Intimate Care (Nappy Changing & Supporting Personal Care – potty training) Policy

Portsdown Primary School and Early Years

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1. Aims

This policy informs Portsdown Primary School and Early Years' intimate care procedures to support the health, wellbeing and development of young children requiring personal and intimate care. Intimate care is carried out properly by staff, in line with any agreed plans, both in the nursery and in Years R to 6 where required.

The policy ensures:

- The dignity, rights and wellbeing of every child are safeguarded
- Pupils who require intimate care are not discriminated against, in line with the Equality Act 2010
- Parents/carers are assured that staff are knowledgeable about intimate care and that the needs of their child are taken into account
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved
- Acknowledge that intimate care may be needed beyond Early Years, Therefore, pupils who require support due to physical disabilities, medical conditions, or SEND, will have a plan created for them for their individual intimate care using Appendix 11.

Intimate care refers to any care that involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

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2. Legislation and statutory guidance

This policy complies with:

- The Equality Act 2010, under which providing intimate care counts as a reasonable adjustment for pupils who are not toilet trained, not able to use a toilet independently, or need other help with intimate tasks The Key Leaders
- Statutory safeguarding guidance (Keeping Children Safe in Education 2025)
- Early Years Foundation Stage Statutory Framework

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3. Role of parents/carers

3.1 Seeking parental permission

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents/carers will be asked to sign a consent form.

For children whose needs are more complex or who need particular support outside of what's covered in the permission form (if used), an intimate care plan will be created in discussion with parents/carers (see section 3.2 below).

You must get parents/carers' written permission to provide intimate care for their child. The Key Leaders

Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure.

If the school is unable to get in touch with parents/carers and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents/carers afterwards.

3.2 Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents/carers, the child (where possible) and any relevant health professionals.

The school will work with parents/carers and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be taken into account.

If there's doubt whether the child is able to make an informed choice, their parents/carers will be consulted. The Key Leaders

The plan will be reviewed twice a year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

See appendix 9 for a blank template plan to see what this will cover.

3.3 Sharing information

The school will share information with parents/carers as needed to ensure a consistent approach. It will expect parents/carers to also share relevant information regarding any intimate matters as needed.

3.4 Managing Parental Refusal of Consent

Where a parent/carer refuses to provide consent for intimate care:

Initial response:

- The headteacher (or nursery manager) will arrange a meeting with the parent/carer to:
    - Explain the purpose of intimate care provision and its benefits for the child
    - Discuss the school's duty of care to ensure the child's health, safety, dignity and wellbeing
    - Explain that without consent, the school may be unable to meet the child's needs appropriately
    - Listen actively to the parent/carer's concerns and try to put across that you have their child's best interests at heart The Key Leaders
    - Explore whether there are specific aspects of the care that concern the parent/carer, and whether adjustments can be made

Following the meeting:

- The school will:
    - Write a letter explaining to them that you're trying to put procedures in place so their child is covered and cared for if there's an emergency and you're not able to contact them The Key Leaders
    - Set out the school's concerns about the child's welfare if intimate care cannot be provided
    - Offer a further meeting if needed
    - Explain that the school has a duty of care to all pupils and must take reasonable steps to ensure children are not exposed to unacceptable risks The Key Leaders

If the parent/carer continues to refuse consent:

- The headteacher will seek advice from the local authority
- If the parent/carer still refuses to give consent, consider seeking legal advice The Key Leaders
- In exceptional circumstances where the child's immediate health or safety is at risk, the school may need to provide intimate care without consent and will inform parents/carers immediately afterwards
- The designated safeguarding lead will be informed and may need to consider whether there are safeguarding concerns

Emergency situations:

- The school recognises that in emergency situations, a child can be given emergency medical treatment regardless of whether the parent has ticked a consent box, as the child's best interests are paramount, and the school can consent on behalf of the child (on the basis of 'loco parentis') The Key Leaders
- Similar principles apply to intimate care when a child's health or dignity is at immediate risk

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4. Role of staff

Principles

Portsdown Primary School and Early Years respects our children and encourages them to achieve their potential. This includes encouraging them to be as independent as they are able with their personal care and to be able to manage needs.

