



Intimate Care and Toileting Policy

This policy has been approved and adopted by the Christus Catholic Trust across all their academies and it will apply to all staff within the Trust.

Approved by Trust Board	July 2025
Review Date	July 2027

The schools of Christus Catholic Trust are unique and united in partnership and service to our communities and global home.

We are:

- Uncompromising in our **ambition** to use the power of **collaboration** to ensure our pupils receive an **excellent** Catholic education.
- Have a strong culture of safeguarding in an environment where good mental health and wellbeing are nurtured.
- Have an **inclusive** approach to a high quality, **innovative**, contextualised education.
- Have high **aspirations** for all our pupils to achieve the best possible outcomes.

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Statement of Intent

Catholic schools have a long history of welcoming pupils with special educational needs and disabilities (SEND) and were among the first to be established for this purpose in the last century.

At the heart of every Catholic school sits the person of the Lord Jesus Christ and the teachings of the Catholic Church on the God-given dignity of each human life. Each and every person is to be valued as God's creation. The Church's vision is firmly rooted in the example of Jesus, who turned no-one away, but made himself available to all.

Christus Catholic Trust (CCT) schools believe that it is important to establish a safe, secure and stable environment to enable pupils to grow, develop and learn. To achieve this, the trust and the schools recognise that, in certain circumstances intimate care is necessary.

Christus Catholic Trust (CCT) Schools are committed to the provision of care that is high quality and meets the individual needs of our young people. We ensure that all staff responsible for the intimate care of students will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all young people with respect when intimate care is given. We do not accept any young person being attended in a way that causes distress pain or indignity.

The aim of this policy is to ensure that intimate care is provided in an appropriate manner and is used in accordance with the relevant legislation and national guidance.

Legal Framework

This policy has due regard to all relevant legislation including, but not limited to, the following:

- Education Act 2011
- Children Act 1989
- Equality Act 2010

This policy has due regard to the following guidance:

- DfE (2014) 'Supporting pupils with medical conditions at school'
- DfE (2015) 'SEND Code of Practice'
- DfE (2018) 'Working Together to Safeguard Pupils'
- DfE (2025) 'Keeping Children safe in education'

This policy operates in conjunction with the following Christus Catholic Trust and school policies:

- Allegations of Abuse Against Staff Policy
- Behaviour Policy
- Complaints Procedures Policy
- Health and Safety Policy
- Low-level Concerns Policy
- Medical Needs Policy
- Safeguarding Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Staff Code of Conduct
- Staff Disciplinary Policy and Procedures

Roles and Responsibilities

The trustees and local governing committees are responsible for:

- Monitoring the overall implementation of this policy.
- Ensuring the schools medical conditions policy is up-to-date and implemented.
- Considering any material incidents relating to intimate care about which they are informed by the headteacher, at every full governing committee meeting.

- Reviewing this policy on a three-yearly basis.
- Responding to any complaints, in liaison with the headteacher, from pupils or parents regarding intimate care.
- Ensure the school has the appropriate facilities and equipment to provide intimate care with dignity.

The headteacher is responsible for:

- Deciding whether members of staff require additional training to enable them to carry out their responsibilities, considering the needs of pupils.
- Ensuring all members of staff understand the correct conduct in terms of intimate care.
- Handling any allegations of abuse in line with the Allegations of Abuse Against Staff Policy.
- Maintaining the records for intimate care and evaluation on a termly basis how appropriate and effective these are.
- Share with trustees and the governing committee of any material incidents relating to restraint.
- Responding to any complaints, in liaison with the governing committee, from pupils or parents regarding the use of reasonable force and inappropriate intimate care.

The Special Educational Needs and Disabilities Coordinator (SENDCo) is responsible for:

- Providing training to members of staff on how to handle the needs of pupils with SEND.
- Ensuring staff understand how pupils with SEND may react differently to intimate care.
- Ensuring that staff understand the additional vulnerability of pupils with SEND or medical conditions.
- Developing individual risk assessments and care plans for pupils with medical conditions/intimate care needs that are agreed with the pupil's parents and ensuring teaching staff are aware of these.

