

Brownsover Community School & Bridges Childcare Extended School Provision



Shared Management of Toileting & Intimate Care Policy

Policy Number	O17 - Organisational
	V2
Prepared By	Elaine Murray
Acknowledgement(s)	
Date Approved	October 2025
Effective Date	October 2025
Physical Location of Policy	Organisational File in HT office, Bridges Office & Electronically
Date of Next Review	October 2027

Document Information

Document history

Version no.	Date	Change
1.2	Nov 21	Completed and links checked
2	Nov 25	Became Toileting and Intimate Care Policy

Approvals

Role	Name	Signature / Approval	Date
Headteacher			
Governors			

Reviewers

Role	Name
Executive Head	Jenny Tegerdine
Bridges Coordinator	Rosemary Hercock
SBM	Elaine Murray
Pastoral Lead	Kirsty Tite

Distribution for Information

Role	Name
All Staff	

Brownsover Community School
& Bridges Childcare

**Shared Policy for the
Management of Toileting & Intimate Care**

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1. Introduction

Intimate care is any care which is associated with invasive procedures relating to bodily functions, bodily products and personal hygiene which demands direct or indirect contact with or exposure of intimate parts of the body, such as cleaning up after a child who has soiled themselves. In addition, some children may need help with dressing/undressing or using the toilet. Most children can carry out these functions themselves but it is recognised that some are unable to due to physical disability, learning difficulties, medical needs or needs arising from the child's stage of development.

This Intimate Care Policy has been developed to safeguard children, support staff and ensure good practice is followed. Staff are checked with the Disclosure and Barring Service (DBS) and we are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional and caring manner at all times. We believe that the intimate care of children cannot be separated from other aspects of their learning and development and we believe that every child has the right to feel safe and secure. We do not discriminate against children who have not reached a stage, have a disability, or need where they cannot manage their own personal hygiene and as such welcome all children to participate in our school and provide appropriate support for each child on an individual basis. We recognise the need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

2. Aims and Objectives

All children have the right to be safe, to be treated with courtesy, dignity and respect and to be able to access all aspects of the educational curriculum. At school we will:

- Safeguard the rights and promote the welfare of all children including those who may be more vulnerable to abuse.
- Provide guidance and reassurance to staff whose duties may include intimate care.
- Assure parents and carers that staff are knowledgeable about personal care and that their child's individual needs and concerns are taken into consideration.
- Remove barriers to learning and participation, protect from discrimination and ensure inclusion for all children and young people within our setting.

The objective of this policy is to meet the needs of children who have not yet achieved full independence in using the toilet before attending Bridges or school, or for school age pupils who, for a variety of medical, emotional or social reasons, require special arrangements for their toileting or intimate care.

To work in partnership with parents and carers, to support effective toilet training and respectful intimate care.

3. Care Plan Arrangements

In these circumstances it may be appropriate for the school to set up an agreement that defines the responsibilities that each partner has, and the expectations each has for the other. This will include:

The Parent:

- Agreeing to ensure that the child is changed at the latest possible time before being brought to the setting/school
- Providing the setting/school with spare nappies or pull ups, wipes, nappy bags and at least one change of clothing

- Understanding and agreeing the procedures that will be followed when their child is changed at school
- Agreeing to inform the setting/school should the child have any marks/rash
- Agreeing to a 'minimum change' policy i.e. the setting/school would not undertake to change the child more frequently than if s/he were at home.
- Agreeing to review arrangements should this be necessary

The school:

- Support children and young people to be as independent as they can in their personal care, maintaining the child's dignity and self-esteem at all times
- Agreeing to change the child during a single session should the child soil themselves or become uncomfortably wet
- Agreeing how often the child would be changed should the child be staying for the full day
- Agreeing to monitor the number of times the child is changed in order to identify progress made
- Agreeing to report should the child be distressed, or if marks/rashes are seen
- Agreeing to review arrangements should this be necessary.

Parents - This kind of agreement should help to avoid misunderstandings that might otherwise arise, and help parents feel confident that the setting/school is taking a holistic view of the child's needs.

Should a child with complex continence needs be admitted, the school will consider the possibility of special circumstances and/or provision being made. In such circumstances, an appropriate health care professional will be closely involved in forward planning.

4. Our Approach to Best Practice

Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. Where parents/carers have indicated a need prior to starting with us plans should be in place before the child arrives on roll.

We will work with parents of a child who requires intimate care to establish a preferred procedure for supporting the child.

Where these procedures may require specialist training, we will seek out training for the staff who will be involved in a child's care, ensuring that the child's key people access the training.

Staff members who are known to the child will take on that responsibility for changing children. The staff member who is involved will always ask the child for permission to assist them. The child will be supported to achieve the highest level of autonomy and independence that is possible given their age and ability. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. It is the parent's responsibility to provide nappies, disposal bags, wipes, changing mat and changes of clothes.