We will ensure:

- All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history. This is because intimate or personal care counts as regulated activity – even if they only provide intimate care once. The Key Leaders
- Children's individual needs are identified and met
- Children's right to safety, dignity and privacy is respected
- Family's cultural preferences are considered
- Nappy changing and Potty training is a positive experience; both the family and the child feel supported throughout
- Communication between the setting and the family is promoted before, during and after potty training
- Consistency of care is maintained as far as possible
- Families are provided with information and signposted to sources of further information about bladder and bowel health and potty training

4.1 Which staff will be responsible

Any roles who may carry out intimate care will have this set out in their job description. No other staff members can be required to provide intimate care. The Key Leaders

You should use support staff to provide intimate care. Support staff have more flexible roles that can be adapted to include providing intimate care. You shouldn't ask teachers to resolve intimate care issues, because this provision doesn't require the professional skills of a teacher and providing intimate care would involve the teacher having to leave the class, which wouldn't be practical. The Key Leaders

4.2 How staff will be trained

Staff will receive:

- Training according to what's in your intimate care policy The Key Leaders
- Training in the specific types of intimate care they undertake
- Regular safeguarding training
- Training to make sure staff feel confident in their safeguarding training The Key Leaders

- If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as possible

They will be familiar with:

- The control measures set out in risk assessments carried out by the school
- Hygiene and health and safety procedures

They will also be encouraged to seek further advice as needed.

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5. Intimate care procedures

5.1 How procedures will happen:

NB: school refers to EYFS (Nursery to Year R), Key Stage 1 and Key Stage 2.

The school will ensure that anyone who undertakes nappy changing or personal intimate care with children is an employee of the nursery or school and has had appropriate safeguarding checks.

The school will ensure that all staff are aware of the need for confidentiality. Personal and sensitive information will only be shared with those who need to know.

The school will act according to Portsdown Primary School and Early Years safeguarding policy and procedures if there are any concerns for a child's wellbeing.

At all times, the child's safety, dignity and wellbeing is promoted.

Portsdown Primary School and Early Years will ensure that suitable facilities and equipment are provided with designated places for intimate care support.

Working with parents/carers:

The school's staff work closely with parents/carers to support personal care and promote toilet training so that continuity of support can be maintained between home and school. The Key Leaders Staff will promote a positive climate where information around child's developing care needs are shared and discussed with parents/carer and issues regarding toilet training can be talked about openly. Before a child starts school, family/carers will be included in discussions about the child's nappy, potty or toilet training routine. This is so that the child's current bladder/bowel development are known and continuity of care can be planned and maintained. Information is recorded on the home visit record/school records for admission as appropriate. As the child continues and progresses in their development, staff will continue to discuss and update the child's routine and development with the parent/carer.

Understanding consent and the child's wishes:

The school will always seek to work in partnership with parents/carers and, where appropriate, involve the child in decisions about their intimate care. However, we recognise that:

- Young children may not have the capacity to make informed decisions about their intimate care needs
- The school has a duty of care that may, in exceptional circumstances, require us to provide intimate care even when a child is reluctant or distressed The Key Leaders
- Leaving a child in soiled clothing could constitute neglect and cause harm to the child
- In emergency situations, the school can provide intimate care without prior parental consent, acting in the child's best interests (in loco parentis) The Key Leaders

Parents/carers will always be informed as soon as possible when intimate care has been provided in these circumstances.

Record keeping:

Written records are kept of all support for nappy/potty and toilet training care. This includes date and time of care and who supported the child. Any changes will be recorded and discussed with parents. Any concerns will be documented and reported to a senior member of staff in line with the safeguarding policy.

Families are supported by school staff to understand the health and safety procedures and responsibilities for supporting nappy changing, potty and toilet training and intimate care. Staff discuss the frequency of changing (appendix 3) and explain no child is intentionally left in a soiled or wet nappy.

The school staff will take into account the religious views, beliefs and cultural values of the child and their family as far as possible when undertaking personal care.

Responsibilities with Potty Training:

Potty training can be a daunting process for families. School staff will offer support and guidance to decide the best time for a family to potty train their child. This will be dependent on signs of bladder and bowel readiness and awareness of child (Appendix 6).

