



## Bloemfontein Primary School

### Intimate Care Policy

September 2021

Promoting Inclusion – Supporting the personal development of children and young people. This guidance sets out procedures for dealing with toileting and personal/intimate care tasks with utmost professionalism, dignity and respect for the child and maintenance of highest health and safety standards possible. This is in order to safeguard pupils, parents, staff and the educational setting by providing a consistent approach within a framework which recognises the rights and responsibilities of everyone involved.



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## **Introduction**

Every child has the right to:

- Be Healthy
- Stay Safe
- Enjoy and Achieve
- Make a positive contribution
- Achieve economic well being (Every Child Matters: Change for Children)

“Health and local authorities should put in place arrangements that ensure children are not excluded from normal pre-school and school education solely because they are incontinent.” (Dept of Health. Good Practice Incontinent Service, section 6 Joint targets for health and local authorities.) The vast majority of children will be appropriately toilet trained and able to manage their own personal care needs competently before they start school. However, some children may not be able to manage their own needs due to developmental delay, physical disabilities or learning disabilities. Some children on the other hand may be continent, but still have personal/intimate care needs due to difficulties accessing toileting facilities or dealing with their personal care independently afterwards. These children have an educational entitlement irrespective of their difficulties with toileting and personal care.

## **Intimate Care and Physical Contact**

Early Years Intimate care is defined as care tasks of an intimate nature, associated with bodily functions, body products & personal hygiene. This policy is designed to act as a guideline for anyone with responsibility for the intimate care of the children at Bloemfontein Primary School. It outlines the guidelines for best practice. Only staff with a full and current DBS check are able to carry out this sort of care. Children who are not yet toilet trained will not be excluded from any activity in the nursery. Intimate care is discussed with all employees during their induction. Staff receive regular supervision & appraisals, which are used to identify any areas for development or further training.

All staff receive safeguarding training which is updated every 3 years. The safeguarding lead practitioner updates training every 2 years. All staff wear protective gloves & aprons for nappy changes, administering first aid or cleaning a child who has soiled themselves.

- Every child is to be treated with dignity & respect. Privacy is ensured, appropriate to the child’s age and situation. We have separate toilets for the children to use with doors.
- Nappies are changed in the nursery bathroom on a designated change mat. This is enclosed enough to give the child privacy, yet are not out of sight of other staff.
- The child should be involved as much as possible in his or her intimate care. Allow the child to be as independent as possible. This can be for tasks such as removing clothing or washing private parts of a child’s body. Support the children in doing everything that they can for themselves.

- If a child is fully dependant on you then talk to him/her about what you are doing and give choices where possible.
- An adult who is not familiar to them will never support a child in intimate care.
- Be responsive to a child's reactions.
- Encourage the child to have a positive body image of his/her own body. Confident, assertive children who feel their body belongs to them are less vulnerable to abuse.
- Make sure the practice of intimate care is as consistent as possible.
- The parent should be consulted about the intimate care that is given to their child, i.e. real nappies, water only.
- Children are encouraged to wash their hands after messy play, after using the toilet, before & after eating.
- Bloemfontein Primary School understands its legal obligation to meet the needs of children with any delays in any area of their development. We work in partnership with parents on an individual basis to make reasonable adjustments to meet the needs of each child.
- Report any incident as soon as possible to the class teacher or a member of the Senior Leadership Team (SLT). If you are concerned that during the intimate care of a child;
  - You accidentally hurt a child
  - The child seems sore or unusually tender in the genital area
  - The child misunderstands or misinterprets something
  - The child has a very strong emotional reaction without apparent cause (sudden shouting or crying)

All staff must ensure that they protect themselves by following these guidelines:

- Always tell another member of staff when you are doing a change or accompanying a child to the toilet.
- Always ensure that a child's privacy is protected.
- Always ensure that you are visible to other members of staff.
- In some instances, it may be appropriate for 2 members of staff to change a child, if a child gets very distressed when being changed.
- Always wear protective gloves & aprons and dispose of the nappies in yellow sacks.
- Always wash hands thoroughly after supporting a child with intimate care.
- Follow the nappy changing risk assessment. If you have any additions or comments, then let a member of the management team know.

## **Physical contact**

At Bloemfontein Primary we care for children from 2 years old to 11 years old. There will be times when staff are required to have close physical contact with a child. It is also important for the children to feel safe and secure in their environment. We understand that children can react differently to physical contact and we respect this. Staff have received training in safeguarding & child protection. This policy should be read in conjunction with the settings' other policies including Safeguarding, Health & Safety, SEND, Equality of opportunities.

