

Garden Suburb Infant School

Intimate Care Policy

Date policy last reviewed:
30th September 2024

Statement of intent

Garden Suburb Infant School takes the health and wellbeing of its pupils very seriously. As described in the Supporting Pupils with Medical Conditions Policy, the school aims to support pupils with physical disabilities and illnesses to enable them to have a full and rich academic life whilst at school.

The governing board recognises its duties and responsibilities in relation to the Equality Act 2010, which states that any pupil with an impairment affecting their ability to carry out normal day-to-day activities must not be discriminated against.

We do not discriminate against children who have not yet achieved full continence. Some young children may still be working towards full continence, or may remain incontinent for a prolonged period of time because they have a specified medical condition. Others may not yet have achieved this stage in their development.

Pupils will always be treated with care, sensitivity and respect when intimate care is given, and no pupil will be left feeling embarrassed or as if they have created a problem.

1. Legal framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2011
- Health Act 2006
- Equality Act 2010
- DfE (2024) 'Keeping children safe in education'

This policy operates in conjunction with the following school policies:

- Health and Safety Policy
- Supporting Pupils with Medical Conditions Policy 9(including administering medication in school)
- First Aid Policy
- Child Protection and Safeguarding Policy
- Staff Code of Conduct
- Whistleblowing Policy

2. Definitions

For the purpose of this policy, **intimate care** is defined as any care which may involve the following:

- Washing
- Touching
- Carrying out an invasive procedure
- Changing a child who has soiled themselves
- Providing oral care
- Feeding
- Assisting in toilet issues
- Providing comfort to an upset or distressed pupil

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 of intimate care include support with dressing and undressing (underwear), changing incontinence pads, nappies or medical bags such as colostomy bags, helping someone use the toilet, or washing intimate parts of the body.

Pupils may be unable to meet their own care needs for a variety of reasons and will require regular support.

3. Health and safety

The Health and Safety Policy lays out specific requirements for cleaning and hygiene, including how to deal with spillages, vomit and other bodily fluids.

Any member of staff that is required to assist a pupil with changing a medical bag will be trained to do so and will carry out the procedure in accordance with the Supporting Pupils with Medical Conditions Policy.

Staff will wear disposable aprons and gloves while assisting a pupil in the toilet or while changing a nappy, incontinence pad or medical bag.

Soiled nappies can be disposed of in the nappy bin in the disabled toilet. Incontinence pads and medical bags will be securely wrapped and disposed of in the medical room bin.

The changing area or toilet will be left clean. Hot water and soap will be available to wash hands. Paper towels will be available to dry hands. Clean clothes will be available if required.

4. Procedures for Intimate Care

For any child who needs to be changed regularly, a personal care plan will be agreed with the parents. This plan will include:

- Where the changing will take place
- What resources will be used and who will supply them
- How the nappy/pull-ups will be disposed of
- 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.
- Mobile pupils will be changed while standing up. Pupils who are not mobile will be changed on a changing mat on the floor.

5. Partnership Working

Staff members who provide intimate care will be suitably trained, and will be made aware of what is considered good practice. Suitable equipment and facilities will be provided to assist pupils who need special arrangements following assessment from a physiotherapist or occupational therapist.

Where intimate care is needed because of delayed continence it may be linked with delays in other aspects of a child's development and will benefit from a planned programme worked out in partnership with the child's parents/carer and other professionals, as appropriate.

We will aim to meet with parents as soon as possible before the child starts. At this meeting we will discuss:

- The nature of the child's difficulties and possible causes
- How the parent manages the situation at home
- Preference in terms of practical care, e.g. use of water or baby wipes
- Preferred method of toilet training if necessary
- How we are going to develop a consistent approach at home and in school
- Parents /cares will inform the school should their child have any marks/rashes.

Staff will be supported to adapt their practice in relation to the needs of individual pupils.

6. School responsibilities

Only members of staff who have an advanced DBS certificate with a barred list check are permitted to undertake intimate care duties.

Where possible, two members of staff will be present. As a minimum, the member of staff should inform one of the pastoral support leads in the school office when they are undertaking intimate care duties. At this point, additional support should be agreed.

Where possible, pupils who require intimate care will be involved in planning for their own healthcare needs wherever possible, with input from parents welcomed.

In liaison with the pupil and parents, an individual intimate care plan will be created to ensure that reasonable adjustments are made for any pupil with a health condition or disability.

The privacy and dignity of any pupil who requires intimate care will be respected at all times. A qualified member of staff will change the pupil, or assist them in changing themselves if they become wet, or soil themselves. Any pupil with wet or soiled clothing will be assisted in cleaning themselves and will be given spare clothing, nappies, pads, etc., as provided by the parents.

