



Intimate Care Policy

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Statement of intent

Ralph Butterfield Primary 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 children 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 additional needs affecting their ability to carry out normal day-to-day activities must not be discriminated against.

Children will always be treated with care, sensitivity and respect when intimate care is given, and no child 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 (2022) '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
- First Aid Policy
- Child Protection and Safeguarding Policy
- Staff Code of Conduct
- Whistleblowing Policy
- Administering Medication 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 child

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, menstrual hygiene, helping someone use the toilet, or washing intimate parts of the body.

Children 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 child 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 child in the toilet or while changing a nappy, incontinence pad or medical bag.

Soiled nappies, incontinence pads and medical bags will be securely wrapped and disposed of appropriately.

Where one child requires intimate care or toileting support, nappies, incontinence pads and medical bags will be disposed of in an ordinary bin, as per health and safety guidelines.

Where more than one child requires intimate care, nappies, incontinence pads and medical bags will be disposed of in a designated nappy bin designed for this purpose: Ralph Butterfield Primary School uses a nappy waste collection service who provide this service once a week, removing the nappies from site and disposing of them safely.

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.

4. Staff and facilities

Staff members who provide intimate care will have prior experience of doing so and will be made aware of what is considered good practice, with training and support provided as required. New staff will have opportunity to shadow existing staff who provide intimate care.

Staff will only be required to administer intimate care if they are named on an individual's care plan.

Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from a physiotherapist or occupational therapist. This may include the following:

- Adjustable bed
- Changing mat
- Non-slip step
- Cupboard
- Adapted toilet seat or commode seat
- Hoist
- Swivel mat
- Disposable gloves/aprons
- Nappies, pads and medical bags
- Tissue rolls (for changing mat/cleansing)
- Supply of hot water
- Soap
- Barrier creams
- Antiseptic cleanser for staff
- Antiseptic cleanser for the changing bed/mat
- Clinical waste bag

- Spillage kit

The school has an accessible toilet with a washbasin but no specific changing area.

Depending on the needs of the child, they will be changed standing up or on a changing mat on the floor.

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 or menstruation.

5. School responsibilities

Arrangements will be made with a multi-agency to discuss the personal care needs of any child prior to them attending the school or as needs emerge.

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

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

Regular consultations will be arranged with all parents/carers and children regarding toilet facilities.

The privacy and dignity of any child who requires intimate care will be respected at all times. A member of staff will change the child, or assist them in changing themselves if they become wet, or soil themselves. Any child 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/carers.

Members of staff will react to accidents in a calm and sympathetic manner. Accurate records of times, date, staff, and any other relevant details of incidents of intimate care will be kept in a Record of Intimate Care Intervention, and they will be stored in a phase cupboard where there is a child/ren requiring this support.

Arrangements will be made for how often the child should be routinely changed if the child is in school for a full day, and the child 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.

Parents/carers will be contacted if the child 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.

6. Parental/Carer responsibilities

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

Parents/carers 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 by parents/carers of children with a care plan to ensure that they understand the policies and procedures surrounding intimate care. This will be acknowledged when signing the care plan. The policy will be accessible to all parents/carers.

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

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

7. 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.

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

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

If any member of staff has concerns about physical changes to a child's presentation, such as marks or bruises, or about changes to their habits and/or demeanour, they will report the concerns to the DSL (Liz Clark) or a DDSL (Helen Stephenson / Deb Robinson) immediately.

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

8. Swimming

Some children in Year 6 participate in swimming lessons at a local school swimming pool: during these lessons, children are entitled to privacy when changing; however, some children will need to be supervised during changing.

Parental consent will be obtained before assisting any children in changing clothing before and after swimming lessons.

Details of any additional arrangements will be recorded in the child's individual intimate care plan.

9. Offsite visits

Before offsite visits, including residential trips, the child'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 residential and off-site visits.

Meetings with children away from the school premises, where a chaperone is not present, will not be permitted, unless approval has been obtained by the headteacher.

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

10. Toilet training

Members of staff providing care will inform another member of staff prior to taking a child to be changed or to use the toilet.

Where potties are used, they will be emptied immediately and cleaned with an anti-bacterial spray. The potty or toilet is checked to assess whether it is clean before use and toilet paper is well stocked.

Gloves and aprons will be worn before each change and the area should be prepared to ensure it is clean and suitable for use. Gloves must be worn at all times when changing nappies, and during any instances where the member of staff could come into contact with bodily fluids.

All children 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 children and will not make negative facial expressions or negative comments. Children's' efforts will be reinforced by praise where appropriate.

Staff are required to ensure that soiled/wet nappies are changed as soon as possible. Where children are left in soiled nappies and/or clothes, this will be dealt with in line with the school's Disciplinary Policy and Procedure.

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

If a child 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, children will be encouraged to replace their own clothes and flush the toilet, if they are capable of doing so.

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

11. Monitoring and review

This policy is reviewed every two years by the headteacher (DSL) and the SENDCo/DDSL.

All changes are communicated to relevant stakeholders.

The scheduled review date for this policy is February 2025.

