



BLETCHINGLEY VILLAGE PRIMARY SCHOOL

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Intimate Care Policy

The Tandridge Learning Trust is committed to ensuring that all staff responsible for intimate care of children will undertake their professional duties in a professional manner at all times.

The school takes its responsibility to safeguard and promote the welfare of the children and young people in its care, seriously.

The governing body recognises its duties and responsibilities in relation to the Equal Opportunities Act (2010) which requires that any child with an impairment that affects his/her ability to carry out normal day to day activities must not be discriminated against.

We recognise that there is a need for children to be treated with respect when intimate care is given. No child will be attended to in a way that causes distress, embarrassment or pain. Staff will work in close partnership with parents and carers, to share information and provide continuity of care.

Aims:

This policy aims to ensure that:

- › Intimate care is carried out appropriately by staff, in line with any agreed plans
- › The dignity, rights and wellbeing of children are safeguarded
- › Pupils who require intimate care are not discriminated against, in line with the Equality Act 2010
- › Parents/carers are assured that staff are knowledgeable about intimate care and that the needs of their children are taken into account
- › Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved

Definition of Intimate Care:

Care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demands direct or indirect contact with, or exposure of, the sexual parts of the body.

Children's intimate care needs cannot be seen in isolation or separated from other aspects of their lives. Encouraging them to participate in their own intimate or personal care should therefore be part of a general approach towards facilitating participation in daily life. It might involve helping a child to manage their personal hygiene, for example following a wetting or soiling accident. As children reach puberty it might be necessary to support girls with personal hygiene products. There might also be instances where children with specific medical needs require support with personal care.

Most children would be able to carry out procedures for themselves and we encourage independence whenever possible. Some children with additional needs or disabled children may be unable to meet their own needs for a variety of reasons and could require regular support. Intimate care tasks specifically identified as relevant include:

- dressing and undressing (underwear)
- helping a child to use a potty or toilet
- changing nappies
- cleaning / wiping / washing intimate parts of the body.

Intimate care refers to any care that involves toileting, washing, changing or touching children's intimate personal areas.

Definition of Personal Care:

Although it may involve touching another person, it is less intimate and usually has the function of helping with personal presentation. Personal care tasks specifically identified as relevant include:

- administering oral medication
- dressing and undressing (clothing)
- washing or wiping non-intimate body parts
- prompting to go to the toilet.

Toilet Training:

Starting school or Nursery is an important and potentially challenging time for both children and their parents. It is also 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 the skills involved in being fully toilet trained. For a variety of reasons children may:

- have been fully toilet trained but regressed for a little while due to the excitement and stress of starting at a setting
- be fully toilet trained at home but have accidents in the setting, or vice versa
- be nearly there but needs some reminders and encouragement
- have development delays but with additional support will master these skills
- have SEND and might require help with some or all aspects of personal care

Our approach to best practice:

- 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. No child should be attended to in a way that causes distress.
- Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them.
- Staff who provide intimate care are provided with training as necessary and are made fully aware of best practice and have a high awareness of child protection issues.
- Staff behaviour is open to scrutiny and staff work in partnership with parents/carers to provide continuity of care to children wherever possible.
- Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.
- The management of all children with intimate care needs to be carefully planned.
- Where specialist equipment and facilities, above that which is currently available in school, are required, every effort will be made to provide appropriate facilities in a timely fashion, following assessment by a physiotherapist and/or occupational therapist.

- There is careful communication between school and parents or carers of any pupil who requires intimate care.
- Staff will promote and support the highest level of independence possible, according to the pupil's individual condition and ability.
- An individual care plan will be drawn up for any pupil requiring regular intimate care. Arrangements will be discussed with parents/carers on a regular basis and reviewed in the intimate care plan.
- Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures (where possible, one adult will care for one child unless there is a sound reason for having additional adults present, in such cases, reasons will be documented).
- The needs and wishes of pupils and parents/carers will be taken into account whenever possible, within the constraints of staffing and equal opportunities legislation.
- Where a care plan is not in place and a child is in need of intimate care (in the case of a toileting accident) then parents/carers will be informed the same day; information should be treated as confidential and communicated in person, via telephone or by a sealed letter.