## **Disability Discrimination Act**

The Disability Discrimination Act 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 activities of daily living. It is clear therefore that anyone with a named condition that affects aspects of personal development must not be discriminated against. In line with this, it is unacceptable to refuse admission to children who have global developmental delay in achieving continence and are late coming out of nappies. - Educational providers have an obligation to meet the needs of pupils with delayed personal development in the same way as they would meet the individual needs of pupils with any other delayed development. Children should not be excluded from any normal pre-school or school activities because of incontinence and intimate/personal care needs. - Any admission policy that sets a blanket standard of continence, or any other aspect of development is discriminatory and therefore unlawful under the Act. All such issues have to be dealt with on an individual basis and educational establishments are expected to make reasonable adjustments to meet the needs of each pupil. - It is essential to note that asking parents to come into the school or educational setting to change their child is a direct contravention of the Disability Discrimination Act, and leaving the child in a soiled/wet nappy/pad for any length of time pending the return of a parent is a form of abuse/neglect.

## **Inclusive Culture**

It requires commitment from everyone involved in the education and care of children to develop attitudes which support inclusive practice. Pupils with toileting or personal/intimate care needs who receive support and understanding from those acting in loco parentis are more likely to achieve their full potential across the range of activities within the school. This guidance is for pupils who have on-going needs relating to a developmental delay, medical condition or a physical disability.

## **Intimate Care**

Intimate/Personal Care can be defined as care tasks of an intimate nature, requiring close personal contact involving an individual's personal space, associated with bodily functions, personal hygiene and procedures due to medical conditions – activities which require direct or indirect contact with or exposure of the genitals. Examples include care associated with continence, toileting, catheterisation, menstrual management as well as tasks such as washing and bathing.

This document aims to:

- Provide guidance and advice to ensure pupils and their families are not excluded, or treated less favourably, because they have personal or intimate care needs, whether it is the occasional accident or on-going support with personal/intimate care or toileting.
- Ensure that every child and young person is able to easily access care, play and learning experiences in our schools, preschools, day nurseries, out of school settings and children's centres. Children cannot be excluded from normal educational activities solely because they have intimate or personal care needs.
- Provide guidance and advice to ensure that staff in educational settings are informed about their responsibilities for intimate and personal care in line with current legislation and that they are adequately supported so they can confidently and competently carry out their duties in meeting each child's individual needs. Educational settings should ensure that when staff are recruited their job descriptions clearly state that offering personal/intimate care to promote independent toileting and other self-care skills could be one of the tasks they undertake.

### **Principles of Good Practice**

- Children who have difficulties in controlling their bladder and bowels or those that have not developed toileting skills have sometimes had a difficult start on the road to personal independence. Therefore, those children who have intimate care needs or toileting issues must be treated with respect, dignity and sensitivity. They should be offered choice and control in every way possible.
- Sensitive arrangements may need to be put in place to allow children to toilet themselves at intervals to suit their needs and not at the demands of school routine or class requirements.
- Staff should encourage and promote independence and self-help skills as much as possible and give the child sufficient time to achieve. If handled correctly this can be the most important single self-help skill achieved, improving the child's quality of life, independence and self-esteem. If handled incorrectly it can severely inhibit an individual's inclusion in school and community.
- The approach taken to provide a child's intimate care is very important – It conveys an image about what the body is worth. A positive body image should be encouraged; routine care should be relaxed, enjoyable and fun. The carer's behaviour should be appropriate to the pupil's age.
- It is important to develop a consistent approach between home and school. Therefore, parents, schools and other professionals such as school nurses and specialist health visitors need to work together in partnership. In some circumstances it may be appropriate to set up a home to school agreement or management plan that defines the responsibilities for each partner. The aim should be to work towards the earliest possible or the maximum levels of independence with toileting if that is the issue.

- There also needs to be a consistency of approach between school staff with necessary information being communicated to appropriate staff members. It is important that everyone feels part of a team as this ensures continuity and consistency of practice between staff. At least 2 members of staff need to be trained in the procedures/routine required so that when the key worker is off school for any reason the child is not compromised with regards to their care.

Only key staff members should be aware of the routine and procedures. Confidentiality and the child's dignity should be respected at all times with regards to sharing of information between staff.

- Staff should be well supported with access to appropriate resources and facilities. Any specialist equipment and adaptations required should be accessed through the Occupational Therapist for LDDIS.

- All staff supporting pupils with care needs, especially where the child is non-weight bearing or has specific medical needs, must receive appropriate information and training. Specialist nursing and health service staff should be involved to provide any relevant medical information, training and advice.

- It is important to take into consideration a child's preferences, if the child indicates a preference for a particular sequence, then this should be followed rather than a sequence imposed by a member of staff. As long as all the necessary tasks are completed for the comfort and well-being of the child, the order in which they are complete is not important.

