



INTIMATE CARE POLICY

School Mission Statement Northbourne CEP School

VISION STATEMENT:

Together we gather and grow to bring life to our rural school community. Everyone is welcomed, known, valued and treasured as individuals. God's countryside is our classroom, where we live, breathe and connect with our evolving natural world. Through our curriculum we nurture pupils to be resilient, inquisitive and compassionate. By embracing stewardship, we recognise our shared responsibility for each other and the world. We empower each other to act and make a difference to our neighbour.

To grow in: Faith, Love, Compassion, Kindness, Respect & Forgiveness

Our six Christian Values are at the heart of our vision. Every day we aspire to grow in **Faith, Love, Compassion, Kindness, Respect and Forgiveness**, so that our school family may experience the joy and hope of "life in all its fullness" (John: 10 v10)

Review annually	
Reviewed: Sept 2024	Next review: Sept 2025

Intimate Care Policy

This school is committed to safeguarding and promoting the wellbeing of all our children, and expects our staff and volunteers to share this commitment.

1. Introduction

1.1 Intimate care is any care, which is associated with invasive procedures relating to bodily functions, bodily products and personal hygiene, which demands direct or indirect contact with or exposure of intimate parts of the body, such as cleaning up after a child who has soiled themselves. In addition, some children may need help with dressing/undressing or using the toilet. Most children can carry out these functions themselves but it is recognised that some are unable to due to physical disability, learning difficulties, medical needs or needs arising from the child's stage of development.

1.2 This Intimate Care Policy has been developed to safeguard children, support staff and ensure good practice is followed. At Northbourne CEP School all staff are checked with the Disclosure and Barring Service (DBS) and we 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 believe that the intimate care of children cannot be separated from other aspects of their learning and development and we believe that every child has the right to feel safe and secure. We do not discriminate against children who have not reached a stage where they can manage their own personal hygiene and as such welcome all children to participate in our school and provide appropriate support for each child on an individual basis. We recognise the need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain

1.3 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 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.

2. Our approach to Best Practice

2.1 Individual intimate care plans (see Appendix A) will be drawn up for particular children as appropriate to suit the circumstances of the child.

2.2 Any child who requires intimate care is treated with respect at all times; we recognise that the child's welfare and dignity is of paramount importance. We will work with parents and children to establish a preferred procedure for supporting the child in our care with their personal and intimate needs.

2.3 Where these procedures may require specialist training, we will seek out training for the staff who will be involved in a child's care, ensuring that the child's key-person and at least one other member of staff accesses the training.

2.4 Where possible the child's key-person is responsible for undertaking their care, with support from another member of staff. When this is not possible, a staff member who is known to the child will take on that responsibility. The staff member involved will always ask the child for permission to assist them. The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities and staff will encourage them to do as much for him/herself as he/she can. Children will be cared for with dignity and respect for their privacy. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible, one child will be catered for by two adults. The adult supporting your child could be male or female.

3. Working with Parents

3.1 We believe that our partnership with parents is an essential principle in our school and is particularly necessary in relation to children needing intimate care. We recognise that the information required to carry out intimate care is available from parents and prior permission must be obtained from parents before intimate care procedures are undertaken (see Appendix B). We acknowledge that cultural and diversity influences may affect what is deemed 'intimate' and ensure we pay regard to social, ethnic and cultural perspectives through open dialogue with parents.

3.2 Parents should be encouraged and empowered to work with staff to ensure that their child's needs are identified, understood and met. This may include Health Care plans and any other plans, which identify the support of intimate care where appropriate. Exchanging information with parents is essential through personal contact, telephone or correspondence.

3.3 When any intimate care is carried out on children with individual care plans, it will be recorded on their own personal record (see Appendix C). All information concerning intimate care procedures is recorded and stored securely.

3.4 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. The parents/carers will be contacted confidentially either in person, by telephone or in a sealed letter, not through the home/school reading/contact book. 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.

4. The Protection of Children

4.1 Child Protection procedures will be adhered to.

4.2 All children will be taught personal safety skills carefully matched to their level of development and understanding to build their confidence and assertiveness about their own body and its worth. Confident and assertive children who feel their body belongs to them are less vulnerable to abuse.

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

4.4 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 this process in order to reach a resolution.

4.5 Where possible one child will be catered for by **two** adults

4.6 If a child makes an allegation against a member of staff, all necessary procedures will be followed. (See Child Protection Policy and Procedures)

6. Health and Safety

6.1 Staff should always wear gloves and apron when dealing with a child who is bleeding or soiled or when changing a soiled nappy/pull-ups. The school will provide gloves, apron, a bin and liners to dispose of any waste (see Appendix D)

6.2 Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with liner) which is specifically designated for the disposal of such waste. The bin should be emptied on a daily basis and it can be collected as part of the usual refuse collection service as this is not classed as clinical waste (see Appendix E)

7. Policies

7.1 These guidelines should be read in conjunction with policies:

- Health and Safety Policy
- Child Protection Policy
- Safeguarding Policy
- Administering Medicine Policy
- Confidentiality Policy
- Complaints Policy

7.2 The governing body reviews this policy every year. 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.

Care Plans

Where a pupil has particular needs (e.g. wearing nappies or pull-ups regularly, or has difficulties which are more frequent than the odd 'accident', staff will work with parents/carers (and health visitors/school nurse, if appropriate) to set out a care plan to ensure that the child is able to attend daily.

