

Emmaville Primary School



Intimate Care Policy 2026-28

Last updated: January 2023

Contents:

Statement of Intent

- 1) Legal Framework
- 2) Intimate Care - Definitions
- 3) Health and Safety
- 4) Roles and Responsibilities
- 5) Procedures
- 6) Parental responsibilities
- 7) Safeguarding
- 8) Policy review

Statement of intent

Emmaville Primary 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.

The intimate care policy aims to provide a clear framework for staff to ensure the safety and dignity of all learners who need support with personal care, including toileting and continence management. It will also clarify for learners and their families the support they can expect from school.

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 children 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. It also includes supervision of children involved in intimate self-care.

Emmaville Primary School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat **all** children with respect when intimate care is given. The child's welfare and dignity are of paramount importance.

The school is committed to providing intimate care for children in ways that:

- Maintain their dignity.
- Are sensitive to their needs and preferences.
- Maximise their safety and comfort.
- Protect them against intrusion and abuse.
- Respect the child's right to give or withdraw their consent.
- Encourage the child to care for themselves as much as they can.
- Protect the rights of all others involved.

Signed by:



_____ Headteacher. Date: 11.09.2023

_____ B. Purvis

_____ Chair of Governors Date: 11.09.2023

1) Legal framework

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

- Children and Families Act 2014
- Equality Act 2010
- Education Act 2002
- Education Act 2011
- Childcare Act 2006
- DfE (2021) 'Keeping children safe in education'
- Safeguarding Vulnerable Groups Act 2006
- The Control of Substances Hazardous to Health Regulations 2002 (as amended in 2004).

This intimate care policy should be read in conjunction with the following:

- Child Protection and Safeguarding Policy
- COVID 19 guidance
- Health and Safety policy and procedures
- First Aid Policy
- Administering Medication Policy
- Special Educational Needs policy
- Positive handling policy
- Staff code of conduct or guidance on safe working practice

2) Intimate Care - Definitions

Intimate care tasks are associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with, or exposure of, the genitals.

Examples of intimate care include:

- support with dressing and undressing (underwear),
- changing incontinence pads, nappies or medical bags such as colostomy bags,
- menstrual hygiene,
- helping someone use the toilet,
- or washing intimate parts of the body.

Pupils may be unable to meet their own care needs for a variety of reasons and will require regular support.

Intimate care is any care which involves one of the following:

- Assisting a child to change his/her clothes
- Changing or washing a child who has soiled him / herself
- Assisting with toileting issues
- Supervising a child involved in intimate self-care
- Providing first aid assistance
- Providing comfort to an upset or distressed child
- Feeding a child
- Providing oral care to a child
- Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided. **

* * In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure.

Parents have the responsibility to advise the school of any known intimate care needs relating to their child.

3) Health and safety

The Health and Safety Policy lays out specific requirements for cleaning and hygiene, including how to deal with spillages, vomit and other bodily fluids.

Any member of staff that is required to assist a pupil with changing a medical bag will be trained to do so.

Staff will wear disposable aprons, and gloves while assisting a pupil in the toilet or while changing a nappy, incontinence pad or medical bag.

Soiled nappies, incontinence pads and medical bags will be securely wrapped and disposed of appropriately, in line with the Bodily Fluid Hygiene risk assessment and guidance.

Where one pupil requires intimate care/toileting, nappies, incontinence pads and medical bags will be disposed of in an ordinary bin, as per health and safety guidelines.

The changing area or toilet will be left clean.

Hot water and soap are available to wash hands.

Paper towels are available to dry hands.

4) Roles and Responsibilities

The Headteacher and SENCO are responsible for:

- Ensure that staff who provide intimate care are trained to do so.
- Ensure that staff will have access to resources that will aid them with their intimate care duties.
- Ensuring that intimate care is conducted professionally and sensitively.
- Ensuring that the intimate care of all children is carefully planned, including the creation of individual care plans following discussions with the parent and the child and with input from the SENCO.
- Communicating with parents in order to establish effective partnerships when providing intimate care to children.
- Handling any complaints about the provision of intimate care in line with the school's Complaints Procedures Policy.

All members of staff who provide intimate care are responsible for:

- Undergoing training for the provision of intimate care.
- Undertaking intimate care practice respectfully, sensitively and in line with the guidelines outlined in this policy.
- They will be familiar with control measures set out in risk assessments and will follow all health and safety procedures, including those related to COVID - 19.

Parents/Carers are responsible for:

- Ensuring that they provide all relevant information to school, as soon as possible, so that the needs of their child can be met. This includes the nature of their child's needs, details of any healthcare professionals involved including specialist nurses, as well as any changes in their medication, care or condition.
- Families must ensure that they work towards their child achieving the maximum possible level of independence at home.
- Families should work with school to develop an agreed care plan.

