



# Rosh Pinah Primary School

## **Intimate Care Policy**

**Date of Ratification: September 2022**

**Date for Review: September 2024**

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## Introduction

It is preferable that children are toilet trained before attending Rosh Pinah Early Years Foundation Stage. However, no child will be excluded from participating in the Foundation Stage who may, for any reason, not yet be toilet trained and who may still be wearing nappies or equivalent.

To facilitate this

- Work will be carried out with parents towards toilet training, unless there are medical or other developmental reasons why this may not be appropriate at the time
- Toilet training is seen as a self-care skill that children have the opportunity to learn with the full support and non-judgmental concern of adults.

## Definition of Intimate Care

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 pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence as well as more ordinary tasks such as help with washing, toileting or dressing.

## Aims

We aim to:

- Safeguard the rights and promote the welfare of all children and young people including those who may be more vulnerable to abuse
- Provide guidance and reassurance to staff whose duties may include intimate care
- Assure parents and carers that staff are knowledgeable about personal care and that their child's individual needs and concerns are taken into consideration
- Remove barriers to learning and participation, protect from discrimination and ensure inclusion for all children and young people within our setting.

## Our Approach to Best Practice

- Pupils who require regular assistance with intimate care have written care plans agreed by staff, parents/carers and any other professionals actively involved. Ideally, the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account
- The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips. Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan
- Where a care plan is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person where possible otherwise by telephone or email

- Accurate records should also be kept when a child requires assistance with intimate care. These can be brief but should, as a minimum, include the full date, times, who was present and any other relevant comments
- All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible
- There must be careful communication with each pupil who needs help with intimate care to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure. Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their age
- An individual member of staff should inform another appropriate adult when they are going to assist a pupil with intimate care. Intimate care should be undertaken with a minimum of two adults in attendance so as to safeguard both the adults and the child. Where this is not possible the member of staff conducting the intimate care should inform another adult of the assistance they are providing, where they are providing it and ensure that the door to the space is left open
- The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer
- Adults who assist pupils with intimate care should be employees of the school, not pupils or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks
- All staff should be aware of the School's Confidentiality Policy. Sensitive information will be shared only with those who need to know.

## **Child Protection**

The School's Child Protection Procedures will be adhered to in providing intimate care to children in the school in the following ways:

- From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. All adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice
- If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc will immediately report concerns to the Designated Safeguarding Lead or the Deputy Designated Lead in accordance with the School's Child Protection procedures. If the DSL or the Deputy DSL is not available, it will be reported to the Headteacher
- If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the Class Teacher and Designated / Deputy Safeguarding Lead or the Headteacher. The matter will be investigated at an appropriate level and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing roles will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary
- If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the School's Policy. It should not be discussed with any other members of staff or the member of staff the allegation relates to. Similarly, any

adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Designated Safeguarding Lead or the Headteacher.

## **Health and Safety**

All staff must follow infection control guidelines and be up to date with these guidelines.

- If possible children should be changed standing up or using the variable height changing table to avoid staff lifting children
- The child's skin should be cleaned with a disposable wipe
- Disposable gloves and apron should be worn during intimate care. The nappy or pull ups should be folded inward to cover faecal material and disposed in the bin provided. The disposal bin should be lined and emptied daily
- Once the child has been changed and removed from the changing area, the surface should be cleaned with an antibacterial detergent spray or wipe and left to dry
- Gloves, apron and any items used for cleaning the changing area will be wrapped and disposed of via domestic waste
- Staff must wash their hands before and after carrying out intimate care
- Staff to complete the intimate care record.

## **Partnership and Participation**

We believe that our partnership with parents is an essential principle in our setting and is particularly necessary in relation to children needing intimate care. We recognise that the information required to carry out intimate care is gained from parents (see Appendix 1).

- Parents/carers should be closely involved in the preparation of pupils' care plans. Arrangements should be discussed on a regular basis and recorded on the pupils' care plan
- Intimate care should be a positive experience. It is essential that every pupil is treated as an individual and that care is given as sensitively and gently as possible
- Pupils should be encouraged to be as independent as possible
- Care to be delivered should be explained to the pupil according to their age and understanding prior to & during carrying out personal care, and when possible their permission sought
- As far as possible, the pupil should be allowed to exercise choice, furthermore should be encouraged to have a positive image of his/her own body
- When any intimate care is carried out on children with individual care plans, it will be recorded on their own personal records (see Appendix 2). All information concerning intimate care procedures is recorded and stored securely.

We appreciate that sometimes children have toileting 'accidents' which are out of character for them. In the event of this, and in the absence of a personal intimate care plan, the child would be fully encouraged and supported to achieve the highest level of autonomy that is possible given their age and ability. Staff will encourage the child to do as much for his/herself as possible and parents will be informed the same day. On the rare occasion that a child is soiled to a point where they are unable to clean themselves to a comfortable state, parents would be contacted immediately so that the child could be taken home for bathing.

## Care Plans

- The main purpose of the care plan is to identify the support that is needed for the pupils at school. It is written in consultation with the parents and where relevant, appropriate medical professionals (see Appendix 3)
- This plan clarifies for staff, parents and the pupil the help that the school can provide
- Any special requirements or concerns relating to intimate care should be identified and documented
- Individual care plans should be reviewed on a regular basis. This will be done as part of the annual review process, but changes must be made as they occur.

This Policy should be read in conjunction with the school's policies as below:

- Safeguarding Policy
- Staff Code of Conduct
- Whistle-blowing Policy
- Health and Safety Policy
- Special Educational Needs Policy
- Medicines in School Policy

The Governing Body reviews this policy every two years. The Governors may, however, review the policy earlier than this, if the government introduces new regulations, or if the Governing Body receives recommendations on how the policy might be improved.

## Appendix 1

(Letter to parent(s) outlining policy/procedures and their consent to carry out 'intimate care')

Dear Parents / Carers,

I am writing to you regarding occasions when your child may need support with intimate care routines. We have drawn up the attached guidelines to ensure that your child's needs are met in a professional and dignified manner at all times.

I would be grateful if you could sign and return the slip below once you have read the guidelines and agree to the school carrying out 'intimate care' procedures when necessary.

Yours faithfully,

Headteacher -----

I have read a copy of the School's 'Intimate Care Policy.'

I agree to the school carrying out 'intimate care' on my son/daughter when necessary.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Name of child: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix 2

TOILET TRAINING/CHANGING RECORD (To be completed after each 'intimate care' activity)

Child's Name: ..... D.O.B.....

| Date | Time | Adult | Comment e.g. what action was taken | Signature |
|------|------|-------|------------------------------------|-----------|
|      |      |       |                                    |           |
|      |      |       |                                    |           |
|      |      |       |                                    |           |
|      |      |       |                                    |           |
|      |      |       |                                    |           |
|      |      |       |                                    |           |
|      |      |       |                                    |           |
|      |      |       |                                    |           |
|      |      |       |                                    |           |



## Appendix 3

### Intimate Care Plans

| <b>Parents / Carers</b>   |  |
|---|--|
| 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:   |  |
| <b>Child</b>  |  |
| 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  |  |