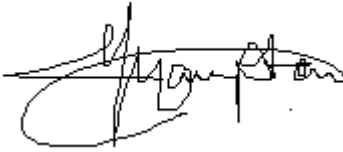




Roman Way Primary School

Intimate Care Policy

Issue Date	9th December 2024
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Reviewed and approved by Governors	
Name	Tanya Hampton
Signed	
Date	27 th March 2025

Review Date	March 2027
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1) Principles

1.1 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Safeguarding Children and Safer Recruitment in Education' (2012) to safeguard and promote the welfare of pupils at this school. Procedures have been adopted with referral to DfE Guidance including Keeping Children Safe in Education (2023) and Working Together to Safeguard Children (2018).

1.2 This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

1.3 The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

1.4 This intimate care policy should be read in conjunction with the school's policies as below (or similarly named):

- safeguarding policy and child protection procedures
- staff code of conduct and guidance on safer working practice
- 'whistle-blowing' and allegations management policies
- health and safety policy and procedures
- SEND policy
- policy for supporting medical conditions

1.5 The Governing Body is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

1.6 We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

1.7 Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care. Where necessary, school will support and provide families with help from i.e., the school nurse, the ERIC charity to help facilitate toilet training.

1.8 Where pupils with complex and/or long-term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

1.9 All staff undertaking intimate medical care must be given appropriate training.

1.10 This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

Child focused principles of intimate care

The following are the fundamental principles upon which the Policy and Guidelines are based:

- Every child has the right to be safe.

- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

2) Definition

2.1 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.

2.2 It also includes supervision of pupils involved in intimate self-care.

3) Best Practice

3.1 Where a child is in nappies, parents/carers will be responsible for ensuring the school has a supply of nappies, wipes and nappy bags. Parents of children who regularly soil themselves will be required to provide a change of clothes in a named bag on a daily basis. Parents will be supported with toilet training by school staff and if necessary, the school nursing team. The school will be responsible for providing gloves, plastic aprons, a bin and liners to dispose of any soiled nappies on site.

3.2 Pupils who require regular assistance with intimate care have written health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. This plan may form part of a child's Education, Health and Care Plan (EHCP). 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 considered. We will also agree the most appropriate place in school for the care to take place. Where a medical condition exists, school will support with cleaning and changing where a child cannot be coached to do this independently.

3.3 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 consider procedures for educational visits/day trips. For children with EHCPs this will form part of the Annual Review process.

3.4 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 a toileting 'accident' and wet or soiled him/herself). Children will be able to use the accessible toilets, medical room or toilets in Year R to **clean themselves** and change if appropriate. School will coach and support the child to clean and change themselves.

It is recommended practice that information on intimate care should be treated as confidential and communicated in person at handover or by telephone.

3.5 In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (see afore-mentioned multi-agency guidance for the management of long term health conditions

for children and young people) and where appropriate recorded on CPOMS. School will seek support with any medical procedures within legal parameters.

3.6 Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.

3.7 These records will be kept in the pupil's own school record file and available to parents/carers on request.

3.8 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 him/herself as possible. It is parental responsibility to ensure children are toilet trained as soon as possible unless a medical need prohibits this.

3.9 Staff who provide intimate care are trained in personal care (e.g. health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

3.10 There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) 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.

3.11 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 ages.

3.12 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEND advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

3.13 If a plan has been agreed and signed by parents, staff, and child if appropriate, it is acceptable to have one assistant unless there are implications regarding safe handling.

3.14 An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.

3.15 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.

3.16 Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.

3.17 Adults who assist pupils with intimate care should be employees of the school, not visitors, students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

3.18 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

3.19 Health and Safety guidelines should be adhered to regarding waste products, regular collection of clinical waste is undertaken and the appropriate receptacles must be used. If waste product bags are to go in a nappy bin with liner, then these only need single bagging. Any bagging of clothes etc. should be double bagged.

3.20 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

4 Child Protection

4.1 The Governors and staff at this school recognise that pupils with SEND and who are disabled are particularly vulnerable to all types of abuse.

4.2 The school's child protection procedures will be adhered to.

4.3 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. In this school best practice will be promoted and 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.

4.4 Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.

4.5 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Safeguarding Lead. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if appropriate, in accordance with the school's child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

4.6 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 or DSL/Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules 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.

