



# Intimate Care Policy

## 2024-2025

**Policy Date:** September 2024

Approved by: [insert role or Governing Body]

Next review date: [insert date xx 2024]

## **Early Years**

Starting school or nursery is an exciting and important stage for a child. It is a time for growth and rapid development. As with all developmental milestones there is a wide variation in the time at which children will master certain skills. Toileting is a key skill contributing to independence and self-belief. Children present in many different ways with regards to their toileting independence as they begin to attend part of full-time school.

## **Healthcare Needs**

Some pupils with healthcare needs, may require support with intimate care needs, to ensure they have full access to education. We work with parents/carers, pupils, and relevant professionals to ensure the needs of pupils with intimate care needs are properly understood and effectively supported. We do this through listening to the views and wishes of the pupil and parent/carer as well as the advice of health professionals.

### **1) Principles**

1.1 This policy complies with statutory safeguarding guidance and the Equality Act 2010.

1.2 We take seriously our responsibility to safeguard and promote the welfare of the children and young people in our care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

1.3 The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects their ability to carry out day-to-day activities must not be discriminated against.

1.4 This intimate care policy should be read in conjunction with the school's policies:

- Child Protection and Safeguarding Policy
- Staff Code of Conduct and Guidance on Safer Working Practice
- Staff 'Whistle-Blowing' Policies
- Health and Safety Policy and Procedures
- Special Educational Needs Policy
- Supporting Pupils with Medical Conditions
- Parent complaints policy
- Devon County Council Moving and Handling Policy
- Policy for the Administration of Medicines

1.5 The Governing Body will ensure that procedures and plans are in place in order that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

1.6 All staff must always treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The pupil's welfare is of paramount importance and their experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

1.7 Staff will work in close partnership with parent / carers and other professionals to share information and provide continuity of care.

1.8 Where appropriate a personalised intimate care plan should be drawn up with the consent of all involved including the pupil where they are able to express their opinion.

1.9 Where pupils with complex and / or long-term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

1.10 Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.

1.11 All staff undertaking intimate care must be given appropriate training e.g. Safeguarding, Disability Awareness, Health and Safety, Infection Control, Bladder and Bowel Care and Moving and Handling if necessary.

1.12 This Intimate Care Policy has been developed to safeguard pupils and staff. It applies to everyone involved in the intimate care of any pupil.

## **2) Child / Young Person Focused Principles of Intimate Care**

The following are the fundamental principles upon which this policy is based:

- Every child / young person has the right to be safe.
- Every child / young person has the right to personal privacy.
- Every child / young person has the right to be valued as an individual.
- Every child / young person has the right to be treated with dignity and respect.
- Every child / young person has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child / young person has the right to express their views on their own intimate care and to have such views taken into account.
- Every child / young person has the right to have levels of intimate care that are as consistent as possible.

## **3) Definition**

3.1 Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves, but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

- 3.2 It also includes supervision of pupils involved in intimate self-care.
- 3.3 It could also include swimming, physiotherapy and massage depending on the activity.

#### **4) Best Practice**

4.1 Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of procedure or circumstances. They should also take into account procedures for off-site visits / day trips.

4.2 Where relevant, it is good practice to agree with the pupil and parent's / carers appropriate terminology for private parts of the body and functions and this should be noted in the plan. Safeguarding / sex education guidance generally states this should be anatomically accurate/factual words, and not "family words".

4.3 Where a plan is not in place, parents / carers will be informed the same day if their child has needed help with meeting intimate care needs (eg has had an 'accident' and wet or soiled themselves). Information on intimate care should be treated as confidential and communicated in person or by telephone.

4.4 If there are unforeseen changes to the agreed plan, this will be recorded by parents, staff and/or pupil.

4.5 Accurate records should also be kept, as agreed on the intimate care plan.

4.6 These records will be kept and available to parents / carers on request. Records will be safely stored for 25 years.

4.7 All pupils will be supported to achieve the highest level of autonomy possible given their age and abilities. Staff will encourage each individual to do as much for themselves as possible.