Definitions

For the purposes of this policy, **'intimate care'** is any care that involves washing, touching, or carrying out a procedure on a child's private body parts, which they may need assistance with due to age, disability, or other needs. This includes tasks like toileting, changing nappies or sanitary wear, and bathing, as well as some forms of specialist medical care.

Intimate Care

Staff involved with their intimate care are aware of the need to be sensitive to the individual. A pupils' dignity is preserved with a high level of privacy, choice and control. Staff have a good awareness of child protection issues. Staff strive to exhibit exemplary behaviour and understand they are subject to scrutiny. They work in partnership with parents/carers to provide continuity of care to our pupils.

Intimate care may be defined as any activity required to meet the personal care needs of each individual child. Parents/carers take the responsibility of advising staff of the intimate care needs of their young person. Staff take responsibility to work in partnership with pupils and their parents/carers.

Intimate care includes:

- Feeding and drinking
- Oral care
- Washing
- Dressing/undressing
- Toileting
- Menstrual care
- Treatment such as enemas, suppositories, enteral feeds.
- Catheter and stomach care
- Supervision of a child involved in intimate self-care.
- Touching (on a needs basis)

- Carrying out an invasive procedure such as cleaning up a child/young person after they have soiled themselves.

The Principles of Intimate Care

Every child has the right:

To be safe

To have personal privacy

To be valued as an individual

To be treated with dignity and respect

To be involved either directly or in consultation as appropriate, in their intimate care, to the best of their ability.

To have levels of intimate care that are as consistent as possible.

To have carefully planned intimate care plans

To be dealt with in a timely fashion (pupils in nappies should be changed immediately)

Intimate Care Best Practice

- The management of all pupils with intimate care needs is carefully planned.
- The pupil who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.
- A child who needs intimate care will be dealt with immediately.
- Staff who provide intimate care are trained to do so (including Child Protection and training in moving and handling or Health and Safety training- e.g. equipment where relevant) and are fully aware of best practice.
- Apparatus will be provided to assist with pupils who need special arrangements following assessment from physiotherapist/ occupational therapist as required.
- Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation.
- Pupils are supported to achieve the highest level of autonomy possible given their age and abilities. Staff encourage each person to do as much for themselves as they can. This may mean, for example, giving them responsibility for washing themselves.
- Individual intimate care plans (ICP) are drawn up for particular pupils as appropriate to suit individual circumstances and a log will be kept each time intimate care takes place. (***Appendix A – Intimate Care and Toileting Plan and Appendix B – Intimate Care and Toileting Record Log***)

A pupils' right to privacy will be respected. Careful consideration is given to each situation to determine how many carers might need to be present when a child is toileted. Where possible one pupil is supported by one adult unless there is a valid reason for having more adults present

If possible, at Christus Catholic Trust (CCT) Schools, a small number of staff take turns dealing with intimate care. This ensures, as far as possible, that over-familiar relationships are discouraged from developing. It also avoids care needs carried being addressed by a succession of completely different members of staff.

Intimate care arrangements are discussed with parents/carer's on a regular basis. The needs and wishes of pupils and parents will be taken into account wherever possible within the constraints of staffing and in the ethos of equal opportunities. The school produces an individual Intimate Care Plan (ICP) for all pupil who need regular help with intimate care.

The Protection of Pupils

Pupils will be taught personal safety skills carefully matched to their level of development and understanding. If a member of staff has any concerns about physical changes in a pupil, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the senior or designated safeguarding person.

If a young person becomes upset when being cared for by a particular member of staff, the situation is monitored in the first instance and if it reoccurs over time, a thorough investigation will be carried out and

recorded. Parents/Carers will be contacted as part of this process. The School is committed to ensuring the child's needs remains paramount. Action may be taken if and when appropriate.

Pupil Voice

Where possible the School listens to the child's preference regarding the choice of his/her member of staff and sequence of care. Where there is doubt that a pupil is able to make an informed choice on these issues, parents/carer's are usually in the best position to act as advocates. However each case is assessed on an individual basis and other advocate considered if necessary. It is responsibility of all staff caring for a child to ensure they are aware of the child's preferred method and level of communication. Communication methods may include words, signs, symbols, body movements and eye pointing.