We will implement care plans using the agreed routines and findings, and regularly review the plan.



5. Working with Parents

We believe that our partnership with parents is an essential principle in our setting and is particularly necessary in relation to children needing intimate care. We recognise that the information required to carry out intimate care is gained from parents as is prior permission. We acknowledge that cultural influences may affect what is deemed 'intimate' and ensure we pay regard to social, ethnic and cultural perspectives through open dialogue with parents.

Parents should be encouraged and empowered to work with staff to ensure that their child's needs are identified, understood and met.

When any intimate care is carried out on children with individual care plans, it will be recorded on their own personal record. All information concerning intimate care procedures is recorded and stored securely.

We appreciate that sometimes children have toileting 'accidents' which are out of character for them. In the event of this, and in the absence of a personal intimate care plan, the child would be fully encouraged and supported to achieve the highest level of autonomy that is possible given their age and ability. Staff will encourage the child to do as much for his/herself as possible and parents will be informed the same day. On the rare occasion that a child is soiled to a point where they are unable to clean themselves to a comfortable state, parents would be contacted immediately so that the child could be taken home for bathing.

6. The Protection of Children

Child Protection procedures will be adhered to. All children will be taught personal safety skills carefully matched to their level of development and understanding to build their confidence and assertiveness about their own body and its worth. Confident and assertive children who feel their body belongs to them are less vulnerable to abuse.

If a member of staff has a concern about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will follow our safeguarding procedures.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution.

If a child makes an allegation against a member of staff, all necessary procedures will be followed. (See Safeguarding and Child Protection Policy and Procedures)

The normal process of changing continence or wet/soiled clothes should not raise child protection concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the changing process to ensure that abuse does not take place. Few settings/schools will have the staffing resources to provide two members of staff for changing and DBS checks are carried out to ensure the safety of children with staff employed in our school. If there is a known risk of allegation by a child then a single practitioner will not undertake changing. A student or volunteer on placement will not change a child unsupervised. Pupils will have key members of staff named on their intimate care plan. This reduces the risk to the child and promotes their dignity. The care plan will outline back up or contingency measures in the event that the named members of staff are not available.

7. Allegations of Abuse

Personnel working in intimate situations with children can feel particularly vulnerable. This school policy can help to reassure both staff involved and the parents of vulnerable children. Action will be taken immediately should there be a discrepancy of reports between a child and the personal assistant. Where there is an allegation of abuse, the guidelines in the Child Protection procedures will be followed.

8. Health & Safety

Guidelines for Changing Children

- If possible, children should be changed standing up or using the variable height changing table, to avoid staff lifting children.
- The child's skin should be cleaned with a disposable wipe.
- Nappy creams/lotions should be labelled with the child's name and used only if prescribed for that child (by their parents) they must not be shared.
- Disposable gloves should be worn when changing nappies. The nappy should be folded inward to cover faecal material and double wrapped in a nappy bag. Soiled nappies should be disposed of into the bin provided. The disposal bin should be lined and emptied daily, replacing the used bin liner.
- Any soiled or damp clothing should be placed in a plastic carrier bag in the bin provided in the hygiene suite.
- Once the child has been changed and removed from the changing area, the surface should be cleaned with an antibacterial detergent spray or wipe and left to dry.
- Gloves, apron and any items used for cleaning the changing area will be wrapped and disposed of via domestic waste.
- Hands should be thoroughly washed afterwards.
- Complete the intimate care record.

Cleaning blood and body fluid spills

All spillages of blood, faeces, saliva and vomit should be cleaned up immediately, wearing personal protective equipment. Clean spillages using a product which combines detergent and disinfectant, and ensure it is effective against both bacteria and viruses. Always follow the manufacturer's instructions. Use disposable paper towels or cloths to cleaning up blood and body fluid spills, and dispose of after use. A spillage kit should be available for blood spills. **A spill kit (in small grey bucket) is available from the Caretakers Room and has all the relevant contents for cleaning vomit, faeces etc.**

Confidentiality

Medical and health information will be treated confidentially and information about children only shared with those whom the parents/carers or children have given consent for. However, we will ensure that important information about particular health needs will be clearly communicated to relevant teaching and support staff.

As recommended specific health needs of an individual child will only be shared with peers after consent from the child. This will help to normalise any special needs and establish a sense of caring.

9. Access to Toilets – Site Specific

Per the guidance we understand that restricting toilet access can have both physiological and psychological consequences for all children, not just those with additional difficulties. A significant proportion of childhood urinary and bowel problems are caused by unhealthy toileting patterns.

Therefore as a school:

- We have implemented this policy and staff are made aware of its content
- Children are permitted to the toilet as and when they need to
- Children able to go to the toilet during class time in privacy (when others are not around) – and without adverse comment when they leave and return to class.
- Children are not pressured to go to the toilet quickly.
- Toilet facilities are unlocked and available at all times.
- Toilets are cleaned and checked regularly, ensuring there is sufficient toilet roll, soap and paper towels.
- Children use the toilet without undue queuing
- We have visual prompts to reinforce the routines of flushing the toilet after use and washing and drying hands thoroughly and these routines reinforced by staff.
- We value and act upon where reasonably practicable the children's suggestions about the toilets.
- Private changing areas are set up for those children that require it.

