



Scargill Church of England Primary School

Intimate Care Policy

Approved by Governors	July 2021
Review Date	July 2022

1. Rationale

Scargill 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 pupils with physical disabilities and illnesses to enable them to have a full and rich academic life whilst at school.

2. Aims

The governing body recognises its duties and responsibilities in relation to the Equality Act 2010, which states that any pupil with an impairment affecting his/her ability to carry out normal day-to-day activities must not be discriminated against.

Pupils will always be treated with care and respect when intimate care is given to minimise the feelings of embarrassment.

- Legal framework

This policy has due regard to relevant legislation and guidance, including, but not limited to, the following:

- Keeping Children Safe in Education 2021
- The Children and Families Act 2014
- The Education Act 2011
- The Health Act 2006
- The Equality Act 2010

- 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 pupil

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.

Pupils may be unable to meet their own care needs for a variety of reasons and will require regular support.

3. Equal opportunities

At Scargill we have an obligation to meet the needs of children with delayed personal development in the same way as they would meet the individual needs of children with delayed language, or any other kind of delayed development. Children should not be excluded from normal school activities solely because of incontinence.

At Scargill, if children soil or wet themselves, in the Early Years they will be changed in the toilet area. In Key stage 1, children will be changed in the disabled toilet. In Key stage 2 they will be changed in a disabled toilet. All toilets have the necessary resources needed.

Whenever possible:

- Mobile children are changed standing up
- 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)
- Children may be changed on a mat on a suitable surface if it is not possible for them to change standing up or on a changing bed.
- If facilities described above are not available, then children in the Early Years may be changed on a changing mat on the floor.

Children in Year 1 and above should only be changed either on a changing bed or in a toilet cubicle standing up.

Staff should consider the child's preference for changing and the outcome of any risk assessments.

4. Health and Safety

Scargill's Health and Safety Policy lays out specific requirements for cleaning and hygiene, including how to deal with spillages, vomit and other bodily fluids.

Staff will wear disposable aprons and gloves while assisting a pupil in the toilet or while changing a nappy, incontinence pad or medical bag.

All staff will follow the procedures for changing a child standing up and changing a child lying down which can be found in each changing area.

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

Where pupil's requires intimate care/toileting, nappies, incontinence pads and medical bags will be disposed of in the appropriate bin, as per health and safety guidelines.

Hot water and soap are available to wash hands.

Paper towels are available to dry hands.

5. Roles and Responsibilities

In all cases a meeting with the parents and relevant members of staff will be set up and the following documents will be completed:

- Toilet management plan
- Agreement between child and personal assistant
- Permission for school to provide Intimate care sheet.

The Home/ school agreements will define the responsibilities that each partner has. These may include:

Staff and facilities

Staff members who provide intimate care are trained to do so, and are fully aware of best practice. Suitable equipment and facilities will be provided to assist pupils who need special arrangements following assessment from a physiotherapist or occupational therapist. This may include the following:

- Changing mat
- Non-slip step
- Adapted toilet seat or commode seat
- Hoist
- Disposable gloves/aprons
- Nappies, pads and medical bags
- Supply of hot water
- Soap
- Antiseptic cleanser for staff
- Antiseptic cleanser for the changing bed/mat
- Spillage kit

Scargill has two disabled toilets facility with a washbasin

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 or menstruation.

School responsibilities

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

Pupils who require intimate care will be involved in planning for their own healthcare needs wherever possible.

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

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

The privacy and dignity of any pupil who requires intimate care will be respected at all times.

A designated member of staff will change the pupil, or assist them in changing themselves if they become wet, or soil themselves.

Any pupil with wet or soiled clothing will be encouraged to clean themselves wherever possible 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, staff, and any other details of incidents of intimate care will be kept, and they will be stored in a secure place.

Arrangements will be made for how often the pupil should be routinely changed if the pupil is in school for a full day, and will be changed by designated members of staff.

The family's cultural practices will always be taken into account for cases of intimate care.