Toileting

Starting school is a time of growth and very rapid developmental change for all children. As with all developmental milestones in the Early Years Foundation Stage (EYFS), there is wide variation in the time at which children master personal care skills and toilet training.

For a variety of reasons children in the EYFS may:

- be fully toilet trained across all settings;
- have been fully toilet trained but regress for a little while in response to the stress and excitement of starting school;
- be fully toilet trained at home but prone to accidents in new settings;
- be on the point of being toilet trained but require reminders and encouragement;
- be fully toilet trained but have a serious disability or learning difficulties;
- have delayed onset of full toilet training in line with other development delays but will probably master these skills during the Foundation Stage;
- have a Special Educational Need and/or Disability and might require help (during the Foundation Stage and beyond) with all or some aspects of personal care such as washing, dressing or toileting.

The NHS guide to toilet training, states children are able to control their bladder and bowels when they're physically ready and when they want to be dry and clean. Every child is different, so it's best not to compare your child with others.

Most children can control their bowels before their bladder.

- by age 1, most babies have stopped doing poos at night
- by age 2, some children will be dry during the day, but this is still quite early
- by age 3, 9 out of 10 children are dry most days – even then, all children have the odd accident, especially when they're excited, upset or absorbed in something else
- by age 4, most children are reliably dry during the day

It usually takes a little longer for children to learn to stay dry throughout the night. Although most learn this between the ages of 3 and 5, up to 1 in 5 children aged 5 sometimes wet the bed. [How to potty train - NHS](#)

Schools are not expected to toilet train pupils. Therefore, unless a child has a diagnosed disability and/or medical need which impacts upon their ability to manage their own personal care and/or toileting, it is expected that parents/carers will have trained their child to be clean and dry before they start school. (**Appendix D – Toileting Plan Checklist**)

Issues around toileting will be discussed at a meeting with the parents/carers prior to admissions into the school or nursery. This meeting will also provide an opportunity to involve other agencies as appropriate, such as a Health Visitor or School Nurse. If the school becomes aware that there is a disproportionate number of children arriving at school who are not yet toilet trained then we will liaise with the Health Visiting Team to discuss our concerns.

The school will work in partnership with parents when a child is coming to school in a nappy or pull-ups. Such an agreement helps to avoid misunderstandings and also helps parents/ carers feel confident that the school will meet their child's needs. Where a child needs additional support with toileting in Reception or above, we will prepare a health care plan that defines the responsibilities that each partner has

Pupils Wearing Nappies or Incontinence Aids

There is a section for parents to sign on the Intimate Care Plan which outlines procedures and details of changing arrangements. This agreement allows the School and the Parent/Carer to be aware of potential issues from the outset. Staff inform Parents/Carers of any changes to personal care plans or child's behaviour in relation to intimate care.

Changing Facilities

Staff ensure that changing takes place in a designed area for comfort, continuity and dignity. Should a changing bed be required for a named child, staff must be trained in moving and handling.

Equipment Provision

Parents/carers have a role to play when their child still needs to wear incontinence aids. Parent/carers are asked to provide nappies/pads, wipes, and are made aware of this responsibility. No parent/carers will be disadvantaged, however, if they are unable to do this and the School will support such parents/carers. The school is responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste. Equipment will be bought by the member of staff with responsibility for first aid, however all staff a responsibility for good communication when supplies are low.

Personal Protective Equipment (PPE)

Health and Safety Legislation requires employers to ensure adequate provision of personal protective equipment (PPE) for staff. To provide clarity, the term PPE will be used to describe single-use, disposable gloves and disposable plastic aprons. PPE is required when carrying out tasks where contact with blood and/or other body fluids is anticipated. Contact can be through contaminated clothing, toys, equipment or surfaces.