Where pupils are starting school without having been toilet-trained, staff should not be expected to deliver this. Instead, staff should report the matter, and you should work with each child's parents/carers to agree on a care plan. The Key Leaders

Staff will support families by discussing expectations of potty training and explain to parents why it is useful for the same approach to be taken at home and in the school environment, including using the same vocabulary.

Parents will be provided with information or signposted to support such as Health visitors, ERIC website www.eric.org.uk (The children's Bowel & Bladder Charity, leaflets such *Thinking about wee and poo, now you've reached the age of two; Eric's Guide To Potty Training)*.

Responsibilities for Children with additional Needs:

Portsdown Primary School and Early Years are aware that children with additional needs may not show reliable signs of awareness. We recognise that delayed continence may be linked to and with delays in other aspects of a child's development. If this is so, we may need to work in partnership with parents and other professionals (Health Visitor, School Nurse, and Specialist Child Health Services) to develop a planned programme, particularly where the delayed continence is into Year 1 and beyond.

Responsibilities in supporting positive self esteem:

Staff will work with the child to promote a positive self-esteem, body image and independence with self-care as far as is appropriate and practical. Staff will remain calm and offer a supportive approach to children at all times. Children will not be rushed or forced to use the potty or toilet against their will. Staff will approach children quietly and calmly regarding the need to change or toilet them and be mindful of child's engagement in play. Staff will always be gentle when changing and avoid pulling faces and making negative comments about 'nappy contents'. Portsdown Primary School and Early Years acknowledge that it may take 10 minutes or more to change an individual child; however, it is recognised that the time spent changing a child can, and should be a positive learning time. 'Accidents' are to be expected as children learn to recognise the sensation of needing the toilet by wetting/soiling. All staff should promote regular encouragement and ensure the child is praised. Staff work with parents to support the child to agree small achievable steps towards potty and toilet training.

For pupils needing routine intimate care, the school expects parents/carers to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and/or a spare set of clothing.

Any soiled clothing will be contained securely, clearly labelled and discreetly returned to parents/carers at the end of the day.

5.2 Concerns about safeguarding

If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this using the school's safeguarding procedures.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to the headteacher (who is the designated safeguarding lead: DSL) or nursery manager (in the nursery who will liaise with the DSL). Deputy safeguarding leads are available in their absence.

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures.

If you notice an increasing pattern of soiling instances, first hold a meeting with parents and with any other relevant individuals, such as medical professionals involved with the child. Explain what

you've noticed and ask if parents can shed any light on why this might be occurring, and how to help their child. If the pattern continues, talk to your school's designated safeguarding lead (DSL). If there is other evidence which indicates a safeguarding concern, the DSL may contact the local authority designated officer (LADO), who will look into whether there is a safeguarding issue.

Appendix 1

Enabling environment procedures for nappy training and personal care

When supporting Personal and intimate care Early Years staff will ensure:

- Use of designated areas for potty use, nappy changing and changing children
- Areas are warm, safe and have comfortable areas for young children to lie when having nappies changed
- If a purpose-built changing area is not available, temporary area is provided with a changing mat and health/hygiene resources
- Privacy and dignity for child is maintained for the child
- Equipment is provided such as toilet steps and seats to ensure safety, independence and comfort
- Reasonable adjustments are made to support children with additional needs as advised by other services in consultation with parents
- Nappy changing areas and potty /toilet areas bright and welcoming

Appendix 2

Personal care Procedures

The Early Years Staff will follow the agreed procedures:

- Change the child's clothing as appropriate as soon as possible and not to knowingly leave children in wet or soiled clothes. The time between nappy changing should not be longer than three hours.
- Use appropriate cleaning products and adhere to health and safety procedures (appendix 3)
- Report any rashes, or marks to parents and Nursery Manager/Headteacher if appropriate

Appendix 3

Health and Hygiene Procedures

When dealing with personal care staff will follow agreed health and safety procedures:

