Guildhall Feoffment Community Primary School

Intimate Care Policy

Approved by the Governing Body

Signed: _____ Chair of Governors

Document Title	Intimate Care Policy
Description of Document	Policy
Origin (School/Local Authority)	School
Version Date	21st January 2025
Next Review Date	January 2027
Reviewed By	Full Governing Body

Introduction

Intimate personal care is taken to mean hands on physical care in areas of personal hygiene and physical presence or observation during such activities. Examples include:

- Washing areas other than the arms, face and legs below the knee
- Toileting, wiping and care in the genital areas
- Incontinence care
- Menstrual hygiene
- Dressing and undressing
- Application of medical treatment other than to arms, face and legs below the knee

In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam.)

The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

Our approach to best practice

The management of all children with intimate care needs will be carefully planned. See Appendix 1 and if appropriate, the school's individual medical plan form.

The child who requires intimate care is treated with respect at all times; the child's welfare, privacy and dignity are of paramount importance.

There will be careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic etc.) to discuss the child's needs and preferences. This will ensure the child is aware of each procedure that is carried out and the reasons

The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

Staff who provide intimate care are trained to do so (including Child Protection, Health and Safety and Manual Handling as appropriate) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.
Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex education to the children/young people in their care as an additional safeguard to both staff and children/young people involved.

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. See Appendix 2.

Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented. Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers, known to the child, who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers.

When intimate care is given, it will be recorded.

Parents/carers will be involved with their child's intimate care arrangements on a regular basis and will be recorded on the child's care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

The Protection of Children

Education Child Protection Procedures and Inter-Agency Child Protection procedures will be adhered to.

All children will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. they will immediately report concerns to the appropriate designated safeguarding lead for child protection. A clear record of the concern will be completed and referred to Social Care. Parents will be asked for their consent or informed that a referral is necessary prior to being made unless doing so is likely to place the child at greater risk of harm.

If a child makes an allegation against a member of staff, all necessary procedures will be followed (see Safeguarding Policy for details).

Children with Special Educational Needs & Disability (SEND)

Children with SEND have the same rights to safety and privacy when receiving intimate care. Additional vulnerabilities that may arise from a physical disability or learning difficulty must be considered with regard to individual teaching and care plans for each child. As with all arrangements for intimate care needs, agreements between the child, those with parental responsibility and the organisation should be easily understood and recorded.

Regardless of age and ability, the views and/or emotional responses of children with special needs should be actively sought (with advocacy arrangements made for those who can't) in regular reviews of these arrangements. Risk assessments are completed when appropriate and shared with staff as required.

Managing Infection Control

During outbreaks of illness e.g. diarrhea, Covid, staff will wear aprons and gloves when supporting personal care, as well as wearing face masks and/or visors when appropriate . Areas will be thoroughly cleaned afterwards to reduce the spread of infection.

Review and Other Policies

This policy should be read in conjunction with the following policies, strategies and documents:

- Equalities
- Health & Safety
- SEND
- SEND Information Report
- Safeguarding

This policy will be reviewed every two years.

APPENDIX 1

HOME/SCHOOL AGREEMENT FOR CHANGING/TOILET TRAINING

I/We the parent(s)/carer(s) of .....agree that:

My child will arrive in a clean nappy or I will change it on arrival.
I will provide all nappies and wipes to be used.
I will report any changes in my child's routine or skin care.
I will work with staff to help my child become toilet trained.
People responsible for changing my child will be:
My child will be changed in (room):

Other information (e.g. use of symbols, information specific to the child).

Signed: ..... Date:.....

APPENDIX 2

PROCEDURES FOR STAFF WHEN CHANGING A CHILD:

- Take the child discreetly to the toilet area.
- Always inform another member of staff that you are changing a child, who will then ensure that they are nearby if possible.
- Always wear gloves for any bodily fluids or faeces.
- Where possible, the child removes nappy and/or soiled clothing and place in a plastic bag. Encourage the child to clean their own bottom with the supplied appropriate wipes or cloth.
- Support will be provided if necessary.
- Remove the gloves now, before you touch a clean nappy or touch the child's clothes. Remove gloves by peeling back from your wrists. Do not let your skin touch the outer contaminated surface of the glove. Put the gloves in the bag, which should be double bagged before being placed in an appropriate bin, e.g. a nappy bin with a secure lid or a clinical waste bin.
- Encourage the child to put the clean nappy or underwear on. Support will be provided if necessary. Gloves will need to be worn.
- Encourage the child to dress themselves. Support will be provided if necessary.
- Get the child to wash their hands.
- Complete a record of the time of change and those present.
- Staff should report any marks or injuries that they are concerned about to the Designated Safeguarding Lead or the Alternate Safeguarding Lead.

If a child needs more support to be changed and needs to be placed on to a changing mat:

- Take the child discreetly to the disabled toilet area.
- Always inform another member of staff that you are changing a child.
- Always wear gloves for any bodily fluids or faeces.
- Ask child to lay on the change mat.
- Remove nappy and any soiled clothes and place in a plastic bag.
- Child cleans their own bottom with the supplied and appropriate wipes or cloth or staff to clean if child is not able to do so.
- Remove the gloves now, before you touch a clean nappy or touch the ch ild's clothes. Remove gloves by peeling back from your wrists. Do not let your skin touch the outer contaminated surface of the glove. Put the gloves in a bag which should be double bagged before being placed in an appropriate bin.
- Encourage the child to put on the clean nappy/underwear or put the nappy on for the child. If child is unable to do this themselves, staff to put on nappy or underwear.
- Encourage the child to dress themselves, providing support where necessary. Gloves will be needed.
- Get the child to wash their hands and wash your own hands. Complete a record of the time of change and those present, Return child to class.
- Clean the change mat, paying particular attention to any folds in the mat. At the completion of each nappy change, ensure any cleansing material is bagged and placed in the appropriate bin.
- Wash your hands.
- Staff should report any marks or injuries that they are concerned about to the Designated Safeguarding Lead or the Alternate Safeguarding Lead