Key Points Single-use, disposable gloves and disposable plastic aprons should be worn for tasks where there is a risk of contact with blood or other body fluids. They should:

- Comply with the European Community Standards (CE marked), to ensure they are fit for purpose
- Not be used for more than one individual
- Changed if undertaking one or more task with the same person.

Before putting on and taking off PPE hands must be thoroughly washed with liquid soap and hand-hot running water.

Adapted from:-Public Health Wales: All Wales Infection Prevention and Control Guidance for Education Settings (2017)

Health and Safety

Equipment required when providing intimate care/toileting:

- Hand Wash basin hot and cold running water, liquid soap, disposable paper towels
- Waterproof change mat/changing area that is able to be decontaminated
- Disposable sheets for change mat/changing area
- Disposable plastic apron and disposable gloves
- Individuals own personal creams/pads/nappies/pull-ups/wipes
- Bags for soiled pads lidded • Foot operated, lidded waste bin
- Disposable cloth
- Detergent
- Disinfectant (1000 parts per million available chlorine)
- Combined detergent and disinfectant acceptable in place of separate detergent and disinfectant

Procedure to follow when providing intimate care/toileting

1. Wash hands and put on disposable plastic apron and disposable gloves
2. Place a clean disposable sheet over the change mat / area
3. Remove the soiled continence pad/nappy/pull-up and clean the skin
4. Place soiled pad/nappy/pull-up and wipes into plastic bag
5. Apply cream if needed – change disposable gloves or use a clean spatula to dispense the cream
6. Place plastic bag into waste bin
7. Change pad
8. Remove disposable sheet, place into waste bin
9. Clean and disinfect change mat and any other areas that may have been touched during the procedure.
10. Thoroughly dry change mat and surrounding area/change area with disposable paper towels
11. Dispose of PPE and wash hands thoroughly
12. Clean and disinfect after each pad change even if there is no visible contamination.

Adapted from: - Public Health Wales: All Wales Infection Prevention and Control Guidance for Education Settings (2017)

Soiled clothing can potentially be sources of cross-infection. Appropriate handling of soiled clothing is an extremely important infection prevention and control measure. In the majority of education settings, laundry services will not be available and foul/ soiled linen should be handled appropriately:

- PPE (disposable gloves and disposable plastic aprons) should be worn at all times
- Hands should always be washed after handling foul/ soiled clothing
- Foul/ soiled clothing should not be soaked, rinsed or sluiced by hand as the operator is at risk of inhaling fine contaminated aerosol droplets.
- Any solid waste (vomit, faeces etc.) should be carefully disposed of into the toilet, and the linen placed in a sealed water proof bag, and stored in a designated area (lidded container) to prevent cross infection, ready for collection.
- Ensure that learners and parents are informed of practice of sending soiled clothing home in sealed plastic bags.
- Ensure soiled clothing is not stored in communal areas.

Working with a Pupil of the Opposite Sex

The intimate care of boys and girls is carried out by any appropriately trained member of staff with the following provisos. Ideally, the person carrying out the intervention will be of the same sex, but this may not always be possible, especially in a primary school. When intimate care is being carried out, all pupils have the right to dignity and screens/curtains put in place if a designated changing/toileting facility is not available. If the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance.

Assisting a child who requires additional support due to medical or disability need

Some pupils will require an Individual Healthcare Plan (IHP). These are written by healthcare professionals in conjunction with the school. They may involve:

- Supported Eating e.g., gastrostomy (peg feeding) and Nasal gastric tube (NG Tube)
- Administering emergency medication
- Physiotherapy / Occupational Therapy Programme
- Massage/Intensive interaction
- Applying topical medicines (e.g., eczema creams)

Children with healthcare / disability needs may require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags or any of the conditions mentioned above. These procedures will be discussed with parents/carers, documented in their individual health care plan or one and will only be carried out by staff who have been trained to do so (as outlined in the schools medical needs policy). It is particularly important that staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

When feeding a child, who does not have a pump or a peg, but can be fed orally, allow/encourage the child to help themselves as much as possible, using hand over hand if necessary. Give praise. This will also be built into their Individual Health Care Plans.