Where possible, only same-sex intimate care will be carried out. However, this principle may need to be waived where the failure to provide appropriate care would result in negligence.

Parents/carers will be contacted if the pupil 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.

Parental 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, nappy sacs and a change of clothing in case of accidents.

A copy of this policy will be read and signed by parents/carers to ensure that they understand the policies and procedures surrounding intimate care.

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

Our Approach to Best Practice

The management of all children with intimate care needs will be carefully planned. The child who requires care will be treated with respect at all times; the child's welfare and dignity is of paramount importance.

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 they are able.

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 is toileted.

Swimming

Pupils in Years 4 regularly participate in swimming lessons, during these lessons, pupils are entitled to privacy when changing; however, some pupils will need to be supervised during changing.

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

Special consideration will be taken to ensure that cases of bullying or teasing do not occur.

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

Offsite visits

Before offsite visits, including residential trips, the pupil'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.

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

6. Child Protection

Only members of staff who have an enhanced DBS certificate with a barred list check are permitted to undertake intimate care duties.

Wherever possible, staff involved in intimate care will not be involved in the delivery of sex education to the pupils in their care as an extra safeguard to both staff and pupils involved.

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

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

If any member of staff has concerns about physical changes to a pupil's presentation, such as marks or bruises, they will report the concerns to the DSL immediately.

We have clear guidelines for staff to follow when changing a child and these can be found in all changing areas. A student on a 'placement' should not change a child without supervision.

Complaints procedures

The school's complaints procedure is outlined in the school prospectus. The SEN Code of Practice outlines additional measures the LA must set up for preventing and resolving disagreements. These will be explained to parents if required.

6. Resources

It could take around ten minutes to change an individual child. This is not dissimilar to the amount of time allocated to work with a child on an individual learning target. Changing time can be a positive learning time and an opportunity to promote independence and self-worth. The Head of School will need to ensure that, where necessary, additional resources from funding delegated to the school to support SEND are allocated so that children's individual toileting needs are met.

Policy review

This policy is reviewed every year by the Inclusion Team and approved by the Governors.

The scheduled review date for this policy is September 2022.

Appendix 1

Procedure for Changing (Child standing up)

1. Tell another member of staff that you are going to help a child change themselves.
2. Wash your hands
3. Put on disposable gloves and a disposable apron.
4. Ask the child, in a toilet cubicle, to take off their wet or soiled clothes and place them in a nappy sac.
5. Tie the nappy sac and place it in a bag to go home.
6. Any pupil with wet or soiled clothing will be encouraged to clean themselves wherever possible and will be given spare clothing, nappies, pads, etc., as provided by the parents/carers.
7. Wipes and gloves are to be disposed of in a bin with a disposable liner.
8. The bin should be emptied at least once a day and the liner replaced
10. The child and the member of staff will wash their hands thoroughly and sanitise correctly even when gloves have been used.
11. Once the child has been changed and returned safely to the, nursery area or classroom, the changing area will be cleaned with a detergent

spray or soap and water.

12. When a child has soiled themselves their parent/carers may be
Telephoned (Some parents may choose to come and take their
child
home so that they can ensure that their child is thoroughly clean)
13. All intimate care will be recorded and signed and dated by the
member
of staff and the parents.

Appendix 2

Procedure for Changing a Nappy (child lying down)

1. Consider whether the child can be changed in a toilet cubicle (standing up)
2. Wash your hands
3. Assemble the equipment
4. Place the infant/ child upon the changing mat/ table
5. Put on gloves
6. Remove wet/ soiled nappy
7. Fold the nappy inwards to cover faecal material and place into designated covered bin
8. Used wipes and gloves are to be disposed of in a bin with a disposable liner
9. The bin should be emptied at least once a day and the liner replaced
10. Once the child has been changed and returned safely to the, e.g. nursery area, clean the changing area with a detergent spray or soap and water
11. Hands should be washed thoroughly and sanitised correctly whether gloves have been used or not

Appendix 3

Personal Care Plan

For children wearing nappies/ pull-ups in school

Child's Name:	DOB:
Name of School:	