- Educational settings should be aware of and should ensure implementation of appropriate health and safety procedures and risk assessments.

- Educational settings should be aware of their duties to comply with the SEN and Disability Discrimination Act and should develop "reasonable adjustments" to accommodate children who have intimate/ personal care and toileting needs.

### **Facilities/Resources**

- A suitable place for changing and carrying out intimate care with children should have high priority in any educational establishments' access plan. It should be situated in close proximity to hand washing facilities. The child's privacy and dignity must be maintained at all times.

- A dual purpose area, e.g. toilet block where there is enough space, can be converted into a designated screened off changing area with a do not disturb sign to protect the child's privacy and dignity.

- Any designated area should not compromise the safety of the child or member of staff.

- Any designated area for intimate care and toileting should be safe, hygienic and warm. It should be accessible, easy to reach and offer privacy. Appropriate toileting and changing facilities are an essential part of any treatment programme.

- In special circumstances when a child with very complex needs is admitted to the school, the appropriate health and LDDIS professionals and school SENCO need to be involved in the planning as there may be resource implications with regards to staffing and facilities. If specialist equipment or adaptations are required additional resources from the school's delegated SEN budget or the Access Initiative fund may need to be allocated.

### **Safeguarding children**

- Safeguarding children is everyone's responsibility. The normal process of changing a child who has soiled should not raise child protection concerns and there are no regulations that indicate that two members of staff must be present to supervise the changing process to ensure abuse does not take place. Few educational establishments have the staffing resources to provide two members of staff for this; therefore, one member of staff is adequate to carry out the straight forward task of changing a child in these circumstances. The exception to the rule needs to be when there is a known risk of false allegation by a child, then a single practitioner should not undertake the changing task.

- Two members of staff may be required for more complex medical type of care procedures. The number of staff required should reflect the safety requirements for the pupil and staff and this will need to be assessed on an individual basis in joint consultation with nursing teams, health colleagues and OT for LDDIS. However, it is important to note that no unnecessary staff should be present and no other staff should interrupt the care procedure.

- All adults carrying out intimate care or toileting tasks should be employees of the school and enhanced CRB checks should already be in place to ensure the safety of children. Staff employed in childcare and educational establishments must act in a professional manner at all times.

- Students on work placement, voluntary staff or other parents working at the school/setting should not attend to toileting or intimate care tasks.

- Where the child is of an appropriate age and ability, their permission must be sought before any task is carried out and they should be supported to achieve the highest levels of independence and autonomy that are possible, e.g. in dressing and undressing themselves.

- Staff carrying out the intimate care/toileting should notify a colleague when they are taking the child out of the classroom for this purpose, this should be done discretely and sensitively.

- Parents should be made aware of the intimate care/toileting policy and must give consent for the child to be changed or the intimate care procedure to be carried out when they are under the care of the educational establishment. Parents must also be made aware of the fact that it may only be one member of staff carrying out the changing task and there should be a written, agreed and signed consent form in place. (Appendix 1)

- A written log should be kept of all personal and intimate care interventions that take place. (See Appendix 2)
- The school or setting should remain highly vigilant for any signs or symptoms of improper practice as they would for all activities carried out onsite.
- Any issues for concern, such as – physical changes in the child’s presentation, any bruising or marks or any comments made by the child, should be recorded and reported to the line manager or head of establishment immediately. All normal Child Protection procedures should be followed.
- There should be careful communication between the child and key worker; the child should be made aware of the procedures according to their ability to understand. If the child becomes distressed or unhappy about being cared for by a particular member of staff, the matter should be looked into immediately and addressed with parents, appropriate agencies and all necessary procedures should be followed.
- Child Protection training should be an on-going part of staff training.
- Younger children should not be left alone or unattended during toileting or changing procedures. Great care must be taken if the changing unit is any distance off the floor.
- Some older cognitively able children may prefer to be left alone for privacy when toileting. Staff need to adapt their input according to the needs of the child.
- When carrying out intimate/personal care away from school, privacy and safety should be the main concern and part of the planning process.

### **Health and Safety**

- Some children are more susceptible to infection therefore, hygiene procedures are important in protecting pupils and staff from the spread of infectious diseases. Staff involved with toileting and intimate care should be trained in correct hand washing techniques and hygiene precautions. The educational setting should provide disposable vinyl gloves, aprons, liquid hand soap, disposable paper towels and ensure there is access to hand washing facilities in close proximity to the changing area.
- There should be an agreed procedure in place for cleaning the child. Sensitivity and discretion should be used, washing and physical contact especially in intimate areas should be kept to a minimum and done only as necessary.
- All contaminated waste or marked items should be disposed of correctly in line with the school’s policy and all staff should be made aware of these procedures. Arrangements should be made with the parents for soiled clothing to be taken home and they should be stored in a designated place. Any bins used for soiled items must be emptied at the end of each day.