4.8 Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

4.9 There must be careful communication with each pupil who needs help with intimate care using their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Permission should always be sought before starting an intimate procedure.

4.10 Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate in a way that reflects the pupil's age and cognitive ability.

4.11 Every pupil's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when they need help with intimate care. Reducing the numbers of staff involved goes some way to preserving the pupil's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

4.12 The religious views, beliefs, cultural values of children and their families and sexual identity of children / young people should be taken into account when writing the intimate care plan, particularly as they might affect certain practices or determine the gender of the carer.

4.13 Adults who assist pupils with intimate care will be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

4.15 All staff must be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

4.16 Health & Safety guidelines should be adhered to regarding waste products, if necessary, advice should be taken from the DCC Procurement Department regarding disposal of large amounts of waste or any quantity of products that come under the heading of clinical waste.

4.17 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

## **5) Safeguarding**

5.1 The Governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

5.2 The school's safeguarding procedures will be adhered to.

5.3 From a safeguarding perspective it is acknowledged that intimate care involves risks for pupils and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

5.4 Pupils will be taught personal safety skills matched to their level of development and understanding.

5.5 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc they will immediately report concerns to the Designated Safeguarding Team. A clear written record of the concern will be completed, and a referral made to Children's Social Care if appropriate, in accordance with the school's safeguarding procedures. Parents / carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the pupil at increased risk of suffering significant harm.

5.6 If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the Designated Safeguarding Team. The matter will be investigated at an appropriate level and outcomes recorded. Parents / carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issues are resolved so that the pupils' needs remain paramount. Further advice will be taken from outside agencies if necessary.

5.7 If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in

accordance with the school's policy: Dealing with Allegations of Abuse against Members of Staff and Volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

5.8 Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors, in accordance with the safeguarding procedures and 'whistle-blowing' policy.

## **6) Physiotherapy/Occupational Therapy**

6.1 Pupils who require Physiotherapy / Occupational Therapy support whilst at school must follow a plan written by a trained Physiotherapist / Occupational Therapist. If it is agreed in the plan that a member of the school staff should undertake part of the Physiotherapy/exercise regime (such as assisting children with exercises), then the required technique must be demonstrated by the Physiotherapist / Occupational Therapist personally, written guidance given and updated regularly. The Physiotherapist / Occupational Therapist should observe the member of staff applying the technique.

6.2 Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

6.3 Any concerns about the regime or any failure in equipment should be reported to the Physiotherapist / Occupational therapist.

## **7) Medical Procedures**

7.1 Pupils might require assistance with invasive or non-invasive medical procedures such as tube feeding, tracheostomy care, suction, the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents / carers, documented in the health care plan or intimate care plan and will only be carried out by staff who have been trained to do so.

7.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

7.3 Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. If an examination of a pupil is required in an emergency aid situation it is advisable to have another adult present, with due regard to the pupil's privacy and dignity.

## **8) Massage**

8.1 Massage can be used with pupils who have complex needs and / or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.

8.2 It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and pupils.

8.3 Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.

## **Procedure**

### **Resources**

Changing time can be a positive learning time and an opportunity to promote independence and self-worth. Holsworthy Primary School ensures there is:

- Running water
- Soap
- Paper towels
- Tissues
- Aprons and Gloves
- Nappy Bags
- Cleaning equipment
- Bin

Parents must ensure they supply spare clothes, wipes and nappies.

### **Working with Parents/carers**

At Holsworthy CofE Primary School we will work with parents when attending to changing routines. If a child has any disability or medical needs that may affect their personal care routine, a Medical Care Plan be drawn up in agreement with parents/carers.

Parents will be asked when their child first starts whether or not their child has any special words/actions/particular needs during their nappy changing procedure. Any significant observations made during a nappy changing procedure will be notified to the parents at the end of the session (i.e. badly soiled nappy/strong urine etc.)