- Families should ensure that the school always has required equipment available for their child's intimate care or toileting needs.

Governors are responsible for:

- Ensuring that sufficient staff are trained to meet the needs of the children.
- The Governing Body will ensure that this policy is monitored and reviewed at least every three years.

5) Procedures and our approach to best practice

Where learners are not able to be fully continent, we will ensure that a care plan is written to ensure their needs are clarified and met. Families will be involved in discussions about their child's care plan, and where appropriate, pupils will also be included in discussions about their care. A clear account of the agreed arrangements will be recorded on the plan by the school's SENCO. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation. Relevant healthcare professionals including the school nurse may also be consulted. Care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans will include a full risk assessment to address issues such as moving and handling; it will include all things that involve the personal safety of the child. The care plan will be reviewed at least annually or sooner if the child's needs change.

Assisting a child to change his / her clothes

On occasions an individual child may require some assistance with changing if, for example, he / she has an accident at the toilet, gets wet outside, or has vomit on his / her clothes etc.

Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given. If appropriate or needed, staff will have a colleague in attendance when supporting dressing/undressing and will always give the child the opportunity to change in private, unless the child is in such distress that it is not possible to do so. If staff are concerned in any way parents will be sent for and asked to assist their child and informed if the child becomes distressed. During the Covid-19 pandemic, appropriate PPE should be worn by members of staff assisting the child.

Changing a child who has soiled him/herself

If a child soils him/herself in school a professional judgement has to be made whether it is appropriate to change the child in school or request the parent/carer to collect the child for changing. In either circumstance the child's needs are paramount, and he/she should be comforted and reassured throughout.

The following guidelines outline our procedures, but we will also seek to make age-appropriate responses.

- Staff who provide intimate care will have a list of personalised changing times for the children in their care, which will be adhered to at all times.
- Staff who provide intimate care will conduct intimate care procedures in addition to the designated changing times if it is necessary; no child will be left in wet/soiled clothing or nappies.
- If the designated member of staff for a child's intimate care is absent, a secondary designated member of staff will change the child, adhering to the arranged times.
- Each child using nappies will have a clearly labelled bag in which there will be clean nappies, wipes and any other individual changing equipment necessary.
- Before changing a child's nappy, members of staff will put on disposable gloves and aprons, and the changing area will be cleaned appropriately using either soap and hot water or antibacterial wipes.
- Hot water and liquid soap are available for staff to wash their hands before and after changing a nappy; the changing area will also be cleaned appropriately after use using either soap and hot water or antibacterial wipes.
- The changing area has paper towels available for members of staff to dry their hands.
- Any soiled clothing will be placed in a tied plastic bag in the child's personal bag and will be returned to parents at the end of the school day.
- Any used nappies will be placed in a tied plastic bag and disposed of in accordance with the school's Infection Control Policy.
- Any bodily fluids that transfer onto the changing area will be cleaned appropriately in accordance with the Bodily Fluid Hygiene Policy.

- If a pupil requires cream or other medicine, such as for a nappy rash, this will be provided in accordance with the Administering Medication Policy, and full parental consent will be gained prior to this.
- Children will be reminded and encouraged to wash their hands after using the toilet, following the correct procedures for using soap and drying their hands.
- In older children, the child will be given the opportunity to change his / her underwear in private and carry out this process themselves.
- School will have a supply of wipes, clean underwear and spare uniform.
- During the Covid-10 pandemic, the child will be encouraged to clean up as much as possible by themselves and given instructions on how to do this.

Providing comfort or support to a child

There are situations and circumstances where children seek physical comfort from staff (particularly children in Early Years). Where this happens, staff need to be aware that any physical contact must be kept to a minimum. During COVID physical comfort will be limited as far as possible. Appropriate measures and strategies will be used to limit and reduce risk e.g.: avoid face to face contact, children can cuddle staff legs. When comforting a child or giving reassurance, staff must ensure that at no time can the act be considered intimate. If physical contact is deemed to be appropriate, staff must provide care which is professionally appropriate to the age and context. If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable. If a child touches a member of staff, as noted above, this should be discussed, in confidence with the Designated Teacher for Child Protection.

Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided.

Our Administration of Medications Policy outlines arrangements for the management of the majority of medications in school. Parental permission must be given before any medication is dispensed in school- this form is available from the school office.

A small number of children will have significant medical needs and in addition to the arrangements included in our Administration of Medications Policy will have an Individual 'Care Plan'. This Care Plan will be formulated by the relevant medical body. If

required, school staff will receive appropriate training and should wear PPE - mask, gloves, apron.

Swimming

Pupils in Year 4 regularly participate in swimming lessons at Blaydon Leisure & Primary Care Centre; during these lessons, pupils are entitled to respect and privacy when changing; however, there must be the required level of supervision to safeguard young people with regard to health and safety considerations and to ensure that bullying, teasing or other unacceptable behaviour does not occur.

