

INTIMATE CARE TOILETING AND CHANGING POLICY

Document Control	Details
Policy owner	Executive Principal across RIS and RIK
Operational leads	Designated Safeguarding Leads, setting leaders and School Nurses
Approval authority	Board of Directors
Effective from	September 2026
Next review	August 2027 or earlier following an incident or updated requirement
Applies to	All children and pupils using toilet facilities and all adults supervising or supporting toileting and clothing changes



INTIMATE CARE TOILETING AND CHANGING POLICY

1 Purpose and policy status

Richmond International School Doha (RIS) and Richmond International Kindergarten (RIK), together referred to as Richmond or the settings, promote independent and unrestricted access to the toilet while maintaining safe supervision. Children do not need to ask permission to use the toilet. They use the agreed toilet pass and go when needed. Teachers monitor movement and permit no more than two children from a class to be out for toilet use at the same time, except where an urgent health need requires immediate access.

The policy reflects the MoEHE Guideline to Security, Child Protection and Health and Safety in Private Schools and Kindergartens, the MoEHE Professional and Ethical Charter, the Student Protection and Care requirements, applicable Ministry of Public Health requirements and current official instructions. The Ministry guidance requires age-appropriate toilets, separation of child and adult facilities, hygiene supplies, regular cleaning, supervision around bathrooms and urgent action in an emergency.

Richmond does not provide routine hands-on intimate care such as wiping or cleaning a child after toileting. Children are expected to use the toilet, wipe, clean and change themselves independently. Staff may give verbal guidance and may support younger children with outer clothing, fastenings, buttons or zips where needed, while protecting privacy and using the minimum contact. Emergency assistance will not be delayed where immediate action is necessary to protect life or prevent serious harm.

2 Scope

This policy applies to toilet access, bathroom supervision, handwashing, wetting or soiling accidents, independent clothing changes, menstrual care and limited support with outer clothing. It applies during the education day, clubs, trips, events and transport handover.

Richmond is a mainstream setting and does not provide routine specialist toileting, continence or changing care. Where a child cannot wipe, clean or change independently, the setting leader will consult the parent and review whether the child's needs can be met safely within Richmond's staffing, facilities and approved provision. This may include asking a parent or authorised carer to attend and assist.



3 Toilet training and readiness for school

Children joining RIS or RIK are expected to be toilet trained and able to recognise when they need the toilet, use the toilet, wipe and clean themselves, manage their underwear and basic clothing, flush and wash and dry their hands independently. Parents should establish and practise these routines before the child starts. This expectation reflects Richmond's mainstream provision and the staff boundaries set out in this policy.

Richmond recognises that an occasional wetting or soiling accident can happen, particularly when a child is newly settled, tired, unwell, anxious or absorbed in learning. An isolated accident is handled calmly, discreetly and without blame. The child is given privacy, spare clothing and verbal encouragement to change independently; younger children may receive limited help with buttons, zips or outer garments. Parents are informed where appropriate and are contacted to attend if the child cannot clean or change independently.

Development Matters, the Department for Education's non-statutory EYFS curriculum guidance, describes a developmental progression from learning to use the toilet with help and then independently, to becoming increasingly independent in using the toilet and meeting personal-care needs. It also notes that most, but not all, children are reliably dry during the day by age four and recommends partnership with parents and medical advice where a child is struggling. For Reception, the guidance includes managing personal-hygiene needs. Richmond therefore treats independence as an important school-readiness expectation while responding sensitively to occasional accidents and considering verified medical or developmental circumstances individually.

- A child will never be refused immediate toilet access because another child is still out where delay may cause an accident or distress; staff manage the situation safely.
- Repeated accidents, a regression in toileting or difficulty remaining clean and dry are discussed privately with parents so that home and school can agree consistent next steps.
- Parents may be asked to seek advice from an appropriate health professional where difficulties are persistent, sudden, painful or accompanied by other health concerns.
- A verified medical or developmental need is reviewed individually by the Executive Principal, setting leader and nurse to determine whether safe reasonable arrangements can be made within Richmond's approved mainstream provision.



