



Thorpedene Primary School

---

# INTIMATE CARE POLICY

Reviewed 7<sup>th</sup> January 2022



## **Introduction**

This policy applies to all staff undertaking personal care tasks with children, particularly to those who are in EYFS and KS1 however, this can also relate to KS2 children.

The normal range of development for this group of children indicates that they may not be fully toilet trained. In addition, due to a range of reasons, including possible parenting issues, they may not have even begun toilet training at some of these stages.

In addition to this there are other vulnerable groups of children and young people that require support with personal care on either a short, long or permanent basis due to SEN, disability, medical needs or a temporary impairment.

This could include:

- children and young people with limbs in plaster
- children and young people needing wheelchair support
- children and young people with pervasive medical conditions

## **Guidelines for staff providing intimate care for children and young people**

Thorpedene Primary School is committed to providing personal care that has been recognised as an assessed need and indicated in the care plan for an individual child, in ways that:

- maintain the dignity of the individual child.
- are sensitive to their needs and preferences.
- maximise safety and comfort.
- protect 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 are able and protect the rights of everyone involved

The **diversity** of individuals and communities **is valued and respected**. No child or family is discriminated against if a pupil enters the school needing additional support.

This document should also be considered as forming the policy and associated guidance towards supporting children and young people who require reasonable adjustments to be made in arrangements for personal care under the relevant legislation, e.g. Early Years Foundation Stage (2012), Equality Act (2010) and statutory guidance, e.g. SEN Code of Practice (2014).

## **Definition**

Intimate personal care includes hands-on physical care in personal hygiene, and physical presence or observation during such activities.

Intimate personal care tasks can include:

- body bathing other than to arms, face and legs below the knee.
- toileting, wiping and care in the genital and anal areas.
- application of medical treatment, other than to arms, face and legs below the knee.
- supporting with the changing of sanitary protection.

### **Toilet Training**

Starting school or nursery has always been an important and potentially challenging time for both children and the schools that admit them. 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 in the EYFS may:

- be fully toilet trained across all settings
- have been fully toilet trained but regress for a little while in response to the stress and excitement of beginning Foundation Stage
- be fully toilet trained at home but prone to accidents in new settings
- be on the point of being toilet trained but require reminders and encouragement
- not be toilet trained at all, but likely to respond quickly to a well structured toilet training program
- be fully toilet trained but have a serious disability or learning difficulties
- have delayed onset of full toilet training in line with other development delays but will probably master these skills during the Foundation Stage
- have SEND and might require help (during the Foundation Stage and beyond) with all or some aspects of personal care such as washing, dressing or toileting

As a general rule, schools are not expected to toilet train pupils. Therefore unless a child has a disability, as defined through legislation, it is the normal expectations that parents/carers will have trained their child to be clean and dry before the start in EYFS.

However, admitting children who are not yet toilet trained or who have continence problems into schools and settings can take place if needed, once parents have met with Inclusion Team staff and a clear action plan is in place to support the transition from nappies to toilet trained (where no overriding medical needs are present)

Parents should be encouraged to train their child at home as part of their daily routine, and the school will reinforce these routines whilst avoiding any unnecessary physical contact.

Staff should be mindful of and respect the personal dignity of the pupils when supervising, teaching or reinforcing toileting skills.

Children and young people beyond the EYFS but throughout the primary stages of education may also experience difficulties with independence and require support with

intimate care issues. These issues are likely to relate to complex health needs or a specific disability recognised within relevant legislation.

These guidelines will ensure schools and settings overcome these challenges and can be confident they are meeting the welfare requirements of the Early Years Foundation Stage (2012) and Disability Discrimination Act (1995), SENDA (2001) and Equalities Act 2010 as they apply to children with toileting and continence needs.

### **Health and Safety**

Induction procedures and continued CPD is in place within the school to support staff in dealing appropriately with issues of intimate care.

Thorpedene Primary has procedures 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 could include:

- 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 after an incident
- caretaking / cleaning staff to be informed of additional cleaning needs
- hot water and soap available to wash hands after changing
- paper towels available for drying hands

### **Facilities and resources**

A suitable place for changing children, including providing the necessary resources is available in both Port and Starboard buildings in the disabled toilets / medical room.

When changing, whenever possible it is recommended that:

- mobile children are changed standing up
- if this is not possible the next best alternative is to change a child on a purpose-built changing bed (available in Port / Starboard buildings)
- children in EYFS may be changed on a mat on a suitable surface if it is not possible for them to change standing up or on a changing bed.
- children in year 1 and above should only be changed either on a changing bed (if unable to stand) or in a toilet cubicle standing up.

In practical terms toileting issues require the provision of;

- hot running water and soap (antibacterial where possible)
- toilet rolls
- antiseptic cleanser

- bowl/bucket
- paper towels/cloths
- disposable aprons and gloves
- nappy bags/sacks
- cleaning equipment
- bin
- a supply of spare nappies and wipes (provided by the child's parent/ carer)
- spare clothes (it always useful for each child to have their own spare clothes on their peg to change into for physical and emotional comfort)

Checks should be made beforehand to ensure that there are suitable facilities for intimate care available on excursions where they will be necessary and consider how intimate care can be dealt with in relation to PE, swimming, after school clubs, transport to and from school trips etc.