- Staff wear PPE (disposable gloves and aprons) to prevent cross infection and dispose of it in appropriate bins. Gloves are changed for each individual child to prevent cross contamination
- Parents are informed when required equipment for intimate care needs replenishing
- Nappies and 'pull ups' are disposed of nappy bags and designated nappy bins.
- Nappy bins are emptied at least once daily into the clinical nappy waste bin located outside next to waste bins.
- Cloth nappies, trainer pants and ordinary pants/clothing that have been wet or soiled are bagged for parent to take home in hygienic nappy sacks or yellow plastic bags.
- Bags of soiled and wet clothing are named and kept in a designated area away from children's reach and returned to parent at end of session.
- Nappy rash creams or use baby wipes are not applied to child without written consent from Parent/Carer to say it is safe to do so.
- Changing table/mat and surrounding area cleaned immediately following changing and between each child using antibacterial spray or antibacterial wipes.
- Potties are emptied and cleaned immediately following the child finishing on the potty to avoid risk of a child touching contents.
- Hot water, and liquid soap available to wash hands as soon as task is completed.
- When using liquid soap staff should wash their hands at a conventional sink as soon as possible. Staff follow appropriate hand washing guidance
- Paper hand towels available for drying hands and waste bin for disposal
- Children are taught to wash their hands with soap and water and to dry them efficiently
- Torn or ripped mats changing mats thrown away immediately and replaced
- Posters and pictures laminated so they can be cleaned hygienically
- Toilet changing environment checked throughout the day for hygiene and cleanliness
- Risk assessments are kept daily and reviewed regularly if needs of children change or changes are made to equipment/areas.

Appendix 4

Changing Frequency Responsibilities

Early Years staff will follow the agreed procedures to ensure children's physical needs and routines are supported:

- Toilet development discussed and recorded with parents /carers prior to a child starting Nursery to identify routines. Routines are updated regularly as child's needs change
- Nappies changed, take place with the child's needs and routines in mind
- Where possible the Key Person supports child's personal care
- Key Persons are responsible for ensuring their Key Children are changed on a regular basis.
- The time between nappy changes will not exceed three hours.
- All nappy changes/times recorded
- Where a child has the out of norm or occasional accident, Parents /carers are informed and sign record. This record acknowledges that parents have been informed. This is done sensitively to maintain privacy and dignity for child and parent.
- Deputy Managers for Nursery /Teachers in Year R monitor nappy changes/ personal care support to ensure regular changes are made and needs of individuals are met by staff in rooms.

Appendix 5

nappy changing record.doc

Appendix 6

ERIC Guide to Assessment of Readiness for potty training

The first stage of potty training is to recognise when the child is ready. It is essential that the child is:

- Pooing at least one soft poo a day
- Staying dry for at least an hour and a half between wees

Other signs to look out for are:

- Showing interest in the toilet
- They can follow simple instructions
- Able to sit themselves on the potty and get up again
- Starting to show signs of awareness when they have done a wee or poo
- Showing awareness that other members of the family and peers don't wear nappies, and that they use the toilet.

Children with additional needs may not show reliable signs of awareness. Potty training shouldn't be delayed; it is much harder to achieve when the child is older. Readiness can be assessed by monitoring the child's wees and poos. Early Years staff to offer information to parents such as ERIC's Guide for Children with Additional Needs.

Appendix 7
ERIC guide to Delivery of potty training
Early Years will ensure that:

Suitable facility is offered – either potty, or toilet with suitable foot support and toilet seat insert. Child needs to sit with feet flat and firmly supported, knees above hips. Boys to be guided to sit down to wee –

- In the early stages children cannot differentiate between the need for a wee and the need for a poo. If they wee standing up, they may hold onto the poo and can easily become constipated.
- The correct mechanism of weeing is triggered by relaxation – it is much easier to relax when seated.
- They may empty their bladder better sitting down.
- It is more hygienic as they are less likely to wee on the floor/over the toilet seat.

