



Willenhall Community Primary School

Intimate Care Policy

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1. Introduction

The Intimate Care Policy applies to everyone involved in the intimate care of children.

This policy should be read in conjunction with other school policies, including:

- Child protection and safeguarding
- Health and safety
- Safer recruitment
- SEND and inclusion
- Staff code of conduct
- Supporting children with medical needs

The term parent(s) refers to parents, carers and legal guardians.

1.1. Definition of intimate care

Intimate care is any care which involves washing, touching or carrying out an invasive procedure that most children carry out for themselves but which some are unable to do due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development. In school this may occur on a regular basis or during a one-off incident.

Care may involve help with drinking, eating, dressing and toileting. Help may also be needed with changing colostomy bags and other such equipment. It may also require the administration of rectal medication.

In most cases intimate care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure.

2. Aims

The aims of this document and associated guidance are:

- To provide guidance and reassurance to staff
- To safeguard the dignity, rights and well-being of children
- To assure parents that staff are knowledgeable about intimate care and that their individual needs and concerns are taken into account

3. Principles

The following are the fundamental principles of intimate care upon which our policy is based:

- Every child has the right to feel safe and secure
- Every child has the right to be treated as an individual
- Every child has the right to remain healthy
- Every child has the right to privacy, dignity, and a professional approach from all staff when meeting his or her needs
- Every child has the right to be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs
- All children have the right to be involved and consulted in their own intimate care to the best of their abilities

This policy also supports the safeguarding and welfare requirements of Early Years Foundation Stage (EYFS) 2012 and the Disability Discrimination Act 2005:

The School will ensure that:

- No child's physical, mental or sensory impairment will have an adverse effect on their ability to take part in day to day activities
- No child with a named condition that affects personal development will be discriminated against
- No child who is delayed in achieving continence will be refused admission
- No child will be sent home or have to wait for their parents/carer due to incontinence
- Adjustments will be made for any child who has delayed continence

4. Working with parents

1. Partnership with parents is a vital principle in any educational setting and is

particularly necessary in relation to children needing intimate care. Much of the information required to make the process of intimate care as comfortable as possible is available from parents, including knowledge and understanding of any religious or cultural sensitivities.

2. Prior permission must be obtained from parents before intimate care procedures are carried out (see Appendix 1).
3. Parents will endeavour to ensure that their child is continent before admission to school (unless the child has additional needs).
4. Parents will discuss any specific concerns with staff about their child's toileting needs.
5. Parents must inform the school if a child is not fully toilet trained before starting school, after which a meeting will be arranged to discuss the child's needs.
6. Parents accept that on occasions their child may need to be collected from school.
7. Parents should be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met. This will include involvement in Individual Education Plans (IEPs), Individual Healthcare Plans (IHPs) and any other plans that identify the support of intimate care.
8. Exchanging information with parents is essential through personal contact, telephone or correspondence. However, information concerning intimate care procedures should not be recorded in home/school books as it may contain confidential information that could be accessed by people other than the parent and staff member.
9. Where necessary, parents are asked to supply the following: -
 - a. Spare nappies
 - b. Wipes, creams, nappy sacks etc.
 - c. Spare clothes
 - d. Spare underwear

5. Writing an intimate care plan

Where a routine procedure is required an intimate care plan (Appendix 2) should be agreed in discussion with the child, school staff, parents and relevant health personnel. The plan should be signed by all who contribute and reviewed on an agreed basis.

In developing the plan the following should be considered:

- What care is required
- Number of staff needed to carry out the task (if more than one person is required, reason will be documented)
- Toilet arrangements and equipment (e.g. spare clothes and disposable gloves)
- Child's preferred means of communication (e.g. visual, verbal). Agree terminology for parts of the body and bodily functions
- Child's level of ability i.e. what tasks they are able to do by themselves
- Acknowledge and respect for any cultural or religious sensitivities related to

aspects of intimate care

- Be regularly monitored and reviewed in accordance with the child's development. The importance of working towards independence
- Awareness of a child's discomfort which may affect learning
- Who will substitute in the absence of the appointed person
- Strategies for dealing with pressure from peers, e.g. teasing / bullying particularly if the child has an odour

All plans must be clearly recorded to ensure clarity of expectation, roles and responsibilities. They should reflect all methods of communication including emergency procedures between home, school and the medical service. A procedure should also be included to explain how concerns arising from the intimate care process will be dealt with.

6. Children wearing nappies

Any child wearing nappies will have an intimate care plan (Appendix 2) which must be signed by the parent. This plan will outline who is responsible in school for changing the child, and where and when this will be carried out. This agreement allows school and parents to be aware of all issues surrounding the task from the outset.

7. Changing a child who has soiled him/herself

If a child soils him/herself in school a professional judgement must be made whether it is appropriate to change the child in school, or request the parent 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 will be adopted in most cases, however, in some circumstances it may be necessary to make age-appropriate deviations.

- The child will be given the opportunity to change his/her underwear in private and carry out this process themselves but will be supported as necessary.
- School will have a supply of wipes, clean underwear and spare uniform for this purpose.
- If a child is not able to complete this task unaided, school staff will attempt to contact the emergency contact to inform them of the situation.
- If the emergency contact can come to school within an appropriate time frame, the child will be accompanied and supported by a staff member until they arrive. This avoids any further distress and preserves dignity.
- If the emergency contact cannot attend, school will seek verbal permission for staff to change the child. If none of the contacts can be reached the Head Teacher is to be consulted and the decision taken based on loco-parentis and our duty of care to meet the needs of the child.
- The member of staff who has assisted a child with intimate care will

complete the paperwork required (Appendix 3)

8. Staff responsibilities

Staff must be familiar with and follow any intimate care plans that are in place for a child.