4.7 If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the DSL/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: Dealing with Allegations of Abuse against Members of Staff and Volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

4.8 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 Headteacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

5 Medical Procedures

5.1 Pupils who are disabled might require assistance with invasive or non-invasive medical procedures. These procedures will be discussed with parents/carers, documented in the health care plan and will only be carried out by staff who have been trained to do so. Legal parameters around procedures will be confirmed before any agreement.

5.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

5.3 Any members of staff who administer first aid should be appropriately trained. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

Implementing this policy in school

This document covers a number of possible scenarios that may occur in our school:

1. a child requires regular support with dressing and/or toileting and has a Personal Care Needs Plan;
2. a child does not require regular support with toileting but 'has a toileting accident' in school – is wet (urine) and/or soiled (faeces).
3. school will always support and signpost families to help with toilet training

1. Scenario: child requires regular dressing and/or toileting support

The school is aware that children with SEND and/or medical/physical needs may have additional vulnerabilities which must be considered when drawing up care plans for them as individuals. Regardless of age and ability, the views and emotional responses of children with such needs will be actively sought when drawing up or reviewing a Personal Intimate Care Plan.

Any child requiring regular dressing and/or toileting support will have a Personal Intimate Care Plan which will be agreed and signed by the parent/carer. This plan will outline who is responsible for supporting the child, where the support will take place, the procedure to be followed on every occasion, the resources required for the task, responsibilities for supplying these resources and any training received or required. This plan allows school and parents to be aware of the complete procedure surrounding the task from the outset. A record of 'changing' will also be kept. For children with EHCPs where personal care needs are stipulated, this will form the Intimate Care Plan.

Although there may be specific requirements as reflected in individual Personal Care Needs Plans there is a general toileting procedure that staff at school will follow

- Staff will always wear a single use disposable apron and gloves when carrying out the support.
- Any wet or soiled waste e.g. pads, wipes and gloves will be placed in a polythene waste disposal bag and sealed.
- The bag will then be placed in a bin (with a liner) specifically allocated for this purpose.
- This bin will be collected on a weekly basis as part of the usual refuse or sooner if required. Soiled or wet clothing will be placed in a plastic bag and sealed.
- At the end of the school day staff will discreetly pass this over to parents/carers when collecting their child and verbally give details of the circumstances.

2. Scenario: Child not requiring regular dressing and/or toileting support

In the event of a child becoming wet or soiled i.e. 'having a toileting accident' in school, staff will quickly assess what actions need to be taken as below:

- If the child is wet and/or slightly soiled, a member of staff will discreetly escort the child to the nearest 'accessible' toilet where there is more space to carry out the support task.
- Staff will support changing of clothing and will initially encourage the child to **clean themselves** with wipes.
- However, they may support the cleaning/wiping process if the child is unable to do this or is distressed.
- At the same time a member of staff will action the school's procedure to clean any waste from the classroom area.

In both of the above cases staff will carry out the procedures following health and safety guidelines e.g.

- using gloves and aprons.
- soiled or wet clothing will be placed in a plastic bag and sealed.
- at the end of the school day staff will discreetly pass this over to parents/carers when collecting their child and verbally give details of the circumstances

Off-site trips and visits

Where a child has a Personal Intimate Care Plan, consultation with colleagues should take place where any deviation from arrangements is anticipated e.g. on a school trip or visit as the same standard and level of facilities may not be available off site. Any deviation from the agreed plan will be documented and reported.

Monitoring and Review

- The SENCO / Inclusion Manager will take responsibility for monitoring that agreed procedures are being followed and are meeting the needs of children and families.
- It is the SENCO / Inclusion Leader'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

Roman Way Primary School

Intimate Care Plan

Name of child:	
Name of designated 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:	
Parent/carer to provide the resources and equipment that will be used: wipes, nappies, nappy bags	
Training requirements for staff:	
Disposal of product in:	
Infection control measures:	
Special arrangements for trips/ outings:	
Outside Agencies involved Number: Email:	
Have parents/carers read & understood our Intimate Care Policy	
Do parents/carers know they must continue to work hard to ensure successful toilet training at home	
When will the plan be reviewed:	
Review comments:	

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

SENCO/ Inclusion Manager approval:

Date:

APPENDIX B

Roman Way Primary School

Intimate Care Plan Agreements

The parent/carer

- I have read and understood the Intimate Care Policy
- I agree to continue to toilet train at home
- 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, wipes 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/coach the child to clean and change themselves 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

Roman Way Primary School

Personal Care Procedures

The staff at Roman Way Primary School will follow agreed procedures:

- Change (coach) 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/DSL 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 eg. 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 D

Roman Way Primary School

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 disabled 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.