Optimum timing for toileting is observed –

- toilet visits planned for 20-30 minutes *after* meals (the most likely time for a child to poo)
- suitable interval left between prompts to wee (the bladder needs to be *full* to empty correctly)
- Fluid intake is optimised – a minimum of 6 to 8 full cups of drink a day, spread evenly across the day.
- Early Years staff will discuss clothing with family; family will ensure that the child is dressed in clothes that are easy to pull up and down, and will supply several spare pants, trousers, socks etc.
- Early Years staff will work with family to ensure a consistent transition from nappies to pants in one step to avoid confusing the child with a mixture of nappies/pull-ups/pants. N.B. The child will still need a nappy for naps initially.
- Early Years staff will support family by sharing information regarding products to support transition such as washable, absorbent car seat protector/washable, absorbent pants/children's disposable pads and/or advise about putting nappy *over* pants for travelling, so if the child wees they are aware of the sensation of feeling wet.
- Early years staff to maintain calm, supportive approach at all times; children should not be rushed or forced to use the potty against their will. 'Accidents' are to be expected – children learn to recognise the sensation of needing a wee/poo by wetting/soiling.
- All staff and family to ensure child is regularly encouraged and praised. N.B. aim to recognise *achievable* goals such as sitting on the potty when asked to do so. Keeping pants dry may be an unachievable goal initially.

Appendix 8
ERIC'S Guide to Trouble shooting and sources of advice:

- Early years staff to be alert for possible constipation; incidence is raised during potty training as some children find pooing into the potty/toilet frightening. See *ERIC's Guide to Children's Bowel Problems* for further information.
- If toilet avoidance is observed information to be provided - see ERIC factsheet *Children who will only poo in a nappy and other toilet avoiders*
- If child does not appear to be making progress, or regresses, staff to look again at child's bowel habit and fluid intake – see *ERIC's Guide to Potty Training. Early Years Healthy Bladder and Bowel Assessment* may be repeated.
- Early Years staff to instigate discussion with family to consider abandoning process, allowing time to improve bladder and bowel health and to better prepare the child, starting again after a suitable interval.
- If ongoing bladder/bowel issues, information such as ERIC leaflet
- *Thinking about wee and poo now you're on the way to school* may be shared with family and prospective school.

Further references for support from ERIC

- *Early Years Healthy Bladder and Bowel Assessment*
- *Bristol Stool Chart*
- *Thinking about wee and poo now you've reached the age of two*
- *ERIC's Guide to Potty Training*
- *ERIC's Guide for Children with Additional Needs*
- *ERIC's Guide to Children's Bowel Problems*
- *Children who will only poo in a nappy and other toilet avoiders*
- *Thinking about wee and poo now you're on the way to school*

Appendix 9
Nappy Care and Potty Plan Agreements

The Parent/Carer agrees:

- I agree to ensure that my child is changed at the latest possible time before being brought into nursery/school
- I will provide the nursery/school with spare nappies, pull ups, pants and changes of clothing
- I understand and agree the procedures that will be followed when my child is changed at nursery/school
- I will sign to agree if my child can be cleaned with wipes
- I will provide wipes for my child to be cleaned with
- If my child requires nappy cream, I will provide this and sign the consent to say this can be used
- I agree to inform the nursery/school should my child have any marks/rash
- I agree to review arrangements should this be necessary

I understand that:

- The school has a duty of care to my child and that, in exceptional circumstances (e.g., where my child's health, safety or dignity is at immediate risk), staff may need to provide intimate care even if my child is distressed or reluctant
- I will be informed immediately if intimate care is provided in these circumstances
- Staff will always use gentle persuasion and respect my child's dignity, and will only provide care when my child is distressed if there is an immediate risk to their health or wellbeing
- The school will contact me immediately if my child refuses intimate care
- If I refuse consent for intimate care, the school will arrange a meeting to discuss my concerns and try to reach an agreement that is in my child's best interests
- The school may need to seek advice from the local authority or legal advisors if we cannot reach an agreement about my child's intimate care needs
- In emergency situations where my child's immediate health or safety is at risk, the school can provide intimate care without prior consent (acting in loco parentis), and I will be informed as soon as possible

Signed: …… (parent/carer)
Name: …… (parent/carer)
Date:..../…../…….

