



Intimate Care Policy

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1 Introduction and principles

- 1.1 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Safeguarding Children and Safer Recruitment in Education' (2006) to safeguard and promote the welfare of pupils at this school.
- 1.2 This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its 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 his/her 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 schools' policies as below (or similarly named):
 - *safeguarding policy and child protection procedures*
 - *staff code of conduct and guidance on safer working practice*
 - *'whistle-blowing' and allegations management policies*
 - *health and safety policy and procedures*
 - *Special Educational Needs policy*
 - *Supporting pupils with Medical needs*
- 1.5 The Governing Body is committed to ensuring that all staff responsible for the intimate care of pupils will always undertake their duties in a professional manner. It is acknowledged that these adults are in a position of great trust.
- 1.6 We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her 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 pupils with complex and/or long-term health conditions have a health care plan in place, the plan should, where relevant, consider the principles and best practice guidance in this intimate care policy.
- 1.9 All staff undertaking intimate medical care must be given appropriate training.

- 1.10 This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

2 Child focused principles of intimate care

- 2.1 The following are the fundamental principles upon which the Policy and Guidelines are based:

- *Every child has the right to be safe.*
- *Every child has the right to personal privacy.*
- *Every child has the right to be valued as an individual.*
- *Every child has the right to be treated with dignity and respect.*
- *Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.*
- *Every child has the right to express their views on their own intimate care and to have such views considered.*
- *Every child 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 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.

4 Best Practice

- 4.1 Where a child is in nappies, parents/carers will be responsible for ensuring the school has a supply of nappies, wipes, and nappy bags. Parents of children who regularly soil themselves will be required to provide a change of clothes in a named bag daily. Parents will be supported with toilet training by school staff and the school nurse. The school will be responsible for providing gloves, plastic aprons, a bin, and liners to dispose of any soiled nappies on site.
- 4.2 Pupils who require regular assistance with intimate care have written Individual Education Plans (IEP), health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse)

should be considered. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also consider procedures for educational visits/day trips.

- 4.3 Where a care plan or IEP 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 him/herself). Nappy changes should not be routine for pupils who are in the setting for 3 hours or less and should be based on the needs and comfort of the child. It is recommended practice that information on intimate care should be treated as confidential and communicated in person at handover or by telephone. Parents of pupils in reception (Foundation Stage/Kites) are asked to sign a permission form for intimate care that covers that year, see [Appendix 1](#).
- 4.4 All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.
- 4.5 Staff who provide intimate care are trained in personal care (eg health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.
- 4.6 Health & Safety guidelines should be adhered to regarding waste products, regular collection of clinical waste is undertaken, and the appropriate receptacles must be used. If waste product bags are to go in a nappy bin with liner, then these only need single bagging. Any soiled clothes etc. should be double bagged.

5 Record Keeping

- 5.1 A written record will be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (see multi-agency guidance for the management of long term health conditions for children and young people).
- 5.2 Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child’s behaviour. It should be clear who was present in every case.

Date	Time	Name of Child	Name of Staff	Signature
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- 5.3 These records will be kept in the intimate care file and are available to parents/carers on request.:

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6 Communication

- 6.1 There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.
- 6.2 Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

7 Privacy

- 7.1 Every child'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 s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and considered.
- 7.2 2 people should be present when carrying out intimate care and both must sign the record.
- 7.3 If a plan has been agreed and signed by parents, staff, and child if appropriate, it is acceptable to have one assistant unless there are implications regarding safe handling.
- 7.4 Two persons are required to assist if a hoist is being used. In this case the second person should be identified and made known to the child and parents.
- 7.5 Where the Permission Form for Intimate Care has been signed by a parent then only 1 adult is needed to carry out intimate care.
- 7.6 An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.
- 7.7 The religious views, beliefs and cultural values of children and their families should be considered, particularly as they might affect certain practices or determine the gender of the carer.
- 7.8 Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil

should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.

- 7.9 Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.
- 7.10 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.
- 7.11 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

8 Child Protection

- 8.1 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.
- 8.2 The school's child protection procedures will be adhered to.
- 8.3 From a child protection perspective, it is acknowledged that intimate care involves risks for children 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 always vigilant, to seek advice where relevant and take account of safer working practice.
- 8.4 Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.
- 8.5 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g., unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Senior Person for Child Protection or Headteacher. A clear written record of the concern will be completed, and a referral made to Children's Services Social Care if appropriate, in accordance with the school's child protection 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 child at increased risk of suffering significant harm.

- 8.6 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 class teacher or DSL/Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) and outcomes recorded. Parents/carers will be contacted as soon as possible to reach a resolution. Staffing schedules will be altered until the issue is resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- 8.7 If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the DSL/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: Allegations Against Staff Procedure. It should not be discussed with any other members of staff or the member of staff the allegation relates to.
- 8.8 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 child protection procedures and 'whistle-blowing' policy.

