

Intimate Care Policy & Procedures



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d’Auvergne is proud to be a Rights Respecting School

This policy is in line with United Nations Convention on the Rights of the Child:

Article 3: The best interests of the child

Article 13: The child’s right to freedom of expression

Article 14: The child’s right to freedom of thought

Article 19: State obligations to protect treatment against maltreatment and abuse.

Overview and Definition

This policy is designed to support all school staff in the procedures for the personal care requirements of young children and older pupils with specific needs. The policy will ensure that practice is in line with relevant Children, Young People, Education and Skills policies for Inclusion, SEN, Safeguarding and Health and Safety policies.

Intimate care may be defined as an activity required to meet the personal care needs of an individual student in partnership with parents, carers and child. d’Auvergne School is committed to ensuring that all staff responsible for the intimate care of students will undertake their duties in a professional manner at all times. No student should be attended to in a way that causes distress and staff must be sensitive to each individual’s needs. The individuality of all our students is recognised and where appropriate additional advice will be sought from the relevant professionals.

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of associated equipment as part of the staff member’s duty of care. In the case of specific procedures only the staff suitably trained and assessed as competent should undertake the procedure.

Intimate personal care tasks can include:

- body bathing other than to arms, face and legs below the knee;
- toileting, wiping and care in the genital and anal areas including personal and intimate care routines for students;
- dressing and undressing;
- application of medical treatment, other than to arms, face and legs below the knee;
- supporting with the changing of sanitary protection.

Safeguarding Responsibilities

The Head teacher and Senior Management Team are responsible for ensuring that all staff read and understand the policy and that all members of the School are aware of their responsibilities under it. All members of staff working with children are vetted by CYPES and complete a successful DBS check. This includes students on work placements and volunteers. Only those staff who are familiar with the intimate care policy are involved in the intimate care of students. All staff should receive appropriate safeguarding and child protection training to SPB Foundation Level or equivalent and receive annual updates and refreshers.

Principles

d'Auvergne School is committed to providing personal care that has been recognised as an assessed need and indicated in the Care Plan for an individual child, in ways that:

- maintain the dignity of the individual child;
- are sensitive to their needs and preferences;
- maximise safety and comfort;
- protect against intrusion and abuse;
- respect the child's right to give or withdraw their consent;
- encourage the child to care for themselves as much as they are able;
- protect the rights of everyone involved.

All teachers and support staff have a duty of care towards our pupils. The essence of that duty is to take reasonable steps to protect the welfare, health and safety of pupils and to act with reasonable skill and care. All adults within educational establishments have a duty of care to act "as a reasonable parent" termed as acting "in loco parentis". The diversity of individuals and their communities is valued and respected. No child or family is discriminated against.

Where anticipated, intimate care arrangements are agreed between school and parents with additional input from the school nursing team if necessary and, where appropriate, will involve the student themselves. If a staff member has concerns about a colleagues' intimate care practice he or she must report this to the Designated Lead for Safeguarding immediately.

Different Aspects of Intimate Care

Toileting

Children at d'Auvergne may be at varied stages of development and as with all developmental milestones there is wide variation in the time at which children master the skills involved in being fully toilet trained. For a variety of reasons, it may be necessary to support toilet programmes at any stage of the school.

All pupils who require support with toileting in any way have a 'Intimate Care Plan' (Appendix 1). This plan is written in partnership with parents and the school continence nurse to help develop independence in toileting. Such partnership should involve discussion between both parents and school staff and the following responsibilities would be considered:

Parents/Carers:

- agree to change the child at the latest possible time before coming to school;
 - provide spare nappies, wet wipes and a change of clothes;
 - understand and agree the procedures to be followed during changing at school;
 - agree to inform school should the child have any marks/rash;
 - agree how often the child should be routinely changed if the child is in school for the day and who will do the changing;
 - agree to review the arrangements, in discussion with the school, should this be necessary;
 - agree to encourage the child's participation in toileting procedures wherever possible.
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The school:

- agree to change the child should they soil themselves or become wet;
- agree how often the child should be routinely changed if the child is in school for the full day and who would be changing them;
- agree a minimum number of changes;
- agree to report to the head teacher should the child be distressed or if marks/rashes are seen;
- agree to review arrangements, in discussion with parents/carers, should this be necessary;
- agree to encourage the child's participation in toileting procedures wherever possible;
- discuss and take the appropriate action to respect the cultural practices of the family.

