



*Jesus is the centre of our lives,
Our learning and friendships.
In a safe, happy and caring community
Where all are welcome.*

HOLY CROSS CATHOLIC PRIMARY ACADEMY

INTIMATE CARE POLICY

September 2019 Updated Jan 22 based on new needs.

TO BE REVIEWED October 2024

Introduction

Holy Cross Catholic Primary Academy is committed to safeguarding and promoting the welfare of children and young people. We are committed to ensuring that all staff responsible for intimate care of children will undertake their duties in a professional manner at all times. The Intimate Care Policy and Guidelines regarding children have been developed to safeguard children and staff. They apply to everyone involved in the intimate care of children.

Definition

Intimate care is any care which involves washing, touching or carrying out an invasive procedure that some children are unable to do due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development. Intimate care may involve help with drinking, eating, dressing and toileting or application of sun or medical cream. In most cases Intimate Care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process and should only be carried out by suitably trained, competent staff.

Our approach to best practice

- The school 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.
- The management of all children with intimate care needs will be carefully planned. The child who requires intimate care will be treated with respect at all times; the child's welfare and dignity is of paramount importance.
- Staff who provide intimate care are trained to do so (training includes Child Protection/Safeguarding and Moving and Handling) and are fully aware of best practice. Suitable equipment and facilities will be provided to assist with children who need special arrangements including advice from physiotherapist/occupational therapist/specialist teachers etc,.
- 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.
- 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.

Aims and Objectives

- To provide guidance and reassurance to staff and parent/s.
- To safeguard the dignity, rights and well-being of children
- To assure parents that staff are knowledgeable about intimate care and that their individual needs and concerns are taken into account

1. Toileting and the Foundation Stage Profile and KS1 (For SEND refer to section 5)

Curriculum guidance for the Foundation Stage is clear that the role of the adult involves supporting the child's whole development, particularly their Personal, Social and Emotional development including supporting the transition between settings. One of the Early Learning Goals for children to achieve by the end of the Foundation Stage is to "manage their own basic hygiene and personal needs successfully, including dressing and undressing and going to the toilet independently".

We will inform all parents of Reception children prior to them starting school of the current toileting policy highlighting that we will change children for odd 'accidents' but not routinely as part of day to day personal care. This will be applicable for the time a child is in Infants (unless a parent informs us differently in writing.)

2. Intimate Care in Key Stage 2 (For SEND refer to section 5)

Key Stage 2 – Any child that soils or wets will not be changed by any member of staff. However, we will provide a private, safe space (Disabled access toilets or junior's toilets) where the child may change on their own. We will supply warm water and cotton wool or wipes, clean clothes (to the best of our ability out of the 'spares box') and a carrier bag.

3. Parental responsibility

Partnership with parents is important and is particularly necessary in relation to children needing intimate care. Much of the information required to make the process of intimate care as comfortable as possible is available from parents. Prior permission must be obtained from parents before Intimate care procedures are carried out. (**See appendix 2**) Parents should be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met. This will include involvement with the One Planning environment and One Plans, Health Care plans and any other plans which identify the support of intimate care where appropriate. Exchanging information with parents is essential through personal contact, telephone or correspondence.

What the school expects of parents:

- Parents/carers will endeavor to ensure that their child is continent before admission to school (unless the child has additional needs – see section 5).
- Parents/carers will discuss any specific concerns with staff about their child's toileting needs.
- Parents/carers must inform the school if a child is not fully toilet trained before starting school, after which a meeting will then be arranged to discuss the child's needs.
- Parents accept that on occasions their child may need to be collected from school.

4. Staff responsibilities

Anyone caring for children, including teachers and other school staff, has a duty to care and act like any reasonably prudent parents. Intimate care routines should always take place in an area which protects the child's privacy and dignity. Children's intimate care routines should always be carried out by an assigned member of staff. Appropriate support and training should be provided when necessary.

The following steps will be taken to ensure health and safety of both staff and children:

1. Alert another member of staff
2. Escort the child to a changing area i.e. designated toilet areas
3. Collect equipment and clothes
4. Adult to wear gloves
5. Child to undress as appropriate and clean themselves as much as possible under the verbal guidance of an adult; unless agreed otherwise based on additional needs.
6. Soiled clothes to be placed inside carrier bags (double wrapped) and to be given to parents at the end of the day. Plastic aprons and gloves should be disposed of in the designated bin.
7. Children are expected to dress themselves in clean clothing, wash their hands and return to class; unless agreed otherwise based on additional needs.
8. Adult should wash their hands thoroughly after the procedure.
9. Area to be cleaned and disinfected by adult before returning to class.