Nursery/Year R and into KS1 agrees:

- We agree to change the child when necessary and to leave a child no longer than three hours without a change/check
- We record the times a child is changed/checked
- We agree to report should the child be distressed, or if marks/rashes are seen
- We agree to review arrangements should this be necessary

We agree that:

- We will always respect the child's dignity and wishes as far as possible
- We will use gentle persuasion, distraction techniques and age-appropriate explanations if a child is reluctant to have their nappy changed
- We will not use force to change a child's nappy
- We will contact parents/carers immediately if a child refuses intimate care or if the child has been in soiled clothing for more than 30 minutes
- We will document any incidents where a child refuses intimate care or becomes distressed, including:
    - The time and circumstances
    - What approaches were tried
    - How long the child remained in soiled clothing
    - When parents/carers were contacted
- In exceptional circumstances where the child's immediate health or safety is at risk (e.g., severe soiling causing distress, risk of infection, or the child has been in soiled clothing for

an extended period), we may need to provide intimate care even if the child is distressed, and we will:
    - Ensure two members of staff are present
    - Use the minimum intervention necessary
    - Remain calm, gentle and respectful of the child's dignity
    - Fully document the incident
    - Inform parents/carers immediately
    - Inform the headteacher and designated safeguarding lead
    - Review the incident to understand why the child refused and how similar situations can be prevented
- We will inform the designated safeguarding lead if there are repeated refusals or concerns about the child's wellbeing
- We will provide staff with appropriate training, support and supervision to carry out intimate care

Signed: …… (school member of staff)
Name: …….. (school member of staff)
Role: …… (school member of staff)
Date:..../…../…….

Appendix 10

Information for Parents: Intimate Care at Portsdown Primary School and Early Years

What is intimate care?

Intimate care refers to any care that involves toileting, washing, changing, or supporting your child with their personal hygiene needs. This might include:

- Changing nappies or pull-ups
- Supporting with potty training
- Helping with toilet accidents
- Cleaning and changing after soiling

Why do we provide intimate care?

Under the Equality Act 2010, providing intimate care is a reasonable adjustment for children who are not yet toilet trained or who need support with personal care. Without this support, children would not be able to access their education.

How we provide intimate care

We will:

- Always treat your child with dignity and respect
- Use designated, private areas for changing
- Follow strict hygiene procedures
- Keep written records of all intimate care
- Work closely with you to understand your child's needs and routines
- Respect your family's cultural and religious preferences
- Support your child to become as independent as possible

All staff who provide intimate care have:

- Enhanced DBS checks with barred list information
- Training in intimate care procedures
- Safeguarding training
- Knowledge of health and safety procedures

Your child's wishes

We will always:

- Use gentle persuasion and distraction if your child is reluctant
- Respect your child's dignity and privacy
- Never use force to change your child
- Contact you immediately if your child refuses care

However, we also have a duty of care to your child. This means that if your child is in soiled clothing and there is a risk to their health, comfort or dignity, we may need to provide care even if they are reluctant. We will always:

- Try every other approach first
- Have two members of staff present
- Be gentle and respectful
- Contact you immediately
- Document what happened

What if I have concerns?

We want to work in partnership with you. If you have any concerns about intimate care, please:

- Speak to your child's key person or class teacher
- Arrange a meeting with the nursery manager or headteacher
- Share any specific preferences or concerns you have

We will listen to your concerns and work with you to find an approach that works for your child and family.

What if I don't want to give consent?

We understand that intimate care is a sensitive issue. If you have concerns about giving consent:

- We will arrange a meeting to discuss your concerns
- We will explain why intimate care is important for your child
- We will try to address your concerns and find a solution

- We will respect your views while also considering our duty of care to your child

Potty training support

We work with families to support potty training. We will:

- Discuss signs of readiness with you
- Agree a consistent approach between home and school
- Provide information and resources
- Support you and your child throughout the process
- Celebrate successes together

We expect parents to lead potty training at home, and we will support this at school.

Further information

For more information about bladder and bowel health and potty training, we recommend:

- ERIC (The Children's Bowel & Bladder Charity): www.eric.org.uk
- Your health visitor or school nurse

Questions?

If you have any questions about this policy or intimate care at our school, please contact:

- **Nursery:** [Nursery Manager name and contact]
- **Reception to Year 6:** [Headteacher/SENCO name and contact]

Appendix 11

Individual Intimate Care Plan for Pupils with Physical Disabilities or Medical Needs

This plan should be used for pupils who require intimate care support due to physical disabilities, medical conditions, or special educational needs.