If they have any worries or concerns about how toilet training is progressing, an ERIC (Education and Resources for Improving Childhood Continence) leaflet 'Thinking about wee and poo now you are on your way to school', a 'Guide to Toilet Training' may be of use available through Health Visiting Team or School Nurse Team, and Family Nursing and Home Care, Le Bas Centre, St Saviours Road, St Helier, JE2 4RP, Tel. 443600.

Assisting a student to change his/her wet or soiled clothes

Whilst this is more common with younger children, it may be relevant to all students at some point. Staff should always ensure privacy and encourage children to attempt undressing and dressing unaided, but assistance should be given as required. When soiled, it may be necessary for staff to assist the student in cleaning themselves.

Staff should be familiar with the school's health and safety guidelines.

Students with double incontinence

For students with profound or more complex needs, it will be necessary to ensure that their personal care needs are met with the same levels of dignity, respect and privacy. These students are potentially even more vulnerable, and their management is likely to be more complex. The same level of consultation should take place between parents/carers and school and where appropriate the necessary medical professionals (school nurse, physio and OT) prior to drawing up a Toilet Management and Personal Care Plan.

Providing comfort or support to a child

There are situations and circumstances where students may seek physical comfort from staff (particularly younger children). Staff should be aware that physical contact should be kept to a minimum. When comforting a child or giving reassurance, staff should ensure that at no time can the act be considered intimate. If physical contact is deemed appropriate, staff must provide care that is professionally appropriate to the age and context.

Guidelines for Best Practice

All students have the right to be safe and treated with dignity and respect.

Staff should be especially sensitive to students with special/additional needs. Members of staff also need to be aware that some adults may use intimate care as an opportunity to abuse children. Adhering to the following guidelines of good practice should safeguard both children and staff.

- **Involve the child in the intimate care.** Try to encourage the student's independence as far as possible in his/her intimate care. Where a situation makes a student fully dependent, talk about what is going to be done and, where possible, give choices. When washing, always use a sponge or flannel and where possible encourage the child to attempt to wash private parts of the body him/herself. Check your practice by asking the student/parents/carers about any preferences whilst carrying out intimate care.
- **Treat every child with dignity and respect and ensure privacy appropriate to the student's age and situation.** Best practice would ensure that a member of staff is not working alone, or that the situation is easily monitored. For example, doors are not locked, curtains are used, staff will withdraw where/when possible. There is no written legal requirement that two adults must be present. However, where there is known risk of false allegation by a child, a second member of staff should be present in order to completely secure against any risk of allegation.
- **Make sure practice in intimate care is consistent.** As a student may have multiple carers a consistent approach is essential. Effective communication between all parties ensures that practice is consistent.
- **Be aware of your own limitations.** Only carry out activities that you understand and feel competent to do. Procedures that involve hoisting and gastronomy must only be carried out by members of staff who have been formally trained and assessed in these areas.
- **Promote positive self-esteem and body image.** Confident and self-assured children who feel their bodies belong to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey a lot of messages to a child about their body. Your attitude to a child's intimate care is important. It is important to keeping mind the child's age so that routine care can be both efficient and relaxed, but at the same time, ensure that understanding of 'their body is private' is also reinforced. (For example, covering a child whilst seated on seahorse support)
- **If you have any concerns these must be reported.** If you observe any unusual markings, discolouration of skin, swelling of an area, this must be reported immediately to the Designated Lead for Safeguarding following the procedures for completing Cause for Concern forms.

If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report it immediately to the Designated Lead for

Safeguarding. Report and record any unusual emotional or behavioural responses by the child using Behaviour log and/or Cause for Concern forms.

Supporting Intimate Care with Children of the Opposite Sex

There is a positive value in both male and female staff being involved with children. Wherever possible the child should be cared for by an adult of the same sex. However, in certain circumstances this principle may need to be waived where the failure to provide appropriate care would result in negligence. For example, female staff supporting boys in our school, as no male staff are available. The intimate care of male and female students can be carried out by a member of the opposite sex with the following provisions:

- When intimate care is being carried out, all children have the right to dignity and privacy. i.e. they should be appropriately covered, doors closed, screens/curtain in place.
- If the child appears distressed or uncomfortable when personal tasks are carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance.
- Report any concerns to the Designated Lead for safeguarding and complete the relevant forms.
- Parents must be informed about any concerns.

