



St Peter's Eaton Square Church of England Primary School

Intimate Care Toileting and Continence Policy 2026/27

Approved by:	Governing Body	Date:
Last reviewed on:	September 2026	
Next review due by:	September 2027	



1 Purpose and scope

This policy explains how St Peter's Eaton Square Church of England Primary School supports pupils who need help with toileting, continence, changing, washing or another aspect of intimate personal care. It applies during the school day, educational visits, Forest School, breakfast club, after-school care and school-led activities.

The school will provide care that is safe, respectful and child-centred. A child will not be refused admission, excluded from an activity, routinely sent home or treated less favourably because they are not yet toilet trained or because of a disability, medical condition or continence need. Reasonable adjustments and individual arrangements will be made where required.

2 Aims and principles

Intimate care is any assistance that involves a child's intimate personal areas. It may include toileting, changing nappies or continence products, changing soiled clothing, washing, menstrual care or support with a clinical procedure under an agreed healthcare plan.

- Protect each child's dignity, privacy, safety, rights and wellbeing.
- Promote independence and self-care at a pace appropriate to the child.
- Listen to the child and seek their agreement before and throughout care.
- Use the least intrusive level of help needed and avoid unnecessary physical contact.
- Work in partnership with parents, carers and relevant health professionals.
- Ensure staff are trained, authorised, appropriately checked and supported.
- Maintain clear records and act immediately on any safeguarding concern.

3 Legal and statutory framework

This policy has regard to the statutory and legal framework in force for the 2026/27 academic year, including:

- Keeping Children Safe in Education 2026.
- Early Years Foundation Stage statutory framework for group and school-based providers, effective 1 September 2026.
- Working Together to Safeguard Children, updated March 2026.
- Equality Act 2010, including the duty to make reasonable adjustments.
- Children and Families Act 2014 and SEND Code of Practice 0 to 25 years.
- Supporting pupils at school with medical conditions statutory guidance.
- Health and Safety at Work etc. Act 1974, Data Protection Act 2018 and UK GDPR.

4 Roles and responsibilities

4.1 Governing Body and Headteacher

- Ensure suitable facilities, staffing, training, safeguarding arrangements and resources are available.
- Make sure the policy is implemented consistently and reviewed following changes to law, guidance or school practice.
- Ensure concerns about adults are managed under the school's safeguarding and allegations procedures.



4.2 SENCO designated safeguarding lead and senior leaders

- Coordinate individual care plans, healthcare advice, reasonable adjustments and staff training.
- Agree risk controls where care is complex, where moving and handling is required, or where a child or adult may be particularly vulnerable.
- Monitor records and patterns, respond to safeguarding concerns and review whether support remains appropriate.

4.3 Staff providing intimate care

- Follow the child's plan and this policy, explain each step and encourage the child to do as much as possible independently.
- Respect privacy while ensuring care is observable and professionally accountable.
- Record care accurately and report accidents, injuries, disclosures, signs of neglect or concerns about another adult immediately.
- Use agreed infection-control, manual-handling and disposal procedures.

4.4 Parents and carers

- Share relevant information about the child's needs, health, routines, communication and any professional advice.
- Provide suitable spare clothing, underwear, continence products and other agreed items, clearly named.
- Tell the school promptly about any change, infection, treatment, medication or concern that may affect care.
- Work with the school on consistent and developmentally appropriate toileting or continence support.

5 Consent child voice and privacy

Parents and carers will be asked for written consent for planned or routine intimate care. An individual plan will be agreed where care is regular, complex or connected to SEND, disability or a medical condition. In an urgent situation, staff may provide the minimum care necessary to protect a child's health, comfort and dignity when prior consent cannot be obtained. Parents or carers will be informed as soon as possible.

Adults will tell the child what is going to happen, use the child's preferred communication method and seek assent at each stage. If a child says or indicates stop, the adult will pause unless delay would create an immediate risk. The adult will reassure the child, consider a different approach or familiar adult and seek advice from a senior leader where needed.