4 Core principles

- The child's safety, dignity, privacy, culture and best interests are paramount.
- Children and pupils are encouraged to do as much as they can independently, without withholding necessary help.
- Accidents are managed calmly and privately. A child is never blamed, shamed, labelled, punished or denied the toilet.
- Children may use the toilet when needed without first asking permission, following the toilet-pass system.
- Children manage wiping, cleaning and changing independently; staff support is limited to verbal guidance and outer-clothing fastenings.
- No member of staff is alone with a child inside a closed bathroom or cubicle.
- Safeguarding and hygiene requirements apply at all times, including during urgent or unplanned care.
- Information is shared only with people who need it to protect the child and provide appropriate support.

5 Definitions

Term	Meaning
Intimate care	Hands-on care involving direct contact with, cleaning of or assistance around areas normally covered by underwear. Richmond staff do not provide routine intimate care.
Personal care	Support that may include washing hands or face, changing outer clothing, feeding or other care that does not normally involve intimate areas.
Toilet pass	The agreed classroom system that allows a child to leave for the toilet without requesting permission while enabling staff to monitor numbers and return.
Support plan	A written agreement for a health, mobility or clothing-support need that can be met safely without staff wiping, cleaning or routinely changing the child.
Unplanned care	One-off or unexpected support following an accident, sudden illness, soiling, wetting or another immediate need.
Authorised support staff	Employees authorised to provide verbal guidance or limited help with outer clothing and fastenings, in accordance with this policy.



6 Roles and responsibilities

Role	Responsibilities
Board of Directors	Approve the policy; provide appropriate facilities and resources; monitor implementation through safeguarding and health-and-safety assurance.
Executive Principal	Hold overall accountability across RIS and RIK; ensure lawful, safe and culturally appropriate practice; authorise exceptional arrangements and serious-case action.
Setting leaders	Identify authorised staff; maintain suitable cover and facilities; approve plans and risk assessments; ensure parent communication, records, training and review.
DSL and Student Protection Officer	Advise on safeguarding; receive concerns or disclosures; decide protective action and referrals; monitor patterns and allegations.
School Nurse	Advise on medical or continence needs, skin concerns, infection control, individual healthcare plans and escalation; provide care where clinical input is required.
Teachers and support staff	Operate the toilet-pass system; monitor that no more than two children from the class are out at one time; check safe return; give verbal guidance or limited outer-clothing support; report concerns.
Cleaning staff	Maintain toilets and surrounding areas, replenish supplies and record cleaning and defects. Staff assigned around bathrooms preserve privacy and respond immediately to a call for help.
Parents and carers	Provide accurate information and spare clothing; teach and reinforce independent toileting, wiping, cleaning and changing; notify health changes; attend promptly where their child cannot manage independently.
Children and pupils	Participate according to age and ability; communicate preferences or discomfort; use facilities respectfully; wash hands and tell an adult if help is needed.



7 Staffing and safer practice

- Staff do not wipe or clean children after toileting and do not change nappies, pull-ups or soiled underwear as routine practice.
- A staff member must not be alone with a child inside a closed bathroom or cubicle. The bathroom entrance remains accessible and another authorised adult is aware whenever support is being given.
- Support is normally provided from outside the cubicle or at the open bathroom entrance. Staff protect privacy by positioning themselves so they can hear and respond without unnecessarily viewing the child.
- Where a younger child needs help with buttons, zips or other outer-clothing fastenings, staff explain the help, obtain the child's agreement and use only the minimum contact needed.
- Staff announce or record where they are going and return promptly. Care must not take place in an isolated, unapproved or unobservable location.
- Adults must not carry a personal phone, camera or recording device into a toilet or changing area during care. No images or recordings are made.
- A staff member must declare any conflict, discomfort, injury or limitation that may affect safe care. The leader arranges an alternative without blaming the child.

8 Consent cooperation and refusal

Routine independent toilet use does not require individual parental consent. Parents are informed of Richmond's toileting arrangements. Any planned support beyond verbal guidance or brief help with outer clothing requires parent agreement and leadership approval.