### **Partnership Working**

Partnership with parents is an important principle in any educational setting and is particularly necessary in relation to young people. Much of the information required by the school to make the process of intimate care as comfortable as possible is available from the parents. Regular consultation and information sharing remains an essential feature of this partnership.

Issues around toileting should be discussed at a meeting with the parents/carers prior to admissions into the school/setting where possible. Senior leaders must be made aware of these at this point.

All children that require additional support for Intimate care, agreement from Parents/Carers must be sought before commencement. This includes those with medical needs, through a health care plan or those families and individuals that need support for hygiene reasons through recorded meetings or paperwork.

### **Disability Discrimination**

If the child or young person has a disability recognised as part of the Disability Discrimination Act, asking or telling parents to come and change their child (unless the parents have expressed a preference for this) or wanting an older sibling to change their sister/ brother is likely to be a direct contravention of the DDA, as is leaving a child soiled which could place the child at significant risk. Wherever possible the child or young person should be encouraged to do as much as they can for themselves.

The process for the management of a child's personal care needs may need to be further clarified through a Health Care Plan. For example, where the school has concerns about parental support, for children transferring to EYFS or above who are not toilet trained and for children with SEN and/or disabilities. Where appropriate, parents and school will agree a toilet training program.

## **Confidentiality**

Confidentiality is an important issue. Sensitive information about a child should be shared only with those who need to know, such as parents or other members of staff who are specifically involved with the child. Other staff should only be told what is necessary for them to know to keep the child safe. Parents and children need to know that where staff have concerns about a child's well-being or safety arising from something said by the child or an observation made by the staff then the school's Designated safeguarding officer will be informed. This may lead to the procedures set down in the school's Safeguarding Policy being implemented.

Information concerning intimate care procedures should not be recorded in a home school diary, as the diary is not a confidential document and could be accessed by people other than the parent/carer and member of staff.

It is recommended that communication relating to intimate care should be made through one of the following:

- Sealed letter
- Personal contact (and recorded in a log)
- Telephone call – between member of staff and parent/carer (and recorded in a log)

Sharing information between home and schools is important to secure the best care for pupils but the consent of parents and their children who are able to give such consent is needed for the headteacher to pass on information about their child's health to school staff or other agencies.

Parents and staff should be aware that matters concerning intimate care will be dealt with confidentially and sensitively and that the young person's right to privacy and dignity is maintained at all times.

## **Agreeing a Procedure for Personal Care in School**

Intimate care plans should only be created in liaison with the SLT and SENCo. Plans created, in liaison with parents / carers will include:

- Who will change the child (to include more than one person to cover for absence etc)
- Where changing will take place
- What resources will be used and who will provide them
- How a nappy will be disposed of
- How other wet or soiled clothes will be dealt with
- What infection control measures are in place
- What the member of staff will do if the child is unduly distressed or if marks or injuries are noticed

- How changing occasions will be recorded and how this will be communicated to parents (in confidence)

### **During Intimate Care:**

- Speak to the child personally by name so that s/he is aware of being the focus of the activity
- Give explanations of what is happening in a straightforward and reassuring way
- Enable the child to be prepared for and to anticipate events while demonstrating respect for his/her body e.g. by giving them a strong sensory clue such as using a sponge or pad to signal an intention to wash or change
- When washing, always use a sponge or flannel and where possible encourage the child to attempt to wash private parts of the body him/herself
- Provide facilities which afford privacy and modesty e.g. separate toileting and changing for boys and girls or at least adequate screening; bathing changing one child at a time
- Respect a child's preference for a particular carer and sequence of care
- Keep records, which note responses to intimate care and changes in behaviour. This will be recorded on Safeguard online.

Best practice should be followed by ensuring that all those involved with intimate care receive specific induction from the school on these procedures and protocols.

### **Safeguarding**

Schools are required to comply with Section 175 of the Education Act 2002, which requires that the safety and welfare of pupils is promoted.

It is essential that the adult who is going to change the child informs the teacher and/or another member of staff that they are going to do this. There is no written legal requirement that two adults must be present. However, in order to completely secure against any risk of allegation, a second member of staff may be present where resources allow.

Safeguarding Procedures and Multi-Agency Protection procedures will be adhered to. Where parents do not co-operate with intimate care agreements concerns should be raised with the parents in the first instance. A meeting may be called that could possibly include the health visitor and head teacher to identify the areas of concern and how all present can address them. If these concerns continue there should be discussions with the school's safeguarding designated person about the appropriate action to take to safeguard the welfare of the child.

If any member of staff has concerns about physical changes to a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate designated person for safeguarding.

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. Parents/carers will be

contacted at the earliest opportunity as part of the process in order to reach a resolution; staffing schedules will be altered until the issue(s) are resolved.



**Risk Assessment**

**Child's Name:** .....

**Name of School:** .....

**Date of Risk Assessment** .....

weight /size/ shape of pupil present a risk?		
Does communication present a risk?		
Does comprehension present a risk?		
Are there a history of child protection concerns?		
Are there any medical considerations? Including pain and discomfort?		
Has there ever been allegations made by the child or family?		
Does moving and handling present a risk?		
Does behaviour present a risk?		
Is staff capability a risk? (back injury / pregnancy)		
Are there any risks concerning individual capability (Pupil)		
General Fragility Fragile bones • Head control • Epilepsy Other		
Are there any environmental risks?		

If Yes to any of the above complete a detailed personal care plan.

**Date:**.....

**Signed:**.....

**Name:** .....