Where a child needs additional support for changing parental permission will be sought and a personal care plan will be drawn up so as to maintain dignity but increase independence.

Offsite visits

Before offsite visits, including residential trips, the pupil's individual intimate care plan will be amended to include procedures for intimate care whilst off the school premises.

Staff will apply all the procedures described in this policy during residential and off-site visits.

Consent from a parent will be obtained and recorded prior to any offsite visit.

6) Parental responsibilities

The school will liaise closely with parents to establish individual intimate care programmes for each child which will set out the following:

- What care is required
- Number of staff needed to carry out the care
- Any additional equipment needed
- The child's preferred means of communication, e.g. visual/verbal, and the terminology to be used for parts of the body and bodily functions
- The child's level of ability, i.e. 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 information concerning the child's intimate care plan will be stored confidentially in the school office, and only the parents and the designated member of staff responsible for carrying out the child's intimate care will have access to the information.

A copy of this policy will be read and signed by parents to ensure that they understand the policies and procedures surrounding intimate care. No intimate care will be carried out without prior parental consent. If no parental consent has been given and the child does not have an intimate care plan, but the child requires intimate care, parents will be contacted by phone in order to gain consent.

Any changes that may need to be made to a child's intimate care plan will be discussed with the parents to gain consent and will then be recorded in the written intimate care plan.

Parents will inform the school should their child have any marks/rashes.

Parents will be asked to supply the following items for their child: (This excludes COVID 19 as no items are brought from home)

- Spare nappies
- Wipes, creams, nappy sacks, etc.
- Spare clothing
- Spare underwear
- Training seat for the toilet

7) Safeguarding

The school adopts rigorous safeguarding procedures in accordance with the Child Protection and Safeguarding Policy and will apply these requirements to the intimate care procedures.

Intimate care is a regulated activity; therefore, only members of staff who have an enhanced DBS certificate with a barred list check are permitted to undertake intimate care duties.

All members of staff will receive safeguarding training on an annual basis, and receive child protection and safeguarding updates as required, but at least annually.

Individual intimate care plans will be drawn up for pupils as appropriate to suit the circumstances of the pupil.

Each pupil's right to privacy will be respected. Careful consideration will be given to each pupil's situation to determine how many carers will need to be present when the pupil requires intimate care.

Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.

School will act according to our safeguarding policy and procedures if there are any concerns for a child's wellbeing. Should a member of staff have any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. they will immediately report concerns to the Headteacher (or in her absence, to one of the Assistant Headteachers) as designated persons for child protection. A clear record of the concern will be completed as per school procedures, and appropriate action will be taken if deemed necessary.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Families will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

Any concerns about the correct safeguarding of children will be dealt with in accordance with the Child Protection and Safeguarding Policy and the Allegations of Abuse Against Staff Policy.

8) Policy review

This policy is reviewed every two years by the **Headteacher/ Designated Safeguard Lead**, who will make any changes necessary and communicate these to all members of staff.

The scheduled review date for this policy is **March 2028**.

Toilet Management Plan

Pupil's name:	Class/year group:
Name of personal assistant:	
Date:	Review date:
Area of need	
Equipment required	
Locations of suitable toilet facilities	
Support required	Frequency of support

Working towards independence

Pupil will try to	Personal assistant will	Parents will	Target achieved date

Signed _____ Parent

Signed _____ Designated Staff Member

Signed _____ Second member of staff

Signed _____ Pupil (where appropriate)

Toilet Introduction Procedures

As children develop bladder control, they will pass through the following three stages:

1. The child becomes aware of having wet and/or soiled pants
2. The child knows that urination/defecation is taking place and can alert a member of staff
3. The child realises that they need to urinate/defecate and alerts a member of staff in advance

During these stages, members of staff will assess the child over a period of two weeks to determine:

- If there is a pattern to when the child is soiled/wet.
- The indicators that the child displays when they need the toilet, e.g. facial expressions.
- Staff will implement the following strategies to get children used to using the toilet and being independent:
- Familiarise the child with the toilet, washing their hands, flushing the toilet and referencing other children as good role-models for this practice
- Encourage the child to use the toilet when they are using their personal indicators to show that they may need the toilet
- Take the child to the toilet at a time when monitoring has indicated that this is when they would usually need the toilet
- Ensure that the child can reach the toilet and is comfortable doing so
- Stay with the child and talk to them to make them more relaxed about using the toilet
- Don't force the child to use the toilet if they don't want to, but still encourage them to do so using positive language and praise
- Deal with any accidents discreetly, sensitively and without any unnecessary attention
- Be patient with children when they are using the toilet, and use positive language and praise to encourage them