10. Monitoring

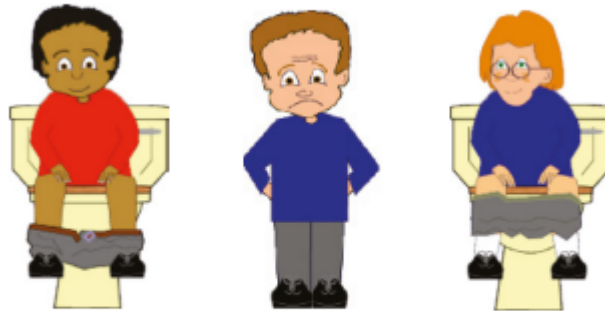
This policy is reviewed **every two years**. The may, however, review the policy earlier than this, if the government introduces new regulations, or if the governing body receives recommendations on how the policy might be improved.

- The Head of school, will take responsibility for monitoring that agreed procedures are being followed and are meeting the needs of children and families.
- Any concerns that staff have about child protection issues will be reported to the Designated Safeguarding Lead (DSL) and subsequently the Headteacher for further referral if appropriate.
- This policy runs alongside other school policies, particularly Safeguarding Children, SEND, and Health and Safety, Complaints Policy.

APPENDIX 1 - Guidance on Special Toileting Needs in Schools and Early Years' Settings

Guidance on Special Toileting Needs in Schools and Early Years' Settings

Available at <https://api.warwickshire.gov.uk/documents/WCCC-1090-184>



GUIDANCE ON SPECIAL TOILETING NEEDS IN SCHOOLS AND EARLY YEARS' SETTINGS



*Working for
Warwickshire*

APPENDIX 2 – Intimate Care Plan Template



Brownsover Community Primary Intimate Care Plan

Child's Name:		Insert Photo of child
Date of Birth:		
Class:		
Home Address:		
		Plan Date:
		Review Date:
<small>(12 months or earlier if evidence is presented that child's needs have changed)</small>		

Name & role of Persons Completing the Plan:	Miss Mumtaz Khan (Head of School) Mrs Kirsty Tite (Pastoral Lead)
School Details:	Brownsover Community Primary School, Webb Drive, RUGBY, CV23 0UP Tel: 01788 547660

Family Contact Information

Family Contact 1	Family Contact 2
Name:	Name:
Relationship to child:	Relationship to child:
Mobile Number:	Mobile Number:
Home Number:	Home Number:
Email:	Email:
Address if different to child:	Address if different to child:

Health Contacts

Hospital
Consultant
General Practitioner
Health Visitor/ School nurse

Education Contacts

Class teacher

SENDCo (Special Education Needs & Disabilities Coordinator)

Description of continence difficulty

Goals for continence management

Describe how the child's bladder and bowel health is going to be promoted and maintained and how potential and independence are going to be appropriately promoted. You may include goals for parents, child and /or school staff depending on individual needs.

A pro-active toilet routine will help avoid accidents. It is very important for this to be implemented during the school day.

This is to be reviewed yearly or in-line with changes prompted by professionals and or parents.

Medication

Details of medication. If any medication needs to be taken in school refer to the school's medical policy and follow school procedures.

A Consent to Administer Medication Form (Policy O13 Appendix 3 template) should be completed by parents before we can administer.

Management and description of routine

e.g. details of drinking, toileting and changing routines, aides used and any reward schemes

Details of help required for personal care, who will provide this, where and how

Details of staff training needed/undertaken

Include who has been trained.

Arrangements for sporting activities, school visits/trips etc

Use and disposal of continence products and aids

Include arrangement for soiled clothes and underwear, provision or new/spare equipment eg catheters).

Emergency situations

Describe what would constitute an emergency for the child and what action should be taken. Schools should always act in line with their safeguarding, medical and first aid policies.

Form Copied to <i>(must include parents):</i>	Tick
SENDCo	<input type="checkbox"/>
Staff working with Child	<input type="checkbox"/>
Parent/Carers	<input type="checkbox"/>
School Office for Pupil File to accompany Healthcare Plan if one in place	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Parental Acknowledgement

I understand that I must deliver any medicine personally to the office.
 I understand that I must notify School/Bridges of any changes in Writing
 I understand that I am responsible for ensuring sufficient and in date medication is available.
 I understand that I am responsible for providing spare clothes, nappies wet wipes and nappy sacks (if required in the plan)

Signature:

Date:

Head of School Confirmation

I agree that School/Bridges can carry out Intimate Healthcare Plan

The arrangement will continue until (date): _____

Signature:

Date: