



*In the Light of Jesus
we Learn to Shine*

St. Joseph's Catholic Primary School

Personal and Intimate Care Policy

Ratified by Governors

Date: 07.10.25

Document Status	
Reviewed	September 2025
Date of next Review	September 2028
Approval Body	Governing Body
Publication	School Website/Staff Policy folder

This policy must be reviewed every 3 years

NON - STATUTORY

We have carefully considered the impact of this policy on equality and the possible implications for pupils with protected characteristics, as part of our commitment to meet the Public Sector Equality Duty (PSED) requirement to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations.

Introduction:

- All children at St Joseph's Catholic Primary School have the right to be safe and be treated with dignity, respect and privacy at all times. This policy sets out clear principles and guidelines on supporting intimate care including guidance on toileting, underpinning this principle and enabling all pupils to access all aspects of school life.
- This policy supports the Early Years Foundation Stage Statutory Framework (July 2025), and Keeping Children Safe in Education (2025). It has been created in accordance with: The UN Convention on the Rights of the Child (1989), the Equality Act (2010) and the Health and Safety at Work Act (1974).
- St Joseph's Catholic Primary School will ensure that:
 - no child's physical, mental or sensory impairment will have an adverse effect on their ability to take part in day-to-day activities.
 - no child with a named condition that affects personal development will be discriminated against.
 - no child who is delayed in achieving continence will be refused admission.
 - no child will be sent home or have to wait for their parents/carer due to incontinence.
 - adjustments will be made for any child who has delayed incontinence.
- We believe that:
 - every child has the right to be safe and valued as an individual.
 - every child has the right to personal privacy, to be treated with dignity and respect.
 - every child has the right to be consulted on their own intimate and personal care, to the best of their abilities.
 - every child has the right to have their views taken into account.
 - every child has the right to have levels of intimate care that are as consistent as possible.
 - the child's safety, dignity and privacy are paramount.

Definitions:

- 'Personal and intimate care' is defined as any activity required to meet the personal care and needs of each individual child.
- 'Intimate care' is associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body.
- 'Personal care' is generally less intimate and usually is about personal appearance. It does not invade personal space as much as intimate care.
- 'Toileting' is defined as a child's ability to effectively use the toilet without support. Issues with toileting, unless linked to a medical or safeguarding need, may also occur if toilet training has not been completed.
- The child may require this care due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.
- Parents/Carers have the responsibility to advise staff of the care that their child needs. Staff have a responsibility to work in partnership with parents/carers to facilitate this care.
- Personal and intimate care may include, not exhaustively:
 - feeding,
 - oral care,
 - washing,
 - dressing/undressing,
 - toileting,
 - nappies,
 - providing comfort to an upset/distressed child
 - menstrual care,
 - treatments such as enemas,
 - catheter and stoma care,
 - supervision of a child involved in intimate self-care,
 - administering external medication/skin care,
 - hair care.

Procedures for Personal and Intimate Care:

- While members of staff will be able to provide personal care when required, staff will only be asked to provide intimate care when they have had sufficient and appropriate training. Staff must only carry out care activities that they fully understand, feel competent and comfortable to carry out. They should know their limitations. In most cases the care will involve procedures to do with personal hygiene and the cleaning of associated equipment. In the case of a specific procedure, only a suitably trained and qualified person will be able to undertake the procedure.
- All staff working in the school must have an enhanced DBS check.
- Particular staff members are identified to provide both personal and intimate care to a child with known needs and they plan and record this work with that child.
- Regular personal and intimate care will only be given in consultation with parents/carers through the creation of a 'Personal and Intimate Care Plan'.
- If a child, unexpectedly, requires personal or intimate care, where possible verbal permission will be sought from parents/carers by telephone. However, if parents/ carers cannot be contacted, or in an emergency situation, the child's needs will be met by staff following procedures in this policy.
- Each time personal or intimate care is given, the member of staff explains fully each task that is carried out, and the reason for it. Wherever possible, children are given choices to enable them to be involved. Staff encourage children to do as much for themselves as they can. Praise and encouragement will be given to the child when they achieve. If the child appears distressed/in pain in any way about their care task, staff will stop immediately, reassuring the child and ensuring their safety. Assistance will be sought from another member of staff and any concerns should be reported to the Designated Safeguarding Lead or Deputies and, in accordance with the school's safeguarding procedures, to the child's parents/carer.
- Staff will treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.
- While personal care may be carried out on a one-to-one basis, intimate care should always be carried out with two members of staff, known to the child, present. These staff members should be introduced to the parents/carers before commencing the support, and are known as the child's 'key support staff'. The care of males and females can be carried out by a member of the opposite sex if the member of staff is appropriately qualified and adheres to this policy and our code of conduct. Respect for cultural and religious sensitivities should be taken into consideration.
- A location will be chosen which is appropriately private and where a child can be most comfortable.
- It may be appropriate for the child's parent/carer to be called into school to support care such as in cases where a child becomes upset.
- The child's immediate care will always be administered first.
- Intimate care will always be carried out in a way which is consistent with previous treatment.
- Providing comfort to an upset or distressed child: All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact. The expectation is that staff will work in 'limited touch' cultures and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background. Staff should be aware that even well-intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny. Children with special needs may require more physical contact to assist their everyday learning.

There may be occasions when a distressed pupil needs comfort and reassurance that may include physical touch such as a caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and not subject to misinterpretation. Judgement will need to take account of the circumstances of a pupil's distress, their age, the extent and cause of the distress. Particular care must be taken in instances which involves the same pupil over a period of time.

- It is acknowledged that some aspect of the school's curriculum will require whole class self-care, including but not exhaustively: swimming lessons and residential trips. At these times, staff will

provide the space required for children to administer self-care privately, whilst adhering to other school policies including behaviour and safeguarding. Where children cannot administer self-care independently, the school's procedures for personal/intimate care will be followed.

- With regards to supporting pupils experiencing menstruation, they should be supported and encouraged to keep their own supply of sanitary protection without having to request it from staff/carers. A central bank of sanitary protection will be stored in the medical/family room. However, it should be recognised that some children will not know how to deal with menstruation and they will need guidance and support to manage their periods appropriately. This will be provided by female staff in a positive manner and is also taught through the PSHE curriculum. There is also adequate provision for the private disposal of used sanitary protection. If a child needs further assistance, they can seek advice from the Family Workers/Medical room.

Creating a 'Personal and Intimate Care Plan':

- Effective communication between carers, parents/carers and other agencies is essential to ensure that the care given is consistent and appropriate, and therefore, when creating a 'Personal and Intimate Care Plan,' staff and parents will meet with the child and/or any additional professionals who may be involved with the pupil/family. Parents/carers and the child will be asked to contribute to the plan's creation, giving them opportunity to document any preferences. Appropriate and scientific terminology for parts of the body and functions will be identified; parental consent for the plan to be implemented will be sought. All parties drawing up the plan will sign to show agreement. Every attempt shall be made to accommodate children in their intimate care needs and every effort will be made to maintain the child's dignity, needs and wishes.
- It is the responsibility of the parents/carer to inform the setting of their child's needs. It is the responsibility of the setting to engage the parent/carer in developing a suitable plan for the care of their child, this includes 'Personal and Intimate Care Plans.'
- The care plan will set out:
 - What care is required
 - The number and name of key support staff needed to carry out the task
 - The involvement of any additional professionals
 - Equipment required
 - The preferred means of communication (e.g. visual, verbal).
 - Terminology for parts of the body and bodily functions
 - The location of where the care will take place
 - The child's level of ability i.e. what tasks they are able to do by themselves
 - Acknowledgement and respect for any cultural or religious sensitivities related to aspects of intimate care
 - How the plan will be regularly monitored and reviewed in accordance with the child's development.
- All plans must be clearly recorded to ensure clarity of expectation, role and responsibilities. A proforma for intimate care plans can be found in Appendix 1.

Implementing the 'Personal and Intimate Care Plan'

- Because communication is key to partnership working, consideration will be given to how intimate care is communicated, for example, it may be appropriate to telephone a parent if their child has soiled themselves rather than record it in a home-school communication book. Information should be shared sensitively and confidentially.
- The parent/carers may be asked to supply a change of clothing e.g. in the case of toileting.
- In developing the plan, the following should be considered:
 - *Whole school implications:* Arrangements for traveling to and from school, events, sports events, assemblies etc; strategies for dealing with issues such as absence of main carer/key support staff, questions from peers etc, emergency procedures, links with other agencies.
 - *Classroom implication:* Seating arrangements, how the child can leave the class or signal a need, key support staff, a place to change or for their care to take place, questions from classmates, storage of resources or equipment.

- *Home school implication:* Missing the same sessions due to medical appointments, communication, emergency procedures,
- A record will be kept in school of any personal or intimate care carried out. This will be signed by all professionals involved in the administering of this type of support (Appendix 2)
- Where a child has a long term or regular need for intimate care, we will seek to make reasonable adjustments to the school. Advice will be sought from health specialists, the child and their parent/carer.

Equipment:

- Where it is required, the school will provide:
protective clothing (e.g. disposable aprons and gloves)
suitable arrangements for disposing of wet and dry soiled items (eg bags, nappy bins)
cleaning materials (e.g. antibacterial hand wash, wipes)
changing mat or bench
facilities for hot and cold water
support and training for staff involved in this care
sufficient space, light, heating and ventilation for care
arrangements for girls who are menstruating including a supply of sanitary products for emergency use
- Where it is required, parents/carers are asked to supply the following, as appropriate for their child:
spare nappies
wipes, creams, nappy sacks etc
spare clothes
spare underwear
products needed for menstruating girls.
- Equipment will be stored in a place known to staff and the child but should be out of sight from classmates.
- Adequate supervision, care and safety of other children will be considered when intimate care of a child is taking place and in the storage and management of equipment.

Toileting Training Needs:

- Parent/Carers are encouraged to support children through toilet training before they start Reception.
- If a child enters school and is still wetting, staff can make a referral to the school nurse team. A 'Toilet Management Plan' (Appendix 3) will be set in place if there is no underlying safeguarding or medical concerns. The school, child and parent/carer will work on this together.
- If the toilet management plan has been agreed and signed by parents/carers, children and staff involved, two members of staff will assist a child. Parent/carers will be asked to provide a change of clothing for their child which will be kept in a discreet but accessible place. Parents/carers have the responsibility of checking their child is comfortable before they hand them over to staff. Parents/carers have the option to change their children on collecting them from the school if the child is comfortable to do so.
- Staff will signpost parent/carers to appropriate changing areas.
- Staff will encourage children to be independent in their toileting, for example, reminding children at regular intervals to go to the toilet, talking them through dressing/undressing.

Managing Body Fluids:

- Urine, faeces, blood and vomit will be cleaned up immediately and disposed of safely usually by the member of staff looking after the child, using the nappy bins and medical bins provided. When dealing with body fluids, staff wear protective clothing (disposable plastic gloves and aprons) and wash themselves thoroughly afterward.
- Soiled children's clothing will be bagged to go home – staff will not rinse it. Children will be kept away from the affected area until the incident has been completely dealt with.

- All staff maintain high standards of personal hygiene, and will take all practicable steps to prevent and control the spread of infection.

Complaints:

If there is a concern about the intimate or personal care of a child, staff or parent/carers should contact the Designated Safeguarding Lead or follow the Complaints Procedure.

Safeguarding:

- Staff are trained on the signs and symptom of child abuse in line with the school's Safeguarding Policy and Keeping Children Safe in Education (2025).
- If a member of staff is concerned about any emotional responses or physical changes, such as marks, bruises, soreness, distress etc they will inform the Designated Safeguarding Lead (DSL) immediately.
- The Safeguarding Policy will then be implemented.
- If, during the intimate care of the child they appear distressed or affected, a written record of the incident must be recorded. Parent/carers must be informed of the incident in an appropriate manner and place.
- Should a child become unhappy about being cared for by a particular member of staff or if a child makes an allegation against a member of staff, the procedure set out in the Safeguarding and Child Protection Policy will be followed.

Useful contacts:

The Health Hub (School Nursing Team): 0300 555 0606
(MASH) Social Care: 01582 547653

This policy can also be read alongside the following policies and frameworks;

Induction Policy

SEND Policy

Managing Pupils with Medical Needs Policy

Safeguarding Policy

Inclusion Policy

Health and Safety Policy

APPENDIX 1 – Personal and Intimate Care Plan

Child's name	
Male/Female	
Date of birth	
Parent/carers' name	
Class	
Class teacher	
Support required	
Names of key support staff	
Equipment required	
Location of suitable facilities	
Frequency of support	
Key terminology to be used	
Involvement of other agencies	
Support for home	
Agreed method of communication	
Other comments	
Parent/ Carer signature	
Child's signature (if appropriate)	
Key Support Staff/ Class teacher SENDCo	
Date	

APPENDIX 2 – Record of Personal and Intimate Care

NAME OF CHILD			CLASS	
Date	Time	Procedure/Comment	Staff Signature(s)	Parent/ carer signature

APPENDIX 3 – Toileting Management Plan

Child's Name		
Date of birth		
Class		
Class Teacher		
Names of key support staff		
Area of need		
Equipment required		
Location of suitable toilet facilities		
Support required in toileting		
Arrangements for changing		
Frequency of support required		
Involvement of other agencies		
Support for home		
Agreed method of communication		
Timescale		
Working towards Independence		
I can already		
Child will try to		Reviewed
Parent/ Carer will try to		Achieved
School will try to		
Child will try to		Reviewed
Parent/ Carer will try to		Achieved
School will try to		
Parent/ Carer signature		
Child's signature (if appropriate)		
Key support staff/ Class teacher		
Date		