- Any changing mat or bench should be thoroughly cleaned between each use with appropriate cleaning materials and detergents.
- Any spillages or leakages should be cleaned immediately using the appropriate equipment and cleaning materials. All staff should aim for high standards of hygiene around the changing/medical facilities.
- Schools and other settings registered to provide education will also have hygiene and infection control policies which are necessary procedures followed in the case of any child accidentally soiling, wetting or vomiting whilst on the premises.
- Any damaged or torn equipment such as changing mats should be immediately discarded.
- Any requests from the parents for use of cleaning agents or creams should be labelled with the child's name and should not be shared between other children. These should be stored in a locked storage facility.

### **Manual Handling/Specialist Training**

- When pupils with physical disabilities require manual handling, all staff undertaking these duties should have appropriate training and instruction to ensure they are competent and confident in their role. The Occupational Therapist for LDDIS should be contacted to ensure all procedures are carried out in accordance with best practice and maximum degree of safety for the staff and child being cared for.
- Some children will enter the educational setting with complex difficulties and long or short term medical conditions, which indicate the need for special procedures or intimate care arrangements. In this instance multi-disciplinary teams will need to be involved for the appropriate advice, training and any necessary equipment and adaptations. Parental consent and involvement will be required to ensure parents are in agreement with the plans that are put in place.
- In this instance it is important to draw up written care/management plans and risk assessments so that all staff involved are aware of their roles, responsibilities and all risks are considered and addressed. Written Guidelines (Appendix 1) As well as written consent from parents, guidelines should specify:
  - Who will change the child or carryout the intimate care tasks.
  - Where changing/intimate or personal care will take place.
  - What resources will be used? • How the nappy/pad or other disposable medical aids will be disposed of.
  - What infection control measures are in place?

- What action will be taken if the child becomes distressed, or if the staff member notices any marks or injuries?
- Any School-Home-Professional agreement/care plan required.
- Agreement by parents to provide spare nappies, cleaning wipes, underwear or clothing. (Nursing staff are not able to provide nappies or wipes for use in an educational setting)

### **End Note**

This guidance covers a variety of areas relating to the procedures required for intimate/personal care and toileting of children in schools and other educational establishments. However, it must be accepted that there has to be a degree of flexibility and judgement within some situations. Intimate Care will always involve some degree of risk; it will not be possible to eliminate all the risks. However, the balance should be on the side of safety. Every child is entitled to maximum safety, privacy and respect for dignity.

Personal / Intimate Care and Toileting Parental Consent



Name of child: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Class / Teacher name: \_\_\_\_\_

Is your child toilet trained: Yes / No

If your child is nearly toilet trained, please do not use nappies or pull ups (unless agreed with staff). Please provide a change of clothes in the event of an accident. Staff from our Early Years team will carry out the task of changing your child when necessary – all staff have signed and continue to follow the Intimate Care Policy for Bloemfontein Primary School.

Parent's responsibility to provide:

*A suitable change of clothes, nappies if necessary, wipes*

Additional information from parents:

*Please identify any birthmarks / moles / blemishes or any other condition / important information that adults should be made aware of.*

I / We give permission for the staff within the Early Years to attend the care needs of my / our child and are in agreement with the procedures proposed.

Name of Parent \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



Personal/Intimate Care and Toileting Parental Consent

Form to be completed by School Head Teacher or SENCO

Name of child:

DOB: School:

Class/Teacher Name:

Care required and how often during the school day:

Member(s) of staff who will carry out the tasks - all staff need to be aware of the Intimate Care Policy in place and need to sign that it has been read.

Name:

Signatures:

Where will the tasks be carried out and what equipment/resources will be required to safely carry out the procedures:

Infection Control and Disposal procedures in place:

Actions that will be taken if any concerns arise:

Parent's responsibility to provide:

Any School-Home agreement or care/management plan or communication via schoolhome diary - if required

Other professionals involved in care/advisory role: (School Nurse, Health Visitor, Specialist Nurse, OT/Physio, LDDIS Staff)

Additional Information:

I/We have read the Intimate Care/Toileting Policy provided by the educational establishment that my child attends.

I/We give permission for the named member(s) of staff to attend to the care needs of my/our child and are in agreement with the procedures proposed.

Name of Parent..... Signature..... Date.....

Head/SENCO ..... Signature ..... Date.....