Care will take place in an agreed area that protects privacy but does not leave practice hidden or unaccountable. Doors will not be locked. Phones, cameras and personal devices are not permitted in toilets or changing areas. Care is normally provided by one trained member of staff; a second adult will be nearby or present when an individual risk assessment identifies a need. Two adults are not required as a routine measure where this would unnecessarily compromise dignity.

6 Individual intimate care plans

A written plan will be prepared with parents or carers, the child where possible, the SENCO and relevant professionals when a child needs regular, complex or specialist support. The plan will identify:



- the child's needs, communication, preferences and level of independence;
- the care required, expected frequency, location and equipment;
- named or agreed staff and any training they require;
- reasonable adjustments, moving and handling arrangements and risk controls;
- how care will be provided on visits, at Forest School and during extended-day provision;
- how information will be recorded and shared; and
- review arrangements and action if the child becomes distressed or refuses care.

Plans will be reviewed at least annually and sooner when needs, professional advice, equipment or circumstances change. Where needs change quickly, reviews will be more frequent. A healthcare plan or EHCP may be used alongside this plan but does not replace the practical intimate-care arrangements.

7 Toileting and continence support

Children develop continence at different rates. Staff will respond without shame, blame or punishment and will use everyday care as an opportunity to build language, confidence and independence. The school will work with families and health professionals on a consistent toileting programme where appropriate.

- Children will be offered timely access to toilets and reasonable prompts or scheduled visits where agreed.
- Accessible toilets, visual supports, adapted equipment or additional time will be provided where reasonably required.
- A child will not be made to wait in wet or soiled clothing while staff attempt to contact home.
- Parents may be asked to collect only when the child is unwell, needs medical assessment, or the agreed care cannot be provided safely because of an exceptional and immediate circumstance; this must not become routine.
- Persistent changes, pain, constipation, diarrhoea, blood, unexplained regression or significant soreness will be shared sensitively with parents and referred for medical advice where appropriate.

8 Safe care procedure

The member of staff will follow the child's plan and use professional judgement. They will:

- prepare the area and equipment before beginning and maintain supervision throughout;
- explain the care, seek the child's agreement and encourage independence;
- wear disposable gloves and an apron when contact with bodily fluids is possible;
- use warm water, soap, wipes or prescribed products as agreed, wiping from front to back where appropriate;
- dispose of nappies, pads, gloves and waste in the designated lidded bin;
- place soiled clothing in a sealed, labelled bag for discreet return home and not rinse it by hand;
- clean and disinfect the changing surface and any contaminated area after use;
- support the child and adult to wash and dry their hands thoroughly; and
- record the care and inform parents or carers in the agreed way.

Staff who are pregnant, have a health condition or have concerns about exposure to infection will speak to the Headteacher so an individual workplace risk assessment can be completed. Pregnancy alone does not automatically prevent a member of staff from providing intimate care.



9 Clinical and specialist procedures

Catheterisation, stoma care, suppositories, enemas or any other clinical or invasive procedure will only be undertaken when it is necessary for the child to attend school safely and an individual healthcare plan, written parental agreement, professional advice, staff training and competency assessment are in place. The school will follow the child's healthcare plan and the supporting pupils with medical conditions policy.

No member of staff will be required to undertake a procedure for which they have not been trained and assessed as competent. Emergency action will follow the healthcare plan and normal emergency procedures.

10 Safeguarding

Safeguarding is everyone's responsibility. Staff must remain alert to changes in a child's presentation, behaviour or continence and to marks, bruising, bleeding, soreness, pain, neglect, sexualised behaviour or a disclosure. A factual record must be made and the concern reported without delay to the designated safeguarding lead or a deputy using the school's agreed safeguarding system. Staff must not investigate or ask leading questions.

Any concern or allegation about the conduct of an adult, however small, must be reported immediately under the school's safeguarding and low-level concerns procedures. Concerns about the Headteacher must be reported to the Chair of Governors. The Headteacher or DSL will make any required referral or notification to the local authority designated officer, children's social care, police, Ofsted or another regulator.