Section 1: Pupil Information

Pupil name: _____

Date of birth: _____

Year group/Class: _____

Date plan created: _____

Date plan to be reviewed: _____ *(Review at least twice yearly)*

Section 2: Nature of Need

Description of disability/medical condition/SEND:

Please provide a brief description of the pupil's condition and how it affects their ability to manage personal care independently.

Impact on personal care:

Describe specifically what aspects of personal care the pupil cannot manage independently (e.g., wiping after toileting, managing clothing, washing hands).

Current level of independence:

What can the pupil do independently? What support do they need?

Medical/healthcare professional involvement:

List any healthcare professionals involved (e.g., occupational therapist, physiotherapist, school nurse, paediatrician) and any specific advice they have provided.

Section 3: Specific Support Required

What intimate care support is needed:

☐ Assistance with wiping after using the toilet

☐ Assistance with managing clothing (pulling up/down trousers, underwear)

☐ Assistance with washing hands

☐ Assistance with managing continence products

☐ Assistance with menstrual care

☐ Other (please specify): _____

When support is needed:

☐ After every toilet visit

☐ At specific times of day (please specify): _____

☐ As requested by the pupil

☐ Other (please specify): _____

Where support will be provided:

Specify which toilet/changing facility will be used to ensure privacy and dignity.

Equipment or aids required:

☐ Adapted toilet seat

☐ Grab rails

☐ Step stool

☐ Changing bench/mat

☐ Hoist (if applicable)

☐ Other (please specify): _____

Section 4: Staffing Arrangements

Designated staff members who will provide support:

List the names and roles of staff who have agreed to provide intimate care and have received appropriate training.

1. _____ (Role: _____)
2. _____ (Role: _____)
3. _____ (Role: _____)

Staff training completed:

☐ Intimate care procedures (as per school policy)

☐ Safeguarding training

☐ Manual handling training (if applicable)

☐ Training specific to this pupil's needs

☐ Health and safety procedures

Safeguarding procedures:

How will staff ensure safeguarding best practice?

☐ Two members of staff present during intimate care

☐ One member of staff present with door left ajar

☐ One member of staff present (with parental agreement and risk assessment)

☐ Other arrangement (please specify): _____

Section 5: Procedures

Step-by-step procedure for providing support:

Detail the specific steps staff should follow, ensuring the pupil's dignity, privacy and safety are maintained.

1. ---
2. ---
3. ---
4. ---
5. ---

How the pupil will communicate their need for support:

How will the pupil let staff know they need help? (e.g., verbal request, visual signal, specific times)

Maintaining dignity and privacy:

What specific measures will be taken to protect the pupil's dignity and privacy?

Health and hygiene procedures:

☐ Staff will wear disposable gloves and aprons

☐ Hands will be washed before and after providing care

☐ Equipment/surfaces will be cleaned after each use

☐ Soiled clothing will be placed in sealed bags and returned to parents

☐ Other (please specify): _____

Section 6: Promoting Independence

Steps to support the pupil to become more independent:

What strategies will be used to help the pupil develop greater independence over time?

Occupational therapy/physiotherapy recommendations:

Include any specific advice from healthcare professionals about promoting independence.

Review of progress:

How will progress towards greater independence be monitored and reviewed?

Section 7: Communication and Consent

Parental consent:

I give consent for the intimate care support described in this plan to be provided to my child.

I understand that:

- Staff will always respect my child's dignity and privacy
- Staff will encourage my child's independence as much as possible
- I will be informed if there are any concerns or changes to my child's needs
- This plan will be reviewed at least twice yearly
- In exceptional circumstances where my child's immediate health or safety is at risk, staff may need to provide care even if my child is reluctant, and I will be informed immediately

Parent/carer signature: _____

Parent/carer name: _____

Date: _____

Pupil consent (where appropriate):

Subject to their age and understanding, the pupil should be involved in decisions about their intimate care.