Intimate care incidents must be recorded and held in class (**Appendix 1**). This will allow staff to monitor progress made and may inform a decision to meet with a parent to discuss any concerns if the situation persists. Parents/Carers are to be informed as soon as possible where staff have dealt with intimate care which is not considered a normal part of the child's provision in school (as with additional needs).

In the interests of Health & Safety, it is unreasonable for staff to be expected to change a child who regularly soils unless the child has a medical condition as an underlying cause. School does not have staffing levels to accommodate support teachers regularly leaving the class to attend to an individual's hygiene.

5. Special educational needs and child protection issues

If a child's toileting needs are substantially different than those expected of a child his/her age, then the child's needs will be managed within the One Planning Environment. A toileting program may be agreed with parents and Intimate care arrangements will be discussed and agreed with parents/carers on a regular basis. Any information / guidance from professionals within the medical field will be included within the provisions agreed. Holistic and consistent support is best for the child and positive communication between all adults supporting the child is aimed for.

If there is no progress over a long period of time, the SEN Co-ordinator, teaching staff and parents would seek further support, unless this has already been done e.g. Health Visitor, G.P, Incontinence Nurse etc., or parents can refer to the Local offer for support. <http://www.essexlocaloffer.org.uk/categories/education> (CTRL and click to follow this link)

Some children may have an EHCP (Education Health and Care Plan) before entering school. The EHCP will identify delayed self-help skills and recommend a program to develop these skills. The management of all children with intimate care needs will be carefully planned. Where specialist equipment and facilities above that currently available in the school are required, every effort will be made to provide appropriate facilities, following assessment by a Physiotherapist and/or Occupational Therapist.

For children who have identified PNI needs staff also need to refer to the **PNI Good Practice Guidance for Intimate Care** document. **See appendix 3.**

6. Child Protection

Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. It is acceptable for only one member of staff to assist unless there is an implication for safe moving and handling of the child. The needs and wishes of children and parents will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation.

If a member of staff has any concerns about physical changes in a child's presentation (unexplained marks, bruises or soreness for example) the recognised child protection procedures should be followed. If a member of staff notices any changes to a child either physically or emotionally following an episode of intimate care, the matter will be investigated at an appropriate level and outcomes recorded. Parents/carers will be contacted at the earliest opportunity. Local Child Protection procedures will be adhered to at all times.

This policy was ratified by the Governing Body on _____

It will be reviewed by October 2024.

APPENDIX 1

RECORD OF INTIMATE CARE INTERVENTION

Child's Name..... DOB.....
Name of Support Staff Involved.....
Date.....
Time.....
Procedure.....
Staff Signature.....

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Child's Name..... DOB.....
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APPENDIX 2

PERMISSION FOR SCHOOLS TO PROVIDE INTIMATE CARE

- I give permission to the school to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting or applying cream for medical reasons – including sun cream
- I will advise the Head Teacher / Inclusion Manager and the child’s teacher of any medical complaint my child may have which affects issues of intimate care

Name.....

Signature.....

Relationship to child.....

Date.....

Child’s Surname.....

Child’s Forename.....

Male/Female.....

Date of birth.....

TOILET MANAGEMENT PLAN

Child’s Name..... DOB.....

Name of Support Staff Involved.....

Area of need.....

Equipment required.....

Location of suitable toilet facilities.....

Support required.....

Frequency of support.....

Review Date.....

Parents/Carer.....Child (if appropriate).....

LSA.....Senior Management/SENCo.....

Date.....

APPENDIX 3

PNI Good Practice Guidance for Intimate Care

What is Intimate Care?

Intimate care encompasses areas of personal care, which most people usually carry out for themselves. Some people may be unable to do so because of an impairment or disability. Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or bathing.

The Equality Act, 2010 provides protection for anyone who has a physical, sensory or mental impairment that has an adverse effect on his/her ability to carry out normal day to day activities. It is not acceptable to refuse admission to children who are delayed in achieving continence. Education providers have an obligation to meet the needs of children with delayed personal development.