First Aid and Intimate Care

A pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), other members of staff are made aware of the task being undertaken for safety reasons. Regular requirements of an intimate nature is planned into individual's Intimate Care Plan (ICP). Agreements between the School and those with parental responsibility are documented and easily understood. It is communicated/discussed with the child where appropriate and reviewed regularly. The Trust recognises the importance of gaining the young person's views and in particular, to identify and address any discomfort with the arrangements.

Educational Visits and Intimate Care

Staff take particular care when supervising pupils in the less formal atmosphere of a residential setting, school trip or after-school activity. The pre-trip visits and risk assessments will include appropriate intimate care changing facilities.

Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of staff will be no different from the behaviour expected within school. To ensure the pupils safety, increased vigilance is required when using intimate procedures during school trips, residential experiences etc.

Complaints

All members of staff will be made fully aware of the consequences and legal retributions that can occur following the incorrect or inappropriate intimate care.

All complaints regarding the use of inappropriate intimate care will be investigated in a thorough and speedy manner. The person making the complaint is responsible for providing evidence for their allegations (e.g. testimony of events or evidence of injury) – it is not for the member of staff to prove that their actions were made reasonably.

Reviewing Risk Assessments and Intimate Care Plans

All risk assessments and plans should be revisited termly as part of pupil progress (even if no changes are necessary) and updated at least once a year as well as whenever there are changes to the pupils medical needs. This SENCO will ensure the updating of plans, involving members of staff, professionals and parents.

(Appendix C – Intimate Care Risk Assessment for Staff)

The care and intervention required may change as the pupils' needs change, so staff training should also be updated as part of any review process as appropriate.

Further Information

Further information regarding how each Christus Catholic Trust School meets medical, behaviour and SEND needs can be found on their individual websites.

Holy Cross Catholic Primary School – South Ockendon - Thurrock

[SEND Local Offer 2023-24 | Holy Cross Catholic Primary School \(holycrossprimary.com\)](https://www.holycrossprimary.com)

St Joseph's Catholic Primary School – Stanford-le-Hope – Thurrock

[SEND - St Joseph's Catholic Primary School Redesign \(stjosephscatholicprimaryschool.co.uk\)](https://www.stjosephscatholicprimaryschool.co.uk)

St Mary's Catholic Primary School – Tilbury – Thurrock

[648830F35426AB1F788C8223192C4B83.pdf \(stmarystilbury.co.uk\)](https://www.stmarystilbury.co.uk)

St Thomas of Canterbury Catholic Primary School – Grays - Thurrock
[SEN, Inclusion & Disability Info | St Thomas of Canterbury Catholic Primary School](#)

St Anne Line Catholic Infants School – Basildon – Essex
[SEND \(Special Educational Needs & Disabilities\) - St Anne Line Catholic Infant School \(stannelineinfant.co.uk\)](#)

St Peter's Catholic Primary School – Billericay - Essex
[SEND Information | St Peter's Catholic Primary School \(stpeterscatholicprimaryschool.co.uk\)](#)

St Teresa's Catholic Primary School – Basildon – Essex
[St Teresa's Catholic Primary School - SEN School Offer \(st-teresasrc.essex.sch.uk\)](#)

Appendices

- Appendix A – Intimate Care and Toileting Plan
- Appendix B – Intimate Care and Toileting Log
- Appendix C – Intimate Care Risk Assessment for Staff
- Appendix D – Toileting Plan Checklist



Appendix A – Intimate Care and Toileting Plan



Name of Child:	
Date of Birth:	
Class / Teacher Name:	
Care required and how often during the day	
Member(s) of staff who will carry out the tasks – all staff need to be fully aware of toileting/intimate care plan and school priorities	
Name:	
Signature:	
Name:	
Signature:	
Name:	
Signature:	
Where will the tasks be carried out and what equipment/resources will be required to safely carry out the procedures:	
Infection Control and Disposal Procedures in place:	
Actions that will be taken if any concerns arise:	
Parent's responsibility to provide:	

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Any School/Home agreement of care/management plan or communication via school-home diary (if required):

