records will be logged and analysed on a regular basis to identify any significant trends and issues.

12. FURTHER INFORMATION/LINKS TO SCHOOL POLCIES

Safe Touch Policy
Child Protection and Safeguarding Policy
Guidance for safer working practice for those working with children and young people in educational settings

APPENDIX 1

Spurcroft Primary and Nursery School

Personal Care Plan

Child's Name:

Class/Year Group:

Date of Plan:

Review Date:

Area of Need
Equipment required
Location of suitable toilet facilities
Support required/frequency of support

Working towards independence:

School will	Parent/carer will	Child will try to	Target achieved

Signed (parent)

Signed (staff members)

Record of Intimate Care Intervention

Date	Time	Procedure	Staff Signature