Intimate Care Policy

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Contents

Intimate care is defined as any care which involves washing, touching or carrying out an invasive procedure that most children and young people carry out for themselves, but which some are unable to do. Some children are unable to meet their own care needs for a variety of reasons and will require regular or occasional support.

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 include support with dressing and undressing (underwear), changing incontinence pads and nappies, helping someone use the toilet or washing intimate parts of the body (Kent County Council definition).

1. Aims

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans.
- The dignity, rights and wellbeing of every child 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 child 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.

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

2. Legislation and statutory guidance

- This policy complies with statutory safeguarding guidancehttps://www.gov.uk/government/publications/keeping-children-safe-in-education--2 and Early Years Foundation Stage (EYFS) statutory framework

It also complies with our funding agreement and articles of association.

3. Role of parents/carers

3.1 Seeking parental permission

For children (in school-based nursery) who need routine intimate care (e.g. for nappy changes or toileting accidents), parents will be asked to:

- Sign a consent form
- Provide an adequate supply of necessary items (e.g. nappies, wipes, creams, changes of clothing)

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

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 pupil (where 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.

The management of all children with intimate care needs will be carefully planned. The pupil who requires intimate care is treated with respect at all times; the pupil's welfare and dignity is of paramount importance.

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

The plan will be reviewed once 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 Staff responsible

Veritas MAT schools are 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. No child should be attended to in a way that causes distress or pain.

Staff will not be required to carry out intimate care if this is something they are not comfortable to do.

Any roles who may carry out intimate care will have this discussed with them first. This is also discussed as part of the recruitment procedure to relevant roles. 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.

The SENDCo and DSL will:

- Oversee the implementation of this policy
- Ensure staff receive appropriate training and support
- Oversee the development of individual intimate care plans
- Act as point of contact for parents/carers/staff regarding intimate care concerns

4.2 How staff will be trained

Staff will receive:

- Training in the specific types of intimate care they undertake. This may be provided by the NHS professional primarily responsible for a pupil's care, e.g, an occupational therapist or physiotherapist working with the pupil.
- 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

During nappy changes, toileting and any intimate care procedure, the Trust Schools will balance children's privacy with safeguarding and support needs.

5.1 Staffing

All members of staff performing intimate care procedures have an enhanced DBS with barred list check.

In general, 1 member of staff will be present with each pupil, except for circumstances where:

- 2 members of staff are needed to:
    - Safely handle a pupil who needs to be assisted
    - Use equipment such as a hoist
- There is a known risk of false allegations by the pupil

In cases where a pupil needs regular intimate care, where possible, the same member of staff will assist the same pupil each time they need support. We will train 2-3 members of staff per pupil to cover absences, emergencies and school trips. Where possible, we will ensure that these backup members of staff are also people known to the pupil.

At Trust Schools, male members of staff may be allocated to change female pupils or vice versa. The decision to allocate a member of staff of a different gender to the pupil will be discussed with the parents/carers and pupil, if appropriate.

5.2 Arrangements

Procedures will be carried out in appropriately designated area (such as an accessible toilet/changing suite).

Before going to perform intimate care on a pupil, the member of staff allocated to that pupil will inform another member of staff of where they are going, and leave doors open as much as privacy allows. Where possible, they should be within earshot of other members of staff, but the comfort and care of the pupil should be the priority when choosing a location.

When carrying out procedures, the school will provide staff with:protective gloves, cleaning supplies, changing mats and bins.

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, wipes 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.

Incidents will be recorded on appropriate log (see appendices 3 and 4) with date/time, staff involved, any relevant observations such as skin integrity and communicated with parents in a discreet manner. Where repeated incidents occur, the school will liaise the parent/carer to determine the best way to support the pupil.

5.3 Concerns about safeguarding

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

For children in EYFS setting, any concerns about the safety or welfare of a pupil will be reported immediately to the local authority's children's social care team.

If a pupil is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to the appropriate manager/designated safeguarding lead.

If a pupil makes an allegation against a member of staff, the responsibility for intimate care of that pupil 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.