Completed by: _____ (member of staff)

Date of Plan: _____ Date to review Plan: _____

Who will change the child?
How will the child be changed? e.g. standing up in a toilet cubicle, lying down on a mat on the floor
Copies of procedure for changing given to parent where available
Who will provide the resources? e.g. wipes, nappies, disposable gloves
School: Disposable gloves and apron
Home:
How will the changing occasions be recorded and if/ how this will be communicated to child's parent/ carer
Consider using the Record of Intimate Care Intervention Table
How will wet/ soiled clothes be dealt with?
What the member of staff will do if the child is unduly distressed or if marks or injuries are noticed
Consider referring to the schools child protection policy and procedures
Agree a minimum number of changes

How will the child be encouraged to participate in the procedure?
Any other comments/ important information: e.g. medical information

This plan has been discussed with me and I agree to change my child at the last possible moment before he/ she comes to school, provide the resources indicated above and encourage my child's participation in toileting procedures at home as appropriate and where possible.

Signed: _____

Parent/ Carer's Full Name: _____

Appendix 4**Risk Assessment**

Child's Name:

Name of School:

Date of Risk Assessment:

	Yes	Notes
1. Does weight /size/ shape of pupil present a risk?		
2. Does communication present a risk?		
3. Does comprehension present a risk?		
4. Is there a history of child protection concerns?		
5. Are there any medical considerations? Including pain / discomfort?		
6. Has there ever been allegations made by the child or family?		
7. Does moving and handling present a risk?		
8. Does behaviour present a risk?		
9. Is staff capability a risk? (back injury / pregnancy)		
Are there any risks concerning individual capability (Pupil) General Fragility Fragile bones Head control Epilepsy Other		
Are there any environmental risks? Heat/ Cold		

If Yes to any of the above complete a detailed personal care plan.

Date:**Signed:****Name:**

Appendix 6

Toilet Management Plan

Pupil's name:	Class/year group:
Name of personal assistant:	
Date:	Review date:
Area of need	
Equipment required	
Locations of suitable toilet facilities	
Support required	Frequency of support

Working towards independence

Pupil will try to	Personal assistant will	Parents/carers will	Target achieved date

Signed _____ Parent/carer

Signed _____ Personal assistant

Signed _____ Second member of staff

Signed _____ Pupil (where appropriate)

Appendix 8

Agreement between child and personal assistant

Child's Name _____ Class/ Year Grp _____

Name of Support Staff Involved _____

Date _____ Review Date _____

Support Staff

As the personal assistant helping you in the toilet you can expect me to do the following:

- When I am the identified person I will stop what I am doing to help you in the toilet. I will avoid all unnecessary delays.
- When you use our agreed emergency signal, I will stop what I am doing and come and help.
- I will treat you with respect and ensure privacy and dignity at all times.
- I will ask permission before touching you or your clothing
- I will check that you are as comfortable as possible, both physically and emotionally
- If I am working with a colleague to help you, I will ensure that we talk in a way that tries not embarrass you.
- I will look and listen carefully if there is something you would like to change about your Toilet Management Plan.

Child

As the child who requires help in the toilet you can expect me to do the following:

- I will try, whenever possible to let you know a few minutes in advance, that I am going to need the toilet so that you can make yourself available and be prepared to help me
- I will try to use the toilet at break time or at the agreed times
- I will only use the agreed emergency signal for real emergencies.
- I will tell you if I want you to stay in the room or stay with me in the toilet
- I will tell you straight away if you are doing anything that makes me feel uncomfortable or embarrassed.

I may talk to other trusted people about how you help me. They too will let you know what I would like to change

Signed _____ Member of Staff

Appendix 9

Permission for school to provide intimate care

Child's Full Name	
Male/ Female	
Date of Birth	
Parent/ Carer's Full Name	
Address	

I understand that;

I give permission to the school to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting.

I will advise the headteacher of any medical complaint my child may have which affects issues of intimate care

Signed _____

Full Name _____

Relationship to Child _____

Date _____