Working In Partnership With Families

Partnership with parents and carers is an important principle in any educational setting and is particularly necessary in relation to young people. Much of the information required by the school to make the process of intimate care as comfortable as possible is available from the parents or carers. Regular consultation and information sharing remains an essential feature of this partnership. Initial contact for children entering with EYFS may be gained through a home visit and liaising with other professionals involved.

Raising concerns

Where appropriate, parents/carers, the school nursing team and school will need to agree a toilet training programme. In the very small number of cases where parents do not co-operate or where there are concerns that:

1. The child is regularly coming to school in very wet or very soiled nappies/pull ups
2. There is evidence of excessive soreness that is not being treated
3. The parents/carers are not seeking or following advice given by professionals

In the first instance concerns should be raised with the parents/carers. A meeting may be called that could possibly include health professionals, class teacher and designated safeguarding lead to identify the areas of concern and how all present can address them. If these concerns continue there should be discussions with the school's safeguarding co-ordinator about the appropriate action to take to safeguard the welfare of the child.

Health and Safety

d'Auvergne School seeks to ensure that all new staff follow an induction programme which includes training in safe handling and toileting procedures which includes dealing appropriately with issues of intimate care.

There are standard procedures in place for dealing with spillages of bodily fluids such as the process to be followed when a child accidentally wets or soils himself or is sick while on the premises.

- Soiled clothes are double bagged and sent home;
- Wet nappies should be bagged and disposed of in toilet waste bins/general waste;
- Soiled nappies /pads should be double bagged and placed in toilet bins/general waste;
- Nappies/pads from students with any known infections must be disposed of separately using the 'yellow bags' via the hazardous waste stream;
- Staff to wear fresh disposable aprons and gloves while changing each child;
- Changing area/toilet to be left clean and sanitised;
- Hot water and soap available to wash hands as soon as changing is done paper towels to be available to dry hands.

Risk Assessment

Where there are concerns, an individual student risk assessment will be completed that would consider the following:-

- Does weight/size/shape of pupil present a risk?
- Does communication present a risk?
- Does comprehension present a risk?
- Is there a history of child protection concerns?
- Are there any medical considerations? Including pain/discomfort?
- Has there ever been allegations made by the child or family?
- Does moving and handling present a risk?
- Does behaviour present a risk?
- Is staff capability a risk? (back injury/ pregnancy)
- Are there any risks concerning individual capability (pupil)?
- General fragility (i.e. fragile bones, head control, epilepsy etc)
- Are there any environmental risks?
- Heat/cold.

Facilities, Equipment and Resourcing

d'Auvergne seeks to provide suitable hygienic changing facilities. In practical terms toileting issues require the provision of:

- hot running water and soap (antibacterial where possible)
 - toilet rolls
 - antiseptic cleanser
 - Milton/sterilising fluid
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- bowl/bucket
 - paper towels/cloths
 - disposable aprons and gloves
 - nappy bags/sacks
 - cleaning equipment
 - bin
 - a supply of spare nappies/sanitary wear and baby wipes (provided by the child's parent/carer)
 - spare clothes (it always useful for each child to have their own spare clothes on their peg to change into for physical and emotional comfort)

Checks should be made beforehand to ensure that there are suitable facilities for intimate care available on excursions where they will be necessary and consider how intimate care can be dealt with in relation to PE, swimming, after school clubs, transport to and from school etc.

Whenever possible it is recommended that mobile children are changed standing in cubicle area/seated on toilet as appropriate to encourage a good toileting routine. If this is not possible the next best alternative is to change a child on a purpose-built changing bed (these are available as portable or fixed and can be lowered and raised safely).

Some children will have other equipment to support them with toileting e.g. toilet step/seat, toilet chair, seahorse support seat, handles, ladder-back frames etc. This equipment is to be used on the advice of the OT's and should be identified and written into their 'Intimate Care Plan'.

It can take up to ten minutes to change an individual child. The resource allocation of staff time is therefore an important consideration that is constantly changing. It is recognised that staff allocations will need to be flexible in order to match need. Changing time can be a positive learning time and an opportunity to promote independence and self-worth. Communication explaining toileting steps and routine build a healthy and safe toileting experience.