- Before helping with clothing, the adult explains what is proposed and asks the child if they agree.
- If a child refuses routine care, the adult pauses, reassures and offers a safe alternative or another authorised adult. Force, threats, ridicule, rewards for compliance or unnecessary restraint are prohibited.
- The parent is contacted where care cannot be completed and the child cannot remain comfortable, hygienic and safely supervised.
- In an urgent medical or immediate safety situation, staff may provide the minimum necessary assistance in the child's best interests. The reason, actions and any distress are recorded and parents are informed promptly.
- Persistent distress, a marked change in behaviour or fear of a person, place or procedure is reported to the DSL and reviewed before care continues.



9 Facilities privacy and supervision

Children use the age-appropriate child toilets allocated to their setting. Facilities must be clean, ventilated, well lit, supplied with water and soap, and arranged to protect privacy while allowing staff to respond to an emergency.

Requirement	Richmond control
Privacy	Doors or partitions are closed to protect the child from view. They must not be locked in a way that prevents emergency access. Only people directly involved may enter.
Supervision	There is permanent female adult supervision around bathroom areas. Supervision is from outside or at an appropriate distance and must never involve looking over or under cubicles without a specific immediate safety reason.
Separation	Children's toilets are separate from adult toilets. Male and female facilities are used in accordance with the child's age, sex, privacy and the approved site arrangements.
Equipment	Age-appropriate toilets, water, soap, paper towels, sanitary disposal arrangements, labelled spare clothing and suitable waste bins.
Safety	Floors are dry and non-slip; hot water is controlled; chemicals are inaccessible; defects, blockages, pests, odours or missing supplies are reported and the area is restricted if unsafe.
Bathroom attendant or cleaner	The required cleaner or attendant remains available around the area, supports safe access and responds to emergencies, but does not wipe, clean or change children.



10 Routine toileting support

1. Children do not ask permission to use the toilet. They take or display the class toilet pass and go when needed.
2. Teachers monitor movement and ensure that no more than two children from their class are out for toilet use at one time. An urgent health or continence need takes priority.
3. The teacher follows up discreetly if a child is away for an unusual length of time. A child who does not return promptly is located in accordance with safeguarding procedures.
4. Only one child uses a cubicle at a time. Children do not enter a cubicle together.
5. Children manage wiping, cleaning, flushing and handwashing independently. Staff may give verbal reminders from outside the cubicle.
6. Staff do not enter a closed cubicle to wipe or clean a child. They may help a younger child with buttons, zips or outer clothing from an open, observable position, with another adult aware.
7. Pain, bleeding, illness, repeated accidents, distress or unusual behaviour is referred to the nurse and setting leader and communicated to parents as appropriate.
8. Children are expected to manage any continence product independently unless a specific safe exception has been approved by the Executive Principal.
9. If a child cannot change independently, the parent or authorised carer is contacted to attend. The child is supervised sensitively while waiting and is not shamed or punished.
10. Staff may pass clean clothing or supplies to the child and give verbal guidance from outside the cubicle. They do not remove or fit a product, wipe or clean the child.
11. Any exceptional arrangement requires an individual risk assessment, written parent agreement, suitable facilities, competent trained staff and explicit Executive Principal approval.

Personal continence products and spare clothes held at school must be individually labelled and stored securely. Products are not shared between children.

11 Wetting soiling and clothing changes

An accident is dealt with discreetly and promptly. The child is moved using a private route where possible and is never made to remain in wet or soiled clothing. Staff avoid public announcements, visible bags or language that may embarrass the child.

- Provide clean clothes and private space so the child can change independently, with age-appropriate supervision from outside.
- Staff may help younger pupils with buttons, zips and outer garments only. They do not remove soiled underwear, wipe or clean the child.
- Soiled clothing is not rinsed by staff. The child places it in a bag where able; otherwise the parent or authorised carer manages it on arrival.
- The parent is informed of significant soiling, diarrhoea, blood, pain, repeated accidents, absence of spare clothing or any concern about health or wellbeing.
- The sickness or infection-control procedure is followed where diarrhoea, vomiting, fever or suspected infectious illness is present.



12 Menstrual care

Pupils who menstruate will have discreet access to toilets, sanitary products, disposal facilities, spare clothing, drinking water and the nurse or an appropriate female member of staff. Support is factual, culturally respectful and private. Pupils manage products and changing independently; staff provide supplies and verbal guidance but do not provide direct intimate assistance.