--

Other Professionals in involved in care/advisory role: (School Nurse, Health Visitor, etc)

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Additional Information:

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I/We have read the Intimate Care/Toileting Policy provided by Christus Catholic Trust (CCT) – (NAME OF SCHOOL) School. I/We give permission for the named member(s) of staff to attend to the care needs of my/our child and are in agreement with the procedures proposed

Name of Parent/Carer:	
Signature:	
Head Teacher:	
Signature:	
SENCO:	
Signature:	
Date:	
Review Date:	



Appendix C - Intimate Care Risk Assessment for Staff

Assessment conducted by:	Job title:	Covered by this assessment:
Date of assessment:	Review interval:	Date of next review:

Related documents

Health and Safety Policy, First Aid Policy, Child Protection and Safeguarding Policy, Early Years Policy, Early Years Intimate Care Policy, COSHH Policy, Administering Medication Policy, Social Distancing Policy, Infection Control Policy, Complaints Procedures Policy.

Risk rating		Likelihood of occurrence		
		Probable	Possible	Remote
Likely impact	Major Causes major physical injury, harm or ill health.	High (H)	H	Medium (M)
	Severe Causes physical injury or illness requiring first aid.	H	M	Low (L)
	Minor Causes physical or emotional discomfort.	M	L	L

Area for concern	Risk rating prior to action H/M/L	Recommended controls	In place? Yes/No	By whom?	Deadline	Risk rating following action H/M/L
Awareness of policies and procedures	H	<ul style="list-style-type: none"> • All staff and volunteers are aware of all relevant policies and procedures, including, but not limited to, the following: <ul style="list-style-type: none"> - COSHH Policy - Intimate Care Policy - Child Protection and Safeguarding Policy - Early Years Policy - Complaints Procedures Policy • This risk assessment has due regard for the relevant legislation and statutory guidance, including, but not limited to, the following: <ul style="list-style-type: none"> • Equality Act 2010 • Safeguarding Vulnerable Groups Act 2006 • Childcare Act 2006 • Education Act 2002 • Education Act 2011 • The Control of Substances Hazardous to Health Regulations (COSHH) 2002 (as amended in 2004) • DfE (2021) 'Keeping children safe in education 2020' • PHE (2019) 'Health protection in schools and other childcare facilities' <p>The headteacher ensures all relevant staff have up-to-date, appropriate training for delivering intimate care to children.</p> <p>The DSL ensures that the intimate care of all children is planned in collaboration with parents and the SENCO, where necessary.</p> <p>The headteacher handles any complaints regarding intimate care of children via the Complaints Procedures Policy.</p>	Y	Headteacher		M

Area for concern	Risk rating prior to action H/M/L	Recommended controls	In place? Yes/No	By whom?	Deadline	Risk rating following action H/M/L
Nappy changing procedures		<ul style="list-style-type: none"> • Staff who provide intimate care have a list of personalised changing times for the children in their care. This is communicated to parents on a daily basis. • There are designated nappy changing areas away from playing areas and areas where food and drink is prepared or consumed. • Staff conduct intimate care procedures in addition to the designated changing times if it is necessary for the purposes of ensuring children are not left with soiled nappies or clothing. • If the designated member of staff for a child's intimate care is absent, a secondary designated member of staff changes the child, adhering to the arranged times. • Each child using nappies has a clearly labelled box allocated to them in which they have clean nappies, wipes and other individual changing equipment necessary. • Before changing a child's nappy, staff wash their hands thoroughly with hot water and antibacterial soap, put on disposable gloves, and clean the changing area with hot soapy water and blue roll paper. • Staff ensure changing areas are warm and comfortable for children and are private from others. • The changing area is cleaned appropriately with hot soapy water and blue roll paper immediately after use. • The changing area has disposable paper towels for staff to dry their hands. • Any used nappies are placed in a plastic refuse bag and disposed of in the waste bin. • Any bodily fluids that transfer onto the changing area are cleaned appropriately. 				