9 Medical Procedures

- 9.1 Pupils who are disabled might require assistance with invasive or non-invasive medical procedures. These procedures will be discussed with parents/carers, documented in the health care plan or IEP and will only be carried out by staff who have been trained to do so.
- 9.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.
- 9.3 Any members of staff who administer first aid should be appropriately trained in accordance with PMAT guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

10 Implementing this policy in school

- 10.1 This document covers several possible scenarios that may occur in our school:
- *a child requires regular support with dressing and/or toileting and has a Personal Care Needs Plan.*
 - *a child does not require regular support with toileting but 'has an accident' in school – is wet (urine) and/or soiled (faeces).*

11 Child requiring regular intimate care

- 11.1 The school is aware that children with special needs or medical/physical needs may have additional vulnerabilities which must be considered when drawing up care plans for them as individuals. Regardless of age and ability, the views, and emotional responses of children with such needs will be actively sought when drawing up or reviewing a Personal Care Needs Plan.
- 11.2 Any child requiring regular dressing and/or toileting support will have a Personal Intimate Care Plan which will be agreed and signed by the parent/carer. This plan will outline who is responsible for supporting the child, where the support will take place, the procedure to be followed on every occasion, the resources required for the task, responsibilities for supplying these resources and any training received or required. This plan allows school and parents to be aware of the complete procedure surrounding the task from the outset. A record of 'changing' will also be kept.
- 11.3 Although there may be specific requirements as reflected in individual Personal Care Needs Plans there is a general toileting procedure that staff at school will follow.
- *Staff will always wear a single use disposable apron and gloves when carrying out the support.*
 - *Any wet or soiled waste e.g., pads, wipes and gloves will be placed in a polythene waste disposal bag and sealed.*
 - *The bag will then be placed in a bin (with a liner) specifically allocated for this purpose.*
 - *This bin will be collected on a weekly basis as part of the usual refuse or sooner if required. Soiled or wet clothing will be placed in a plastic bag and sealed.*
 - *At the end of the school day staff will discreetly pass this over to parents/carers when collecting their child and verbally give details of the circumstances.*

12 Child not requiring regular intimate care

- 12.1 In the event of a child becoming wet or soiled i.e., 'having an accident' in school, staff will quickly assess what actions need to be taken as below:
- *If the child is wet and/or slightly soiled, a member of staff will discreetly escort the child to the nearest 'accessible' toilet where there is more space to carry out the support task.*
 - *Staff will support changing of clothing and will initially encourage the child to clean themselves with wipes.*
 - *However, they may support the cleaning/wiping process if the child is unable to do this or is distressed.*
 - *At the same time, a member of staff will action the school's procedure to clean any waste from the classroom area.*

12.2 In both above cases staff will carry out the procedures following health and safety guidelines e.g.

- *using gloves and aprons.*
- *Soiled or wet clothing will be placed in a plastic bag and sealed.*
- *At the end of the school day staff will discreetly pass this over to parents/carers when collecting their child and verbally give details of the circumstances*

13 Nappy Changing Procedure

13.1 Before beginning any nappy changes all equipment must be ready to hand. Please note : Only staff with an enhanced DBS check can change a child's nappy or pull up.

- *1. Put on gloves and get nappies, nappy sacks and wipes ready*
- *2. Support the child to climb onto the changing table*
- *3. Remove the nappy and clean the child*
- *4. Put nappy, wipes and gloves into a nappy sack*
- *5. Place the nappy sack into the nappy bin*
- *6. Wipe child's and adults hands using a wipe (place in the bin)*
- *7. Put the child in a clean nappy*
- *8. Dress the child*
- *9. Wash hands thoroughly for at least 10 seconds using liquid soap (child and adult)*
- *10. Spray the changing table using sanitizer spray*
- *11. Leave the sanitizer for 2 minutes and then wipe off using paper roll*
- *12. Record the change*

14 Off-site trips and visits

14.1 Where a child has a Personal Care Needs Plan, consultation with colleagues should take place where any deviation from arrangements is anticipated e.g. on a school trip or visit as the same standard and level of facilities may not be available off site. A ny deviation from the agreed plan will be documented and reported.

15 Dissemination

- 15.1 The Policy is available on the school web site and a paper copy can be obtained from the main school admin office on request.

16 Reviewing the Policy

- 16.1 This policy will be reviewed every 2 years by the Head teacher and monitored by the Chair of Governors with changes made to ensure that the Policy is relevant and up to date.

17 Appendix 1 Permission form for intimate care

If a child wets or soils themselves whilst they are in school, it is important that measures are taken to have them changed and, if necessary, cleaned as quickly as possible. Our staff are experienced at carrying out this task if you wish them to do so or, if preferred, the school can contact you or your emergency contact who will be asked to attend without delay. Sonning Common Primary School has an Intimate Care Policy which is available to view on our website or a copy can be obtained from the school office.

Please fill out the permission slip below stating your preference.

Name of Child.....

Please tick as appropriate

- I give consent for my child to be changed and cleaned if they wet/soil themselves whilst in the care of Sonning Common Primary School.
- I do not give consent for my child to be changed and cleaned if they wet or soil themselves. The school will contact me, or my emergency contact and I will organise for my child to be cleaned and changed. I understand that if I or my emergency contact cannot be contacted, the staff will act appropriately and may need to come into some level of physical contact to aid my child.

Signature of Parent/Carer..... Date.....

18 Appendix 2 Intimate Care Plan

Pupil Name:	
Class:	
Area of Need:	
Details of assistance needed:	
Responsibility for supply of resources	
Frequency of support/staff authorised to carry out plan	
Location of toilet:	
Liaison with parents / methods of communication	
Staff training needs:	
Strategies to support independence	
Review Date:	