13 Individual toileting or clothing-support plans

A written plan may be used where a child has a health, mobility, communication or clothing-support need that Richmond can meet safely without routine wiping, cleaning or changing by staff. The plan is developed with parents, relevant staff, the nurse and, where appropriate, the child and external professionals. A plan does not create provision that Richmond is not staffed or equipped to deliver.

Plan element	Required detail
Need and independence	What the child can do independently, the precise help required and the goal for developing independence.
Communication and assent	Words, visuals, gestures or communication system used; signs of agreement, distress, pain or refusal.
Named arrangements	Authorised staff and backups; preferred sex of carer where practicable; approved location; frequency or triggers.
Safe method	Independent toilet access, verbal prompts, clothing fastenings, privacy, handwashing and infection controls.
Medical and emergency	Relevant healthcare plan, medication, allergy, seizure or continence advice; nurse and emergency escalation.
Safeguarding and behaviour	Known triggers, privacy, supervision, two-adult requirement if any, allegations risk, reporting and de-escalation.
Equipment and handling	Any step, rail, hoist or specialist equipment; manual-handling assessment and staff competency evidence.
Recording and review	What is recorded, how parents are informed, review date and triggers for immediate reassessment.

Richmond does not routinely provide lifting, catheterisation, stoma care, tube care or another clinical or specialist intimate-care task. Any request is referred to the Executive Principal for an individual review of safety, staffing, facilities and approved provision; no arrangement begins without explicit written approval and all required professional safeguards.



14 Recording and parent communication

Routine independent toilet use is not individually recorded. A significant wetting or soiling incident, parent collection, clothing support beyond a simple fastening, injury, health concern, unusual presentation, emergency intervention or deviation from an agreed plan is recorded before the end of the session.

Record	Minimum information
Support record	Child, date, time, reason, support offered, staff involved, location, child response and any concern. The record must not imply that prohibited wiping or cleaning occurred.
Parent information	How and when the parent was informed and any supplies, collection, medical review or follow-up requested.
Incident or safeguarding record	Injury, disclosure, unexplained mark, significant distress, allegation, breach of procedure, contamination, missing child or emergency response.
Cleaning record	Scheduled bathroom cleaning, changing-surface cleaning, replenishment, defect, contamination response and reopening.
Individual plan	Parent agreement, risk assessment, review, staff briefing and updates from parents or professionals.

Records use neutral factual language and are stored securely with access limited to authorised staff. Intimate-care records are not displayed publicly, sent through informal messaging groups or discussed with other families. Any safeguarding record is maintained separately under safeguarding procedures.



15 Safeguarding concerns and allegations

Staff remain alert to disclosures, unexplained injuries, pain, bleeding, persistent soreness, significant changes in toileting, sexualised behaviour, fear, regression, neglect of hygiene or any indication that a child may have been harmed. Staff do not investigate, ask leading questions, photograph the child or inspect beyond what is necessary for immediate care.

- Listen, reassure and use the child's words. Do not promise secrecy.
- Stop non-essential care if it is safe to do so and preserve the child's dignity.
- Report immediately to the DSL or Student Protection Officer and make a safeguarding record as soon as possible.
- Seek nurse or emergency medical assistance for injury, pain, bleeding or illness. Call 999 where urgent.
- Where the concern relates to the usual carer, arrange an alternative and protect the child from further contact pending direction.
- An allegation against an adult is managed under safeguarding and allegations procedures, not investigated informally by colleagues.
- Parents are informed unless doing so may increase risk, compromise evidence or conflict with advice from the DSL or competent authority.

16 Trips transport and emergency arrangements

A child's toileting and independence needs must be considered in every relevant trip or transport risk assessment. The leader confirms accessible facilities, privacy, supplies, staffing, travel time, spare clothing and parent contact before departure. Staff do not wipe, clean or change children on a trip or vehicle. In an emergency the vehicle stops safely, supervision of all children is maintained and the agreed response is followed.

