

# Intimate care policy

## Thursfield Primary School



<b>Approved by:</b>	Thursfield LGB	<b>Date:</b> November 2023
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### 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 children are safeguarded
- › Pupils with intimate care difficulties are not discriminated against, in line with the Equalities Act 2010
- › Parents are assured that staff are knowledgeable about intimate care and that the needs of their children 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 which 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 guidance](#).

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

### 3. Role of parents

#### 3.1 Seeking parental permission

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents 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 (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 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 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, the child (when possible) and any relevant health professionals.

The school will work with parents and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be considered. If there's doubt whether the child is able to make an informed choice, their parents will be consulted.

The plan will be reviewed twice 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 as needed to ensure a consistent approach. It will expect parents to also share relevant information regarding any intimate matters as needed.

# 4. Role of staff

## 4.1 Which staff will be responsible

It is likely that most personal care tasks will be undertaken by teaching/support assistants within schools and settings. Since the DDA became applicable to schools and settings in 2002, **all new and reviewed contracts for teaching assistants working with young Children and Young People should include personal care in their remit. This would include support in promoting independent personal care and other self-care skills.**

All staff however are expected to promote personal dignity and care and Teachers may take responsibility for assisting Children and Young People with personal care needs. This is undertaken voluntarily as part of duties regarding reasonable adjustment.

## 4.2 How staff will be trained

Staff will receive:

Training in the specific types of intimate care they undertake

Regular safeguarding training

If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as is 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, including those related to COVID-19

They will also be encouraged to seek further advice as needed.

## 5. Intimate care procedures

### 5.1 How procedures will happen

Whenever possible, the existing toilet areas should be used. If these are inappropriate then choose a private, safe location that protects the dignity of the Child or Young Person without compromising staff. Do not change pupils in educational, play or public areas, or in any location used for the preparation of food and drink.

The minimum facilities would comprise:

Sink with lever taps and hot and cold running water

Dedicated bin

Paper roll or wet wipes for cleansing the body, cleaning the surface of the changing area and mopping up spillages. Settings should liaise with parents about the use of wipes and agree who will provide these, bearing in mind the possibility of allergies. Wipes provided for individuals should be labelled with the child or young person's name. **If a parent forgets, the school will have some wipes that will be used.**

Antibacterial spray/Milton/liquid soap and water are all suitable for cleaning surfaces and the changing area.

Non-latex gloves and disposable aprons – fresh ones should be used each time for each child

Consideration should be given to storage arrangements for the resources listed. In addition, arrangements should be confirmed for spare clothing to be available within the setting and the transfer of wet or rinsed, soiled clothing back home.

If Children and Young People are able to stand independently, it is acceptable to change them whilst they are standing up. It is not appropriate to do so if they are soiled.

In the short term it may be necessary to change Children and Young People on the floor if no other surface is available. In this circumstance, an easy-to-clean mat should be placed under a changing mat and other pupils should be prevented from accessing the area whilst changing is underway. A risk assessment should be completed for the adult responsible for changing and they should be provided with a kneeling pad.

If making adaptations, schools and settings should try to create a facility that will be suitable for Children and Young People who may be included in the school or setting in the future. The DDA and SENDA require schools and settings to anticipate the needs of potential pupils. Disability, Equality and Accessibility plans should include upgrading toilets to meet the needs of a range of users.

When upgrading, consideration should be given to providing changing facilities that minimise lifting and avoid staff having to kneel down on the floor to change Children and Young People.

Ideal facilities would include:

Emergency call system

Extractor fan

Rise and fall changing table

Toilet

Disposal system for clinical waste (for example via an existing sanitary bin disposal contract)

Sufficient room to store and operate a mobile hoist and to accommodate a powered wheelchair.

Head teachers and Managers have a duty to safeguard the health and safety of both Children and Young People and staff. It is imperative that the following health and safety concerns are addressed before the pupil begins attending.

Personal hygiene (6 step hand washing technique)

Disposal (soiled items should not be placed with general refuse)

Protective clothing (disposable gloves and aprons)

Cleaning of changing area/equipment (responsibility of named persons)

## Risk assessment

Disposal of pads and other soiled waste should be negotiated with the company that collects usual refuse from the settings. Some companies will collect waste connected to bathroom needs commensurate with that that would normally be created by a small family. Others will necessitate specific arrangements for 'clinical waste'.

Risk assessments should be completed to anticipate or address concerns raised by Children and Young People, parents or staff. Personal care plans should include a risk assessment. Staff training on risk assessment should aim to encourage staff to 'think safety' when considering situations and identifying potential risks. Support for the creation of Personal Care Risk Assessments can be obtained from the County Physical Disability Support Service (see list of Useful Contacts and Resources p)

Certain conditions and disabilities may bring with it early onset of puberty. Menstruation can be alarming for girls if they are not prepared. Support can be obtained from the school Nurse and the Physical Disability Support Service. Schools should make adequate and sensitive preparation to help girls cope with menstruation and with requests for sanitary protection. Provision of sanitary wear should be done in a sensitive and discreet way.

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.

### 5.2 Concerns about safeguarding

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

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to the Headteacher.

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

## 6. Monitoring arrangements

This policy will be reviewed by the Headteacher. At every review, the policy will be approved by the governing board

## 7. Links with other policies

This policy links to the following policies and procedures:

- Accessibility plan
- Child protection and safeguarding
- Health and safety
- SEN
- Supporting pupils with medical conditions

## 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 twice a year.

Next review date:

To be reviewed by:

## 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	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	<input type="checkbox"/>
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)	<input type="checkbox"/>
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	<input type="checkbox"/>
<p><b>I do not</b> give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident).</p> <p>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).</p> <p>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.</p>	<input type="checkbox"/>
Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	