Safeguarding:

All children have the right to be treated with dignity and respect. Staff and governors recognise that disabled children are particularly vulnerable to all forms of abuse.

Staff are aware that some adults may use intimate care, as an opportunity to abuse children. It is important to bear in mind that some care tasks / treatments can be open to misinterpretation. Child protection and multi-agency procedures will be adhered to at all times.

If a member of staff has any concerns about physical changes in a child's presentation (for example, unexplained marks, bruises or soreness) s/he will immediately report concerns to the designated person for child protection.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated at an appropriate level and outcomes recorded. Parents will be contacted at the earliest opportunity as part of the process of reaching a resolution. Further advice will be taken from partner agencies.

If a child makes an allegation about a member of staff in regard to intimate care, the Complaints Policy and Managing Allegations Against Staff Protocols will be followed.

We recognise that abuse of children has and can still happen in not only early years settings but also schools. Therefore, it is crucial that all staff are not only alert to this but also consider how they can prevent having allegations made against them.

- Staff are suitably checked (DBS)
- Staff are aware of the recording requirements if changing nappies and/or toileting
- Staff follow the setting procedures/guideline for intimate care
- Staff will involve the child as far as possible in his or her own intimate care
- Staff are familiar with the settings safeguarding policy
- The adult who is going to carry out an intimate care procedure informs another member of staff that they are going to do
- All staff are up to date with their safeguarding training.

Health and Safety:

Procedures are already in place for dealing with spillages of bodily fluids such as the process to be followed when a child accidentally wets or soils himself, or is sick while on the premises. The same precautions will apply for nappy/pull ups/changing. This includes:

- Staff to wear fresh disposable aprons and gloves while changing a child

- Soiled nappies/pull ups securely wrapped and disposed of appropriately
- Changing area/ toilet to be left clean
- Hot water and soap available to wash hands as soon as changing is done
- Paper towels to be available to dry hands.

Parents are asked to identify in the Induction Pack their agreement for intimate care to take place. Staff will not undertake any aspect of intimate care that has not been agreed between the setting, parents and child (if appropriate). Intimate care plans will be reviewed at least six monthly. The views of all relevant parties, including the child (if appropriate), will be sought and considered to inform future arrangements.

If during the intimate care of a child the member of staff accidentally hurts them, misunderstands or misinterprets something, they will reassure the child, ensure their safety and report the incident immediately.

Any unusual emotional or behavioural response by the child must be recorded and reported. A written record of concerns must be made and kept in the child's personal file.

Nappy Changing Procedure

This document is taken from the advice of Surrey Early Years and Childcare Service and has been adapted to reflect the service offered by Bletchingley Village School. Any effective nappy changing procedure will minimise but not eliminate the spread of cross infection.

- 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). It is a good idea to have a named box or bag for each child containing these items and spare clothes in case of accidents.
- Wash and dry your hands.
- Put on gloves. You should use a new set of gloves for each nappy change.
- Support the child if necessary to climb up the steps onto the changing mat.
- Remove the child's clothing to access the nappy. Remove the nappy and place it 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
- Put on a clean nappy and apply cream if necessary. Place filled nappy sack in a pedal operated bin. Take off the gloves and place them in a pedal operated bin.
- Dress the child.
- Support the child to wash their hands if this is age appropriate, using liquid soap, warm water and paper towels.
- Wash your hands 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.

Items needed:

- Hands free bin specifically for nappy disposal
- Yellow bag bin for clinical waste

- Nappy changing unit with steps
- Bag for each child's nappies wipes and so on
- Spare clothes
- Disposable gloves
- Nappy sacks
- Anti-bacterial spray
- Paper towels
- Liquid soap

2. Legislation and statutory guidance

This policy complies with statutory safeguarding guidance.