17 Training competence and monitoring

- All staff receive awareness of this policy, professional boundaries, bathroom supervision and immediate safeguarding reporting.
- Staff receive practical briefing on the toilet-pass system, two-pupil limit, privacy, clothing support boundaries, hand hygiene, recording and responding to distress or disclosure.
- No staff member undertakes specialist or medical intimate care unless an exceptional arrangement has been expressly approved and all required task-specific training and competency checks are complete.
- Setting leaders monitor records, facilities, supplies, staff deployment, patterns of accidents and compliance without conducting intrusive observation of care.
- Any incident, complaint, allegation, infection event or repeated deviation triggers review of the plan, risk assessment, staffing and policy implementation.



18 Complaints and concerns

A parent may raise a concern with the setting leader or Executive Principal under the Parent Concerns and Complaints Policy. A safeguarding concern is referred immediately to the DSL or Student Protection Officer. Staff concerns about unsafe or concealed practice may also be raised through the Whistleblowing and Speaking Up Policy. Raising a genuine concern will not disadvantage a child or family.

19 Supporting guidance

Department for Education, Development Matters Non-statutory Curriculum Guidance for the Early Years Foundation Stage, revised September 2023: page 49 on learning to use the toilet with help and then independently; page 55 on increasing independence in care needs and the observation that most, but not all, children are reliably dry during the day by age four; and page 58 on Reception children managing their own needs, including personal hygiene.

Development Matters is used as developmental guidance rather than as a statutory exclusion rule. Richmond's readiness expectation is applied alongside individual review, safeguarding duties, health information and the setting's capacity to make safe reasonable arrangements.



Appendix A Individual toileting or clothing-support plan

Field	Agreed information
Setting and child	RIS / RIK Child: _____ Class: _____ Date of birth: _____
Need and frequency	_____ —
Independent skills	What the child can do without help: _____ —
Communication and cooperation	Words, visuals, gestures, signs of agreement or refusal: _____ —
Agreed support	Verbal guidance or limited outer-clothing support only: _____ —
Location and equipment	_____ —
Products and supplies	Parent-provided spare clothing or personal items and storage: _____ —
Medical information	Healthcare plan, allergies, skin care, medication and escalation: _____ —
Safeguarding and risk controls	Privacy, nearby adult, two-adult requirement, handling or behaviour controls: _____ —
Authorised staff and backups	_____ —
Parent communication	What will be reported and how: _____
Independence goal	_____ —
Agreement	Parent: _____ Setting leader: _____ Nurse/DSL: _____ Date: _____



Field	Agreed information
Review	Review date: _____ Earlier review triggers: _____

Appendix B Toileting or clothing-support record

Field	Record
Setting	RIS / RIK
Child and class	_____
Date and time	_____
Support provided	Verbal guidance / Clothing fastening / Spare clothes / Parent collection / Emergency / Other
Reason	Routine plan / Child requested / Accident / Illness / Emergency / Other
Location	_____
Staff involved	Support staff: _____ Adult aware or nearby: _____
Child response	Comfortable / Distressed / Refused / Other: _____
Observations	Skin, pain, injury, stool, urine, blood, behaviour or other factual concern: _____ —
Action	Nurse / DSL / Setting leader / Parent / 999 / Cleaning / Other: _____
Parent informed	Method: _____ Time: _____ By: _____
Signature	Staff member: _____



Appendix C Changing and toileting checklist

- Allow toilet access without requiring permission; use the class toilet pass.
- Monitor movement and keep to no more than two children from the class at a time.
- Ensure only one child uses each cubicle and follow up if a child is away unusually long.
- Give verbal guidance from outside the cubicle and encourage full independence.
- Do not wipe, clean, remove underwear or routinely change a child.
- Help younger children only with buttons, zips or outer garments when needed.
- Never be alone with a child inside a closed bathroom or cubicle.
- Contact parents where a child cannot change independently.
- Record significant incidents and report health, safeguarding or procedural concerns immediately.

Appendix D Parent supply list

Required item	Parent responsibility
Continence products where applicable	Provide sufficient individually labelled products that the child can manage independently.
Wipes or cleansing products	Provide labelled products for the child's independent use where appropriate.
Spare clothing	At least one complete, labelled, seasonally appropriate change; more where accidents are frequent.
Bags	Provide if requested; Richmond will use a secure leak-resistant bag for soiled clothing.
Updates	Inform the setting promptly of toilet-training changes, constipation, diarrhoea, medication, skin conditions, infection or changes to professional advice.