

## **Our Lady of the Wayside Catholic Primary School**

### **Intimate Care Policy**



Date written	<b>30<sup>th</sup> March 2024</b>
Date of last update	<b>March 2026</b>
Date agreed and ratified by governing body or management committee	<b>11.04.2024</b>
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## **1) Principles**

1.1 We are committed to ensuring that all staff responsible for the intimate personal 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.

1.2 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 personal care needs is one aspect of safeguarding.

1.3 We recognise our duties and responsibilities in relation to the Equality 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 personal care policy should be read in conjunction with the schools' policies as below (or similarly named):

- Safeguarding Policy and Child Protection Procedures
- Code of Employee Conduct and Staff Handbook
- Whistle-blowing and Managing Allegations against Employees
- Health and Safety Policy and Procedures
- Medical Conditions in Schools Policy
- Special Educational Needs Policy
- Confidentiality Policy

1.5 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 personal care is given. The child/young person's welfare is of paramount importance and their experience of intimate and intimate 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.

1.6 Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

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

1.8 All staff undertaking intimate care must be given appropriate training.

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

## **2) Child focused principles of intimate personal care.**

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

Every child has the right to:

- Be safe
- Personal privacy
- Be treated as an individual
- Be treated with dignity and respect
- Be involved and consulted in their own intimate personal care to the best of their abilities
- Express their views on their own intimate personal care and to have such views taken into account.
- Have levels of intimate personal care that are as consistent as possible.

## **3) Definition**

3.1 Intimate personal 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 developmental stage, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

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

## **4) Best Practice**

### **4.1 Pupils with health care plans**

4.1.1 Pupils who require regular assistance with intimate personal care have written individual health care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate.

4.1.2 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 personal care). They should also take into account procedures for educational visits/day trips.

4.1.3 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.

4.1.4 Accurate records should also be kept when a child requires assistance with intimate personal 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.

4.1.5 These records will be kept in the child's file and available to parents/carers on request.

## **4.2 Where a care plan is not in place:**

4.2.1 parents/carers will be informed the same day if their child has needed help with meeting intimate personal care needs (e.g. has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate personal care should be treated as confidential and communicated in person, or by telephone if this is not possible.

4.2.2 All pupils will be supported to achieve the highest level of autonomy that is possible given their developmental stage and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.

4.2.3 Staff who provide intimate personal care are trained in intimate personal care (e.g. health and safety training in moving and handling, safeguarding) 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.

4.2.4 Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation.

4.2.5 There must be careful communication with each pupil who needs help with intimate personal 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.

4.2.6 Staff who provide intimate personal care should speak to the pupil personally by name, explain what they are doing and communicate with all children/young people in a way that reflects their age and developmental stage.

4.2.7 Every child/young person'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 personal care. 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.

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

4.2.9 The religious views, beliefs and cultural values of children/young people and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer. The care needs of the child/young person should be paramount.

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

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

4.2.12 Health & Safety guidelines should be adhered to regarding waste products. If necessary, advice should be taken regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.

4.2.13 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate personal care. See school policy on mobile phones etc.

### **4.3) Changing clothes**

4.3.1 Children are entitled to respect and privacy when changing clothes. If children need to change wet clothes they should be provided with the opportunity to change in a private place, with a member of staff on hand to help if necessary. Adults should avoid any unnecessary physical contact when children are in a state of undress and avoid any visually or verbally intrusive behaviour. Staff will always encourage children to attempt undressing and dressing unaided, however, sometimes it will be necessary for staff to aid a child in getting dressed or undressed, particularly in the Early Years. Staff need to be vigilant about their own conduct, e.g. adults must not change in the same place as children.

### **4.4) Soiling**

4.4.1 Intimate care for soiling should only be given to a child after the parents have given permission for staff to clean and change the child. Parents will provide a verbal agreement during settling periods into Nursery or will be contacted in the event of a soiling incident to provide permission.