3. Role of parents/carers

3.1 Seeking parental permission

For children who may need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents/carers will be asked to sign a consent form. See *Appendix 2*.

For children whose needs are more complex or who need particular support outside of what's covered in the permission form (if used), an intimate care plan will be created in discussion with parents/carers (see section 3.2 below).

Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure.

If the school is unable to get in touch with parents/carers and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents/carers afterwards.

3.2 Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents/carers, the child (when possible) and any relevant health professionals.

The school will work with parents/carers and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents/carers will be consulted.

The plan will be reviewed twice a year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

See *Appendix 1* for a blank template plan to see what this will cover.

3.3 Sharing information

The school will share information with parents/carers as needed to ensure a consistent approach. It will expect parents/carers to also share relevant information regarding any intimate matters as needed.

4. Role of staff

4.1 Which staff will be responsible

Any roles who may carry out intimate care will have this set out in their job description.

No other staff members can be required to provide intimate care.

All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

4.2 How staff will be trained

Staff will receive:

- › Training in the specific types of intimate care they undertake
- › Regular safeguarding training
- › If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as possible

They will be familiar with:

- › The control measures set out in risk assessments carried out by the school
- › Hygiene and health and safety procedures

They will also be encouraged to seek further advice as needed.

5. Intimate care procedures

5.1 How procedures will happen

Typically, one adult will be present for intimate care procedures. This will be a familiar adult. The Nursery changing area door will be open at all times. If necessary e.g. (if it is an invasive procedure, if the child requires emotional support whilst being changed), another adult can be present. All staff working at Bletchingley, will have an enhanced DBS check.

For Early Years children, procedures will be carried out in the Nursery classroom changing area. On occasion, procedures may need to take place elsewhere e.g. the lower school toilets. In this instance, if this is a space that other children may access, staff will ensure the child's privacy is paramount.

When carrying out procedures, the school will provide staff with:

- Hands free bin specifically for nappy disposal with a yellow bag bin for clinical waste,
- Nappy changing unit/ mat,
- Spare nappies/ wipes in case a child does not have them in school
- Disposable gloves
- Nappy sacks
- Anti-bacterial spray
- Paper towels
- Liquid soap

For pupils needing routine intimate care, the school expects parents/carers to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and/or a spare set of clothing.

Any soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents/carers at the end of the day.

5.2 Concerns about safeguarding

If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this using the school's safeguarding procedures.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to the Early Years Lead or a member of the senior leadership team.

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures.

If a parent/ carer wishes to raise concerns, this should be raised with their child's key worker if appropriate. If a parent/carers wishes to escalate this further, this should be raised with the Early Years Lead (Deputy DSL) or another Designated safeguarding lead in school.

6. Monitoring arrangements

This policy will be reviewed by Danni Barlow, Early Years Lead. At every review, the policy will be approved by the headteacher and/or the governing board.

7. Links with other policies

This policy links to the following policies and procedures:

- Accessibility plan
- Child protection and safeguarding
- Health and safety
- SEND
- Early Years
- Supporting pupils with medical conditions

Appendix 1: Intimate care plan template (individual)

PARENTS/CARERS	
Name of child	
Type of intimate care needed	
How often care will be given	
What training staff will be given	
Where care will take place	
What resources and equipment will be used, and who will provide them	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	
CHILD	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
Signature of child	
Date	

This plan will be reviewed twice a year.

Appendix 2: Parent/carer consent form template

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of parent/carer	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	<input type="checkbox"/>
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)	<input type="checkbox"/>
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	<input type="checkbox"/>
<p>I do not give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident).</p> <p>Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed).</p> <p>I understand that if the school cannot reach me or my emergency contact, if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.</p>	<input type="checkbox"/>
Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	