Area for concern	Risk rating prior to action H/M/L	Recommended controls	In place? Yes/No	By whom?	Deadline	Risk rating following action H/M/L
		<ul style="list-style-type: none"> • If children require creams, e.g. nappy cream, or other medicines, these are used in accordance with the Administering Medication Policy. Parental consent is obtained prior to use of any medicine. • Changing mats are checked weekly for tears and are discarded if the cover is damaged in any way. • When there is too much nappy waste for one standard refuse bag or container of human hygiene waste over the usual collection interval, it is packaged separately from other waste streams. 				
Toilet usage and sanitary facilities		<ul style="list-style-type: none"> • A hand washing basin with warm running water and antibacterial soap is available. • Bar soap is not used at handwashing basins. • Disposable paper towels are located next to basins in the sanitary facilities, alongside foot-operated waste bins. • A designated sink for cleaning potties (separate to the handwashing basins) is available in the area where potties are used. • Household rubber gloves are used by staff when flushing contents down the toilet. • Potties are washed in hot soapy water, dried and stored upside down. • Rubber gloves are washed whilst being worn, and hands are washed and dried immediately after removing the gloves. • Children who are able to use the toilet independently are encouraged to do so at regular intervals. • Children are reminded to wash their hands after using the toilet, following the correct procedures for using soap and drying their hands. 				
Parental engagement		<ul style="list-style-type: none"> • The setting works closely with parents to establish individual intimate care programmes for each child which take into account the following: <ul style="list-style-type: none"> - What care is required 				

Area for concern	Risk rating prior to action H/M/L	Recommended controls	In place? Yes/No	By whom?	Deadline	Risk rating following action H/M/L
		<ul style="list-style-type: none"> - The number of staff needed to carry out the care - Any additional equipment needed - The child's preferred means of communication, e.g. visual or verbal, and the terminology to be used for parts of the body and bodily functions - The child's level of ability, e.g. what procedures of intimate care the child can do themselves - Any adjustments necessary in respect to cultural or religious views - The procedure for monitoring and reviewing the intimate care plan • The child's parents sign an intimate care parental consent form to prove their agreement to the plan. • If no parental consent has been given, but the child requires intimate care, a member of staff contacts the parents as soon as possible to obtain consent. • Any changes made to a child's intimate care plan are discussed with parents to gain consent and are recorded in the written intimate care plan. 				
Safeguarding		<ul style="list-style-type: none"> • The information concerning the child's intimate care plan is stored confidentially in the school office, and only the child's parents and the designated member of staff responsible for carrying out the child's intimate care will have access to the information. • The headteacher ensures that all staff providing intimate care have undergone an enhanced DBS check (including barred list information). • Staff receive safeguarding training on an annual basis, and receive child protection and safeguarding updates as required, but at least annually. 				

Area for concern	Risk rating prior to action H/M/L	Recommended controls	In place? Yes/No	By whom?	Deadline	Risk rating following action H/M/L
		<ul style="list-style-type: none"> All members of staff report any concerns about the safety of children with regards to intimate care, including unusual marks, bruises or injuries, to the DSL. Providers should use reasonable endeavours to ensure that at least half of staff (excluding the manager) hold at least a full and relevant level 2 qualification to meet staff: child ratio requirements, but this will not be a legal requirement 				
PPE		<ul style="list-style-type: none"> Plastic aprons are worn if there is a risk of splashing or contamination with bodily fluids. Gloves are disposable, latex-free and CE marked. Goggles are worn if there is a risk of splashing to the face. 				
Spillage of bodily fluids		<ul style="list-style-type: none"> Spillages are cleaned using detergents and disinfectant that is effective against bacteria and viruses. All spillages are cleaned in line with the COSHH Policy. Disposable paper towels are used to clean spillages and are disposed of immediately after use. 				
Contaminated clothing		<ul style="list-style-type: none"> Contaminated clothing is removed immediately and placed in a plastic bag away from play areas and communal spaces. Bags of children's contaminated clothing are handed to their parents at the end of the day. 				