Members of staff will react to accidents in a calm and sympathetic manner. Accurate records of times, staff, and any other details of incidents of intimate care will be kept in a Record of Intimate Care Intervention, and they will be stored in the medical room.

Arrangements will be made for how often the pupil should be routinely changed if the pupil is in school for a full day, and the pupil will be changed by a designated member of staff. A minimum number of changes will be agreed.

The family's cultural practices will always be taken into account for cases of intimate care. Where possible, only same-sex intimate care will be carried out.

Parents will be contacted if the pupil refuses to be changed, or becomes distressed during the process.

Excellent standards of hygiene will be maintained at all times when carrying out intimate care.

7. Parental responsibilities

Parents will change their child, or assist them in going to the toilet, at the latest possible time before coming to school.

Parents will provide spare nappies, incontinence pads, medical bags, wet wipes and a change of clothing in case of accidents.

A copy of this policy will be read and signed by parents to ensure that they understand the policies and procedures surrounding intimate care.

Parents will inform the school should their child have any marks or rashes.

Parents will come to an agreement with staff in determining how often their child will need to be changed, and who will do the changing.

8. Safeguarding

Staff members working directly with children will receive safeguarding training as part of their mandatory induction, in line with the Child Protection and Safeguarding Policy.

Intimate care is a regulated activity; therefore, only members of staff who have an enhanced DBS certificate with a barred list check are permitted to undertake intimate care duties.

Wherever possible, staff involved in intimate care will not be involved in the delivery of sex education to the pupils in their care as an extra safeguard to both staff and pupils involved.

Individual intimate care plans will be drawn up for pupils as appropriate to suit the circumstances of the pupil.

Each pupil's right to privacy will be respected. Careful consideration will be given to each pupil's situation to determine how many carers will need to be present when the pupil requires intimate care.

If any member of staff has concerns about physical changes to a pupil's presentation, such as marks or bruises, they will report the concerns to the DSL immediately.

Special consideration will be taken to ensure that bullying and teasing does not occur.

9. Offsite visits

Before offsite visits, the pupil's individual intimate plan will be amended to include procedures for intimate care whilst off the school premises.

Staff will apply all the procedures described in this policy during off-site visits.

Consent from a parent will be obtained and recorded prior to any offsite visit.

10. Toilet training

Pupils being toilet trained will be accompanied to the toilet and will be appropriately supervised and supported during the toilet training stage. Staff will be sensitive and sympathetic when changing pupils and will not make negative facial expressions or negative comments. Pupils' efforts will be reinforced by praise where appropriate.

Pupils will be encouraged to wash their hands with soap and warm water, with assistance provided where necessary.

If a pupil has a toileting accident, they will be offered assistance to change or be changed by a member of staff regardless of their age.

To build independence, pupils will be encouraged to replace their own clothes and flush the toilet, if they are capable of doing so.

Parents are consulted on the approach to toilet training their pupil to ensure there is consistency with the approach at home. Pupils' progress is discussed at handover with parents. If any pupil is struggling with toilet training techniques or has any issues, e.g. a rash, this will be discussed with the headteacher and the pupil's parents.

11. Physical Contact

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact.

The expectation is that staff will work in 'limited touch' cultures and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age and stage of development.

Staff should be aware that even well intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny.

Physical contact which is repeated with an individual child is likely to raise questions unless the justification for this is formally agreed by the child, the organisation and those with parental responsibility.

Children with special needs may require more physical contact to assist their everyday learning. The general culture of 'limited touch' will be adopted where appropriate to the individual requirements of each child.

The arrangements must be understood and agreed by scrutiny. Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported.

Extra caution may be required where a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to staff vulnerable to allegations of abuse. Additionally, many such children are extremely needy and seek out inappropriate physical contact. In such circumstances staff should deter the child without causing them a negative experience. Ensuring that a witness is present will help to protect staff from such allegations

Monitoring and review

This policy is reviewed every two years by the headteacher

All changes are communicated to relevant stakeholders.

The scheduled review date for this policy is September 2026

Toilet Management Plan

Pupil's name:	Class/year group:
Name of personal assistant:	
Date:	Review date:
Area of need	
Equipment required	
Locations of suitable toilet facilities	
Support required	Frequency of support

Working towards independence

Pupil will try to	Personal assistant will	Parents will	Target achieved date

Signed _____ Parent

Signed _____ Personal assistant

Signed _____ Second member of staff

Signed _____ Pupil (where appropriate)