Where the school notices an increasing pattern of soiling instances, it will first hold a meeting with parents/carers and with any other relevant individuals, such as medical professionals involved with the pupil to discuss why this might be occurring, and how to help the pupil. If the pattern continues, the school's designated safeguarding lead (DSL) will be notified. If there is other evidence which indicates a safeguarding concern, the DSL may contact the local authority designated officer (LADO), who will consider whether there is a safeguarding issue.

5.4 Procedures for nappy changing in nursery/early years

As outlined in section 5.2 above

5.5 Specific procedures for toileting accidents

Where pupils are starting school without having been toilet-trained, staff will work with the pupil's parents/carers to agree on a care plan.

The school will record the number of soiling incidents in school, and liaise with the pupil's parent/carers about:

- The outcomes of relevant medical appointments attended by the pupil
- Whether there is a change in the pattern of soiling incidents, at home or at school
- Whether the current plan is working

A written log is kept, and parents share how they wish to be updated eg. A daily written record sent home where patterns in bowel habits are being monitored or whether they prefer information to be verbally shared discreetly at pick up.

5.6 Management of menstrual care

All staff will be sensitive to the fact that:

- Girls at our school may start to menstruate
- While there is no shame or stigma attached to this, those pupils may wish to deal with it discreetly.

The school will offer sensitive and practical information to pupils about:

- Where sanitary products are
- How to use and dispose of them correctly.

Period products will be available to children in 2 locations – one that pupils will be able to access themselves, such as a basket within a pupils' toilet block, and another that staff can access discreetly on behalf of pupils, or when needing to access them to support with intimate care, such as in the staff room or medical room.

Staff will not directly assist with the physical act of changing sanitary products unless specifically requested by the pupil and agreed with parents/carers in an individual care plan due to specific needs.

Age-appropriate education on puberty and menstrual hygiene will be provided as part of PSHE curriculum.

6. Monitoring arrangements

This policy will be reviewed by the Trust SENDCo Team and DSLs annually . At every review, the policy will be approved by the Trustees.

7. Links with other policies

This policy links to the following policies and procedures:

- Accessibility plan
- Child protection and safeguarding
- Health and safety
- SEND
- Supporting pupils with medical conditions
- Whistleblowing
- Positive handling
- Equality scheme
- Managing allegations against members of staff

Appendices: Please note that all the information captured in the appendices below will be stored electronically on Medical Tracker when it becomes available.

7.1 Appendix 1: template intimate care plan

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 once a year.

Next review date:

To be reviewed by:

7.2 Appendix 2: template parent/carer consent form

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of parent/carer	
Address and contact details	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	☐
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)	☐
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	☐
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). 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). 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.	☐
Parent/carer signature	

Name of parent/carer	
Relationship to child	
Date	

7.3 Appendix 3: Intimate Care Log (specific to a child and shared daily with home)

Intimate Care Log

Child's Name	
Class	
Date	
Circle: Nappies / Pull ups / In Pants	

Key:

S- Scheduled change **– D**-dry**, W**-wet**, BM-** Bowel movement

A BM- Accident Bowel Movement/**A U**- Accident Urinated

I BM- Pupil indicated - successful Bowel movement in toilet/ **I U** - Pupil indicated – successfully urinated in toilet

I – Pupil Indicated but didn't go

Fluid intake	Time	Time taken to toilet	Minutes taken to toilet	Staff initial	Key- see above	Notes including skin integrity- e.g. redness, rash, breaks in skin

7.4 Appendix 4: A running record for a child without specific needs

Intimate Care Log

Child's Name	
Class	
Circle: Nappies / Pull ups / In Pants	

Key:

S- Scheduled change **– D**-dry**, W-**wet**, BM-** Bowel movement

A BM- Accident Bowel Movement/**A U**- Accident Urinated

I BM- Pupil indicated - successful Bowel movement in toilet/ **I U** - Pupil indicated – successfully urinated in toilet

I – Pupil ondicated but didn't go

Date	Time	Staff initial	Key- see above	Notes including skin integrity- e.g. redness, rash, breaks in skin