4.4.2 If a parent does not give consent, the school will contact the parents or other emergency contact giving specific details about the necessity for cleaning the child. If the parents/carers or emergency contact is able to come within a few minutes, the child is comforted and kept away from the other children to preserve dignity until the parent arrives. Children should not be left on their own whilst waiting for a parent to arrive - an adult will stay with them, giving comfort and reassurance. The child will be dressed at all times and never left partially clothed. If a parent/carers or emergency contact cannot attend,

the school seeks to gain verbal consent from parents/carers for staff to clean and change the child. This permission will be sought on each occasion that the child soils him or herself.

4.4.3 If the parents and emergency contacts cannot be contacted the Headteacher will be consulted. If it is considered that the child is at risk, staff will act appropriately and may need to come in to some level of physical contact in order to aid the child.

4.4.4 If a child needs to be cleaned, staff will make sure that:

- The procedure is discussed in a friendly and reassuring way with the child throughout the process.
- The child is encouraged to care for him/herself as far as possible.
- Physical contact is kept to the minimum possible to carry out the necessary cleaning.
- Privacy is given appropriate to the child's age and the situation.
- All spills are wiped up and disposed of appropriately.
- Any soiling that can be, is flushed down the toilet.
- Soiled clothing is put in a plastic bag, unwashed, and sent home with the child.

4.4.5 Any child that experiences a wet/soiled accidents and requires changing will be logged by staff and kept in a confidential area unseen by parents and visitors. This is to monitor accidents, reoccurring incidents/themes and monitor illnesses. Parents/carers will never see this document for confidentiality of other children, but staff will use it to inform parents/carers of times/dates of incidents and who witnessed their child being changed. See APPENDIX 1.

#### **4.5) Children wearing nappies**

4.5.1 If we admit a child who is still wearing nappies we will provide parents with information regarding our nappy changing procedures. We will discuss our 'Intimate care policy' and make parents/carers aware of who will change nappies and where this will take place. We will work together with families to support with toilet training children.

4.5.2 The dignity and privacy of the child should be of paramount concern. All children will be changed in a discrete area with all of the necessary equipment to hand.

4.5.3 Parents should provide nappies, disposal bags, wipes etc. The school is responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.

4.5.4 Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste.

4.5.5 Any child that has their nappy changed will be logged by staff and kept in a confidential area unseen by parents and visitors. This is to monitor consistency of nappy changes. Parents/carers will never see this document for confidentiality of other children, but staff will use it to inform parents/carers of times/dates of incidents and who witnessed their child being changed. See appendix 1.

#### **4.6) Menstruation**

4.6.1 When girls begin to menstruate, they are encouraged to use the disposal facilities in the staff toilets in lesson time. They are advised to seek the support of a member of the office staff if they need assistance. **Sanitary towels are stored in the cupboards in the female staff toilets.**

#### **5) Child Protection**

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

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

5.3 From a child protection perspective it is acknowledged that intimate personal 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 personal 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.

5.4 Pupils will be taught personal safety skills carefully matched to their level of development and understanding. This will include learning around consent, listening to what their bodies are telling them (protective behaviours), expectations of adults and how/who to ask for help.

5.5 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc. they will immediately report concerns to the Designated Safeguarding Lead or Head teacher. A clear written record of the concern will be completed (CPOMS) 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.

5.6 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 Designated Safeguarding Lead. The matter will be investigated at an appropriate level (usually the Head teacher) and outcomes recorded. If the concern is about the head teacher then it should be reported to the chair of governors.

5.7 If a pupil, or any other person, makes an allegation against an adult working at the school, this should be reported to the head teacher (or to the Chair of Governors if the concern is about the head teacher) who will consult the Local Authority Designated Officer in accordance with the school's policy.

#### *Managing allegations against employees (children and young people)*

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

## **6) Medical Procedures**

6.1 Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the individual health care plan and will only be carried out by staff who have been trained to do so.

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

6.3 Any members of staff who administer first aid should be appropriately trained in accordance with Local Authority guidance. 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.