If a child is accidentally hurt, becomes distressed or an unexpected issue occurs during care, the adult will stop where safe, reassure the child, obtain first aid or medical help if needed, notify a senior leader, record the incident and inform parents or carers. Safeguarding advice will be sought where appropriate.

11 Recording confidentiality and information sharing

Routine care will be recorded using the school's intimate-care record. Records will be factual, proportionate and stored securely. They will include the date and time, nature of care, staff involved, any change or concern and whether parents were informed. Care records are not a substitute for CPOMS: safeguarding concerns must be recorded and escalated separately without delay.

Information will be shared only with people who need it to provide safe care or protect the child. Data protection does not prevent necessary safeguarding information-sharing. Records will be retained in line with the school's retention schedule.

12 Resources and facilities

The school will maintain appropriate facilities and supplies, including hot running water, liquid soap, paper towels, disposable gloves and aprons, wipes where agreed, cleaning and disinfecting products, a suitable changing surface where required, lidded waste facilities, labelled bags and emergency spare clothing. Equipment will be stored safely and checked regularly.

13 Training and safer working practice

Only authorised staff who have completed the school's required safeguarding checks and training will provide planned intimate care. Training will be proportionate to the care and may



include safeguarding, child voice and consent, infection prevention, continence, moving and handling, use of specialist equipment and procedure-specific competency training.

New staff, agency staff and volunteers must not provide intimate care unless senior leaders have confirmed that all required checks, induction, training, supervision and plan-specific arrangements are in place. In line with the EYFS framework effective from September 2026, the school will apply the strengthened suitability and criminal-record-check requirements relevant to adults working in early years provision.

14 Monitoring complaints and review

The Headteacher and SENCO will monitor implementation through plans, records, safeguarding information, parent and pupil feedback and checks on training and resources. Any complaint will be considered under the school's complaints procedure; a safeguarding concern will be managed under safeguarding procedures and will not wait for the complaints process.

This policy will be reviewed annually and sooner if statutory guidance changes, an incident identifies a need for revision or school provision changes.

15 Related school policies

- Child Protection and Safeguarding Policy
- SEND Policy and Accessibility Plan
- Supporting Pupils with Medical Conditions Policy
- Health and Safety and First Aid Policies
- Behaviour Policy
- Data Protection and Records Retention Policies
- Educational Visits and Risk Assessment Procedures
- Complaints Policy



Appendix 1 Individual intimate care plan

Plan detail	Agreed information
Child's name and date of birth	
Class and key adults	
Parents or carers and contact details	
Nature and frequency of care	
Child's communication preferences and how assent will be sought	
What the child can do independently	
Support required and step-by-step procedure	
Location, equipment and products	
Named or agreed staff and required training	
Risk controls including moving and handling	
Arrangements for visits, Forest School and extended day	
Recording and parent communication	
Action if the child refuses, is distressed or needs urgent care	



Plan detail	Agreed information
Health professional advice	
Plan agreed by child where appropriate	Name/signature/date:
Plan agreed by parent or carer	Name/signature/date:
Plan agreed by school	Name/signature/date:
Review date	



Appendix 2 Parent or carer consent

Child's name	
Date of birth and class	
Parent or carer name and contact details	
Care for which consent is given	
Relevant health, allergy, skin-care or communication information	
Items the family will provide	
How the school should share routine care information	

I give permission for trained and authorised school staff to provide the intimate care described above and in any agreed individual plan. I understand that staff will act in the child's best interests and may provide minimum urgent care to protect the child's health, comfort and dignity if I cannot be contacted.

Parent or carer signature	
School representative	
Date and review date	



Appendix 3 Intimate care record

Use this record for routine care. Record any safeguarding concern separately on CPOMS and report it immediately to the DSL or deputy.

Date	Time	Child	Care provided	Staff	Observation or concern	Parent informed