Staff will always ensure that they have a colleague in attendance when providing intimate care to a child, unless it has been agreed on an intimate care plan that it is acceptable for only one member of staff to assist.

Staff will always give the children the opportunity to change in private.

When intimate care is given, the member of staff explains fully each task that is carried out, and the reason for it.

Staff encourage children to do as much for themselves as they can, lots of praise and encouragement will be given to the child when they achieve.

Particular staff members are identified to change a child with known needs and keep records of their actions.

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.

8.1. Providing comfort of support to a child

There are situations and circumstances where children seek physical comfort from staff (particularly children in Early Years). Staff need to be aware that any physical contact must be kept to a minimum. 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 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 Safeguarding Lead.

9. Hygiene requirements

Urine, faeces, blood and vomit will be cleaned up immediately and disposed of safely by (e.g. nappy bins, double bagging etc.).

When dealing with body fluids, staff wear protective clothing (disposable plastic gloves) and wash themselves thoroughly afterward.

Soiled children's clothing will be bagged to go home. Staff will not rinse it.

Area to be cleaned and disinfected by adult before returning to class. Children will be kept away from the affected area until the incident has been completely dealt with.

10. Assisting a child with specific medical needs

Please refer to the school's Supporting Children with Medical Needs policy for information about:

- Administration of medication in school
- Individual Healthcare Plans (IHP) for children with significant medical needs.

Where a child has a specific medical needs the IHP will be formulated with input from the child, the school, the parents and relevant health professionals. If required, school staff will receive appropriate training to support the child's needs.

11. Intimate care outside the school setting

11.1. Swimming

Our children participate in swimming lessons at a local swimming pool. Children are entitled to respect and privacy when changing their clothes however, there must be the required level of supervision to safeguard children and to ensure that bullying, teasing and other unacceptable behaviour does not occur.

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

11.2. Residential Visits

Residential educational visits are an important part of our primary school experience with some visits which are overseas or involve the children staying overnight. Care is required when supervising children in these less formal settings.

Although more informal relationships tend to be usual in these circumstances, staff are still guided by our Child Protection procedures and related school policies. Some specific intimate care issues may arise in a residential context.

11.2.1. Night time routines

It is established practice that the children's bedrooms are private spaces and anyone else wanting to enter the room should knock and announce their intention.

At bedtime, children are given a set amount of time to change and prepare for bed and will be told when the supervising teachers will visit the rooms to check all is okay and switch off the lights. A reciprocal arrangement is in place in the mornings.

11.2.2. Showering

Children are entitled to respect and privacy when changing their clothes or taking a shower. However, there must be the required level of supervision to safeguard children regarding health and safety considerations and to ensure that bullying, teasing and other unacceptable behaviour does not occur. This means that staff

should announce their intention to enter changing rooms, avoid remaining in changing rooms unless a child needs require it, avoid physical contact when children are in a state of undress and avoid any visibly intrusive behaviour.

Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is present. However, this may not always be possible and therefore staff need to be vigilant about their own conduct, e.g. adults must not change in the same place as children or shower with children.

It is best practice in our school that when an incident has taken place that has necessitated a member of staff to be present when children are changing that an incident report is made.

12. Working with children of the opposite sex

The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:

- When intimate care is being carried out, all children have the right to dignity and privacy, i.e. they should be appropriately covered, the door closed or screens / curtains put in place.
- If the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance.
- Report any concerns to the DSL or DDSL and make a written record
- Parents must be informed about any concerns

13. Safeguarding

All staff must receive Safeguarding training every year.

Staff are trained on the signs and symptoms of child abuse which is in line with Coventry's Safeguarding Children's Board guidelines and are aware of the DfE guidance.

If a member of staff is concerned about any physical or emotional changes, such as marks, bruises, soreness, distress etc., they will inform the Designated Safeguarding Lead (DSL) or Deputy Designated Safeguarding Lead (DDSL) immediately. The Safeguarding Policy will then be implemented.

Should a child become unhappy about being cared for by a particular member of staff, the DSL or DDSL will investigate and record any findings. These will be discussed with the child's parents/carers in order to resolve the problem. If necessary the DSL or DDSL will seek advice from other agencies.

(Please remember that you need parental permission to talk to any agency about a specifically named child.)

If a child makes an allegation against a member of staff, the procedure set out in

the Safeguarding Policy will be followed.

14. Recruitment

Parents must feel confident that relevant staff have been carefully vetted and trained helping to avoid potentially stressful areas of anxiety and conflict.

Recruitment and selection of all candidates for posts follows the DBS procedure, equal opportunities and employment rights legislation, and regarding guidance and legislation detailed in Safeguarding Children and Safer Recruitment in Education.

At least one person on every interview panel **must** be accredited in safer recruitment.

Candidates should be made fully aware of what will be required and detailed in their job description before accepting the post.

Enquiries should be made into any restrictions the candidates may have which will impede their ability to carry out the tasks involved. This will enable employers to identify and provide necessary support and adjustments that are practical.

No employee can be required to provide intimate care.

15. Appendix 1 – Permission for Intimate Care



Parental Permission
for Intimate care.doc

16. Appendix 2 – Intimate Care Plan



Intimate Care
Plan.docx

17. Appendix 3 – Record of Intimate Care



Record of Intimate
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