Has the pupil been consulted about this plan? ☐ Yes ☐ No

If yes, please summarise the pupil's views:

Pupil signature (if appropriate): _____

Date: _____

Section 8: Communication with Parents

How parents will be kept informed:

☐ Daily communication book/diary

☐ Email updates as needed

☐ Phone call if any concerns arise

☐ Termly review meetings

☐ Other (please specify): _____

What information will be shared:

What routine information will parents receive? (e.g., confirmation that support was provided, any concerns)

Section 9: Recording and Monitoring

Record-keeping procedures:

All instances of intimate care will be recorded, including:

- Date and time
- Staff member(s) who provided support
- Any concerns or issues
- Any changes to the pupil's needs

Records will be kept: _____ *(specify location/system)*

Monitoring arrangements:

This plan will be monitored by: _____ *(name and role)*

Frequency of monitoring: _____

Section 10: Safeguarding

Designated Safeguarding Lead (DSL): _____

Deputy DSL(s): _____

What to do if concerns arise:

If staff have any concerns about:

- Physical changes in the pupil's appearance (marks, bruises, soreness)
- The pupil's emotional wellbeing
- The pupil's behaviour or responses during intimate care
- Any disclosure made by the pupil

They must immediately report these concerns to the DSL using the school's safeguarding procedures.

What to do if there is an incident:

If a pupil is hurt accidentally or there is an issue when carrying out the procedure, staff must:

- Report the incident immediately to the headteacher/DSL
- Complete an incident report
- Inform parents/carers

If a pupil makes an allegation against a member of staff:

- The responsibility for intimate care will be given to another member of staff immediately
- The allegation will be investigated according to the school's safeguarding procedures
- The headteacher and DSL will be informed immediately

Section 11: Emergency Procedures

What to do if the pupil refuses support:

Detail the steps staff should take if the pupil refuses intimate care.

1. _____
2. _____
3. _____

What to do if usual staff are unavailable:

Who will provide cover? What information do they need?

Emergency contact details:

Parent/carer 1:

Name: _____

Phone: _____

Alternative emergency contact:

Name: _____

Phone: _____

Relationship to pupil: _____

Section 12: Review and Signatures

This plan will be reviewed:

☐ Twice yearly (minimum)

☐ Whenever there are changes to the pupil's needs

☐ At the request of parents/carers

☐ At the request of the pupil (where appropriate)

☐ If there are any concerns

Next review date: _____

Signatures:

Parent/carer: _____ **Date:** _____

Pupil (if appropriate): _____ **Date:** _____

Headteacher/SENCO: _____ **Date:** _____

Class teacher: _____ **Date:** _____

Designated staff member: _____ **Date:** _____

Section 13: Review Notes

Use this section to record notes from review meetings, changes to the plan, or progress towards independence.

Review date: _____

Attendees: _____

Notes:

Review date: _____

Attendees: _____

Notes:

Review date: _____

Attendees: _____

Notes:

Daily Log

Daily Intimate Care Log

Pupil Name: **Week beginning:**

Day/Date	Time	Support provided	Staff initials	Notes
Monday **/**			Staff 1: ___ Staff 2: ___	
			Staff 1: ___ Staff 2: ___	
Tuesday **/**			Staff 1: ___ Staff 2: ___	
			Staff 1: ___ Staff 2: ___	
Wednesday **/**			Staff 1: ___ Staff 2: ___	
			Staff 1: ___ Staff 2: ___	
Thursday **/**			Staff 1: ___ Staff 2: ___	
			Staff 1: ___ Staff 2: ___	
Friday **/**			Staff 1: ___ Staff 2: ___	
			Staff 1: ___ Staff 2: ___	

Any concerns this week? ☐ No ☐ Yes (if yes, complete incident form and inform DSL immediately)
Parent informed of any issues? ☐ N/A ☐ Yes - Date: ___ Method: _____
Reviewed by: _____ **Date:**

Key Points About Record Keeping:

☑ **You must keep written records** of all intimate care support provided to pupils with physical disabilities/SEND (as stated in your intimate care policy, Section 5.1)

☑ **Both staff members present must sign** to ensure safeguarding best practice

☑ **Records must be stored securely** and kept confidentially in line with GDPR

☑ **Parents should be informed** of any concerns or changes, as outlined in the pupil's Individual Intimate Care Plan

☑ **Records must be reviewed regularly** by the SENCo/Inclusion Leader (Nikki Ludlam) to monitor the pupil's progress and ensure the plan remains appropriate