Appendix D – Toileting Plan Checklist



Child's Name:			
Please state if child is wearing nappies or pull-ups:			
	Skills	Achieved	Partly Achieved
1.	Awareness of toileting needs?		
2.	Has periods of being dry?		
3.	Some regularity in wetting / soiling?		
4.	Pauses while wetting / soiling?		
5.	Shows some indication of awareness of soiling?		
6.	Shows some indication of awareness of wetting?		
7.	Understands signs / words given for communicating toileting needs e.g. toilet, potty, wet, dry, wee, poo etc.?		
8.	Can express some appropriate signs / words to communicate toileting needs?		
9.	Needs physical aids / support to access the toilet area?		
10.	Can access the toilet area with prompts?		
11.	Can access the toilet area independently?		
12.	Feels comfortable and relaxed in the toilet area?		
13.	Needs physical assistance to follow toilet routines e.g. lining up to go there, hand washing etc?		
14.	Needs some prompting to follow toilet routines?		
15.	Follows some toilet routines independently?		
16.	Will fetch and pass required changing items e.g. nappy, wipes etc?		
17.	Cooperates with having clothes removed / pulled down by appointed adult, for changing purposes?		
18.	Cooperates with having nappy changed?		
19.	Cooperates with cleaning up procedures?		
20.	Will sit on the potty with nappy on, with physical support?		
21.	Will sit on the potty with nappy on, unaided?		
22.	Will sit on the potty with nappy off, with physical support?		
23.	Will sit on the potty with nappy off, unaided?		
24.	Needs physical aids / special supports to enable sitting on the toilet?		

25.	Will sit on the toilet with nappy on, with physical support?		
26.	Will sit on the toilet with nappy on, unaided?		
27.	Will sit on the toilet with nappy off, with physical support?		
28.	Will sit on the toilet with nappy off, unaided?		
29.	Has passed urine into potty?		
30.	Has had bowel movement on potty?		
31.	Has passed urine on toilet?		
32.	Has had bowel movement on toilet?		
33.	Can independently complete pulling down trousers from:	Achieved	Partly Achieved
	• Calves		
	• Knees		
	• Thighs		
	• Hips		
	• Waist		
34.	Can independently complete pulling down underwear from:	Achieved	Partly Achieved
	• Calves		
	• Knees		
	• Thighs		
	• Hips		
	• Waist		
35	Girls: Can lift skirt and pull down all necessary clothing independently		
36	Boys: Can pull down all necessary clothing independently		
37	Will put toilet lid/seat in appropriate position		
38.	Will sit on the toilet and pass urine on a regular basis		
39.	Will stand at urinal/toilet to pass urine		
40.	Will sit on the toilet for a bowel movement on a regular basis		
41.	Needs assistance to get off the toilet		
42.	Will get off the toilet without assistance		
43.	Will get toilet tissue appropriately		
44.	Will wipe themselves with tissue		
45.	Will throw tissue in the toilet		

46.	Will flush the toilet		
47.	Will replace toilet seat / lid appropriately		
48.	Will independently complete pulling up underwear from:	Achieved	Partly Achieved
	• Hips		
	• Thighs		
	• Knees		
	• Calves		
49.	Will independently complete pulling up trousers from:	Achieved	Partly Achieved
	• Hips		
	• Thighs		
	• Knees		
	• Calves		
50.	Can manage fastenings independently		
51.	Girls: Can rearrange skirt appropriately		
52.	Needs prompting to wash hands		
53.	Needs help to roll up sleeves		
54.	Can roll up sleeves independently		
55.	Needs help to operate taps		
56.	Will operate taps independently		
57.	Will hold hands under water for appropriate length of time		
58.	Will put soap on hands with help		
59.	Will put soap on hands independently		
60.	Rinses off soap		
61.	Needs assistance to dry hands on towel		
62.	Dries hands independently and appropriately		
63.	Puts used towel in bin with prompting		
64.	Puts used towel in bin without prompting		
65.	Will follow all toilet routines regularly with prompts and reminders		
66.	Has frequent accidents		
67.	Has occasional accidents		
68.	Will follow all toilet routines independently		