### **Protection for Staff**

Changing procedures and toileting routines will be carried out by the child's Key Person/Teacher or Teaching Assistant, protection being afforded to the single member of staff in the following ways:

If a situation occurs that causes staff embarrassment or concern, a second member of staff should be called if necessary and the incident reported to the Manager and recorded.

Where staff are concerned about a child's actions or comments whilst carrying out the personal care procedure, this should be recorded and discussed with the Manager immediately.

Risk Assessments will be carried out for these procedures.

Staff will be trained in the area of Intimate/Personal care for children with specific needs and procedure for safe moving and handling.

### **Home/School management agreement**

Parents/carers:

- Agree to change the child at the latest possible time before coming to school
- Provide spare nappies, wet wipes and a change of clothes
- Understand and agree procedures to be followed during changing at school
- Agree to inform school should the child have any marks/rash

#### The School:

- Agree to change all children wearing nappies at or just prior to 12 pm and when a child soils themselves or become overly wet.
- Agree to report to the Safeguarding Team should the child be distressed or if mark/rashes are seen or of any safeguarding concerns.
- Agree to review arrangements, in discussion with parents/carers should this be necessary.
- Agree to encourage the child's participation in toileting procedures wherever possible discussing and taking the appropriate action to respect the cultural practices of the family.

The process for the management of a child's personal care needs may need to be further clarified through a personal care plan. For example, should a child with complex continence needs be admitted, the child's medical practitioners will need to be closely involved and a separate, individual toilet management plan may be required.

#### **Procedure for changing a Nappy/Soiled or Wet Pants (as followed by staff)**

- Consider where to change the child
- Wash your hands
- Gather all the necessary items needed before each nappy change, for example, nappy, wipes, nappy sack, cream if necessary (each child should have their own named cream and written permission obtained from the parent).
- Put on gloves and apron. A new set of gloves and disposable apron is used for each nappy change.
- Place the child on a nappy changing mat if required.
- Remove the child's clothing to access the nappy/soiled or Wet Pants. Remove them and place them inside the nappy sack.
- If the child's clothes are soiled, you should bag them separately and send them home. You should not rinse them by hand.
- Using the wipes, clean the child from front to back and place the used wipes in the nappy sack. Tie the nappy sack and put it in a pedal operated bin.
- Put on a clean nappy and apply cream if necessary (see above).
- Take off the gloves and apron and place them in a pedal operated bin.
- Dress the child.
- Help the child to wash their hands if necessary using liquid soap, warm water and paper towels.
- Take the child back to the room.
- Return to the nappy changing area and using anti-bacterial spray and paper towels clean the changing mat, surrounding area and underneath the mat before leaving to dry and then wash and dry your hands.



## **Toilet Training**

Children that are toilet training will be encouraged to sit on the toilet during their nappy changing period. At this time, staff will talk to the children and provide positive praise and reinforce what the child is doing. Rewards may be offered to reinforce the positive behaviour to the child. A potty may be provided by the parent for their child to use in the setting if they would prefer.

Children will not be hurried in these daily routines to support them in confidently becoming toilet trained and maintaining a positive experience.

We understand that some children display anxiety at becoming toilet trained and will work slowly and sympathetically alongside them whilst updating parents of their progress at the end of each session.

## **Review**

Date written/revised: September 2024

Next review: September 2025

The governors may, however, review the policy earlier than this, if the government introduces new regulations, or if the governing body receives recommendations on how the policy might be improved.

Signed: \_\_\_\_\_ (Headteacher) Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (Chair of Governors) Date: \_\_\_\_\_

**Intimate Care Parental Consent Form**

Name of child.....

Date of Birth.....

Name of class teacher.....

Class.....

The parent/ carer:

I agree that I have read and understood the Intimate Care Policy.  
I understand and agree that procedures will be followed in line with the intimate care policy if my child is changed in school.  
I understand and agree that a log will be kept of toileting accidents my child has in school.  
I agree to inform the school if my child has any marks or rashes in intimate areas.  
I am happy for my child's class teacher to communicate any concerns they may have over my child's toileting.

Signature of parent.....

Date.....