The written care plan (Appendix A) will include:

- Who will change the child including back-up arrangements in case of staff absence or turnover
- Where changing will take place
- What resources and equipment will be used (cleansing agents used or cream to be applied?) and clarification of who is responsible (parent or school) for the provision of the resources and equipment.
- How the product, if used will be disposed of, or how wet or soiled clothes will be kept until they can be returned to the parent/carer
- What infection control measures are in place
- What the staff member will do if the child is unduly distressed by the experience or if the staff member notices marks or injuries
- Training requirements for staff
- Arrangements for school trips and outings
- Care plan review arrangements

Care Plan Agreements

In these circumstances, it may be appropriate for the school to set up an agreement that defines the responsibilities that each partner has, and the expectations each has for the other (see Appendix B). This will include:

The parent:

- agreeing to ensure that the child is changed at the latest possible time before being brought to the setting/school
- providing the setting/school with spare nappies or pull ups and a change of clothing
- understanding and agreeing the procedures that will be followed when their child is changed at school –including the use of any cleanser or wipes
- agreeing to inform the setting/school should the child have any marks/rash
- agreeing to a 'minimum change' policy i.e. the setting/school would not undertake to change the child more frequently than if s/he were at home.
- Agreeing to review arrangements should this be necessary

The school:

- agreeing to change the child during a single session should the child soil themselves or become uncomfortably wet
- agreeing how often the child would be changed should the child be staying for the full day
- agreeing to monitor the number of times the child is changed in order to identify progress made
- agreeing to report should the child be distressed, or if marks/rashes are seen
- agreeing to review arrangements should this be necessary.

This kind of agreement should help to avoid misunderstandings that might otherwise arise, and help parents feel confident that the setting/school is taking a holistic view of the child's needs.

Should a child with complex continence needs be admitted, the school will consider the possibility of special circumstances and/or provision being made. In such circumstances, an appropriate health care professional (School Nurse or Family Health Visitor) will be closely involved in forward planning.

Child Protection

The normal process of changing continence or wet/soiled clothes should not raise child protection concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the changing process to ensure that abuse does not take place; however, we will endeavour to ensure that 2 members of staff are involved in the intimate care process. Few settings/schools will have the staffing resources to provide two members of staff for changing and DBS checks are carried out to ensure the safety of children with staff employed in our school.

Wherever possible, the same members of staff will be allowed to change named children. This reduces the risk to the child and promotes their dignity. The care plan will outline back up or contingency measures in the event that the named member of staff is not available

Monitoring and Review

- The SENCO will take responsibility for monitoring that agreed procedures are being followed and are meeting the needs of children and families.
- It is the SENCO's responsibility to ensure that all practitioners follow the school policy.
- Any concerns that staff have about child protection issues will be reported to the Designated Safeguarding Lead (DSL) and subsequently the Head Teacher for further referral if appropriate.
- This policy runs alongside other school policies, particularly Safeguarding Children, SEND, and Health and Safety.

APPENDIX A

Northbourne C E Primary School

Intimate Care Plan

Name of child:	
Name of person(s) to change the child:	
Name of person(s) to change the child if main adult unavailable:	
Where changing will take place:	
What resources and equipment will be used:	
Who will provide the resources and equipment that will be used:	
Training requirements for staff:	
Disposal of product in:	
Infection control measures:	
Special arrangements for trips/ outings:	
When will the plan be reviewed:	
Review comments:	

If the child is unduly distressed, a member of staff will contact the parent/carer.

**If the above named member of staff is not available due to illness or staff training, then another person, familiar to the child will attend to the child's needs.*

SENCO:

Date:

Parent:

Date:

APPENDIX B

Northbourne C E Primary School

Intimate Care Plan Agreements

The parent:

- I agree to ensure that the child is changed at the latest possible time before being brought to the setting/school
- I will provide the setting/school with spare nappies or pull ups and a change of clothing
- I understand and agree the procedures that will be followed when my child is changed at school – including the use of any cleanser or wipes
- I agree to inform the setting/school should the child have any marks/rash
- I agree to a 'minimum change' policy i.e. the school will not undertake to change the child more frequently than if s/he were at home.
- I agree to review arrangements should this be necessary

Signed: (parent/carer)

The school:

- We agree to change the child during a single session should the child soil themselves or become uncomfortably wet.
- We agree to monitor the number of times the child is changed in order to identify progress made.
- We agree to report should the child be distressed, or if marks/rashes are seen
- We agree to review arrangements should this be necessary.

Signed: (school member of staff)

Name: (school member of staff)

Date:

APPENDIX C

Record of Intimate Care.

Child's name:

Names of staff:

Date	Time	Procedure (wet/ soiled)	Signature of staff member 1	Signature of staff member 2.

APPENDIX D

Personal Care Procedures

The staff at Northbourne C E Primary will follow agreed procedures:

- Change the child's clothing as appropriate, as soon as possible
- Use appropriate cleaning products and adhere to health and safety procedures (see Appendix D)
- Report any marks or rashes to parents and Head Teacher if appropriate
- Inform parent/carer that a continence issue has arisen during the session
- Contact a parent/carer only where soiling is severe and/or linked to illness e.g. sickness and diarrhoea or, when a child refuses to let a member of staff help change their clothing.
- Place a 'Do not enter' sign (visually illustrated) on the toilet door to ensure that privacy and dignity are maintained during the time taken to change the child.

APPENDIX E

Health and Safety Procedures

When dealing with personal care and continence issues, staff will follow agreed health and safety procedures:

- Staff to wear disposable gloves and aprons while dealing with the incident
- Soiled continence product used to be double wrapped, or placed in a hygienic disposal unit (identified bin in ambulatory toilet) if the number produced each week exceeds that allowed by Health and Safety Executive's limit.
- Changing area to be cleaned after use
- Hot water and liquid soap available to wash hands as soon as the task is completed
- Paper towels available for drying hands.