Confidentiality

Confidentiality is an important issue. All schools should have, as part of their partnership working, a confidentiality section which is shared with all staff, parents or carers and, where possible, pupils. Sensitive information about a child should be shared only with those who need to know, such as parents or carers or other members of staff who are specifically involved with the child.

Escorts and others should only be told what is necessary for them to know to keep the child safe. Parents/carers and children need to know that where staff have concerns about a child's wellbeing or safety arising from something said by the child or an observation made by the staff then a member of the Designated Safeguarding Lead Team will be informed. This may lead to the procedures set down in the school's Safeguarding Policy being implemented.

Information concerning intimate care procedures should not be recorded in a home school diary, as the diary is not a confidential document and could be accessed by people other than the parent/carer and member of staff. It is recommended that communication relating to intimate care should be made through one of the following:

- Face to face contact (and recorded in a conversation log)
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- Telephone call – between member of staff and parent/carer (and recorded in a telephone log)

Sharing information between home and schools is important to secure the best care for pupils but the consent of parents and their children, who are able to give such consent, is needed for the head teacher to pass on information about their child's health to school staff or other agencies. Their agreement is also needed for any exchange of information between the GP or Health Visitor and the school about a child's medical condition. Parents and staff should be aware that matters concerning intimate care will be dealt with confidentially and sensitively and that the young person's right to privacy and dignity is maintained at all times.

Agreed Procedures for Intimate Care

d'Auvergne School has clear, written guidelines for staff to follow when changing a child so that staff are not put at any unnecessary risk.

These written guidelines specify:

- Who will change the child (to include cover for absence etc)
- Where changing will take place
- What resources will be used and who will provide them
- How a nappy will be disposed of
- How other wet or soiled clothes will be dealt with
- What infection control measures are in place
- What the member of staff will do if the child is unduly distressed or if marks or injuries are noticed
- How changing occasions will be recorded and how this will be communicated to parents (in confidence)

To summarise, best practice should be followed by ensuring that all those involved with intimate care receive specific induction from the school on these procedures and protocols.

APPENDIX 1. – Example Intimate Care Plan

d’Auvergne School – Intimate Care/Toilet/Changing Management Plan

Child:

Class:

Name of Support Staff Involved:

Date of Record:

Review Date:

Area of Need ***** requires one to one support with a familiar staff member to assist her with accessing the toilet, changing her pull-up/nappy when wet and/or soiled, intimate hygiene, dressing after a change and washing her hands. ***** needs are met with dignity and privacy is respected.
Equipment required/by whom <ul style="list-style-type: none">• Toilet Time symbol and visual strip• Pull ups / Nappies and wipes provided by family• Aprons, gloves, disposal bags provided by school• Change bed• Nappy irritation cream to be applied as necessary provided by family• Low level sink with easy access• Visual symbol strip to support routine activity
Location of suitable toilet facilities <ul style="list-style-type: none">• ***** Classroom
Support required Frequency of support <p>***** will be taken to the toilet area for changing twice daily (once mid-morning, once after lunch).</p> <p>***** will be changed should she soil her pull-up/nappy.</p> <p>***** will be changed after her swim session into a fresh pull-up/nappy.</p> <p>***** will be changed before leaving school on Thursday prior to her respite session at the request of parents.</p>

Working towards Independence

School will	Parents will	Child will try to	Target reviewed (date)
Support ***** changing as needed. Encourage sitting on the toilet.	Support ***** changing as needed. Provide resources for changing.	Follow the visual strip. Sit on toilet. Wash my hands.	Seek support from School nursing and Continence team as necessary

Signed: _____

Parents/Carers

Signed: _____

Member of Staff

Signed: _____

Child (if appropriate)

d’Auvergne School – Intimate Care/Toilet/Changing Management Plan

Child:

Class:

Name of Support Staff Involved:

Date of Record:

Review Date:

Area of Need
Equipment required/by whom •
Location of suitable toilet facilities •
Support required Frequency of support

Working towards Independence

School will	Parents will	Child will try to	Target reviewed (date)

Signed: _____

Parents/Carers

Signed: _____

Member of Staff

Signed: _____

Child (if appropriate)