Planning for Intimate Care:

You should draw up a Daily Health Care plan detailing the child's care requirements and how these will be met. When devising your plan:

- Consider the child's welfare, autonomy, dignity, privacy and respect at all times.
- Ensure an appropriate level of staffing.
- Ensure appropriate equipment is available in an accessible environment – do reasonable adjustments need to be made? Consider access to storage for resources such as gloves and wipes.
- Liaise with healthcare professionals and parents for training and when devising your plan.
- Consider health and safety issues (such as disposal of soiled waste).
- Embed child protection procedures in your plan (see below under Legal requirements).
- Encourage the child or young person to participate as fully as they are able to develop their independence.
- Incorporate the wishes and views of the child where possible
- Consideration of contingency plans for staff absence/school trips etc.

Common difficulties and concerns

Access to the toilet, bathroom and changing facilities.

"We already have an accessible bathroom so it should be fine"

Not every accessible bathroom has the space and/or equipment required to meet a particular pupil's needs. You may need to discuss this with the PNI teacher and Occupational Therapist.

"The current accessible bathroom is not large enough for a changing bench and hoist, what do I do?"

Speak to the PNI Specialist Teacher and Occupational Therapist, who will jointly assess the pupil's needs and help you to access the appropriate equipment. Where possible, bathroom adaptations can be considered by the local authority if deemed necessary.

Balancing educational, toileting and social needs

"The pupil is missing the lesson introduction every day because it just takes a long time in the toilet. We don't want her to miss out on break time, what can be done?"

It can feel like a juggling act to ensure that a pupil has the opportunity to meet with peers at break time and access the toilet. Where pupils take in excess of 10 minutes to use the toilet (due to use of equipment and/or the ability to pass urine/have a bowel movement) there will always be an element of a compromise on their lesson time. It is vital to maintain a balance between loss of social and lesson time. Where possible, look to be flexible with the timing of using the bathroom and encourage the rehearsal, practise, and revisiting of class activities to maximise time away from the classroom. Many learning support assistants report that practising spellings and/or times tables in the bathroom is an excellent use of time! Talk with the PNI Specialist Teacher if you have a specific concern.

Waste disposal

"The pupil is doubly incontinent and wears pads (nappies). How do we dispose of these?"

Pads and nappies need to be double wrapped, but you do not need a special bin for disposal.

Product supply and storage

"I have been told that my staff need gloves, aprons, and anti-bacterial spray, who supplies these?"

It is the expectation that schools will provide cleaning and barrier products to ensure that their staff are able to work within a clean and safe environment, thus reducing the risk of infection both to themselves, others and pupils.

"At school we keep running out of nappies, what shall we do?"

Most Primary Care Trusts (National Health Service) will provide nappies and pads to school aged pupils. Parents/carers will have these delivered to home, so ask for extra to be kept in school. Some parents like to give schools a daily allowance, but we would recommend that there is an agreement to have a few extra to keep in school. This should be in the pupil's care plan and therefore agreed with parents.

Legal requirements

"I have heard that there should be two members of staff available to help a pupil in the toilet with intimate care needs, is this right?"

No.

There is no written legal requirement for two members of staff to be present when a child is being changed. Staff who are going to help a child with intimate care should make sure another member of staff is aware of their intentions and is in the vicinity and visible or audible. Please contact your PNI specialist teacher if you need further advice.

"Some of my staff are hesitant to take on an intimate care role with a pupil in school, what can I do?"

You can talk with your school nurse and parents, to try and demystify the tasks that need to be undertaken. There is no legal obligation for current staff to take on intimate care needs, unless it is written into their job description. When advertising for new learning support staff it is necessary to be clear that the role will or may involve intimate care support.

"Do my staff need to have a vaccination for Hepatitis B or Tetanus?"

It is essential to follow good hygiene procedures, which should minimise the risk of infection to staff. However, it is the personal choice of staff members whether or not they have vaccinations.

Developing pupil independence

"The pupil I work with is very passive with his intimate care routine, how can I help him become more involved?"

Ask the pupil what element of the routine they would be comfortable to undertake (such as; pass the wipes to the learning support assistant, open the catheter packaging, or attempt to wipe themselves, etc.) This can be supported by a visual cue chart and/or linked to a reward chart and shared with parents at home.

Want to know more?

The PNI Specialist Teaching Team is able to offer specialist support and advice according to the needs of individual children. If the child has support from healthcare professionals such as an Occupational Therapist, Incontinence Nurse or School Nurse, advice can also be sought from them.