

**2020-2021**

Moorside Community Primary School  
Head Teacher – S Lawler-Smith



# **MOORSIDE COMMUNITY PRIMARY SCHOOL**

# **INTIMATE CARE POLICY**

Policy Adopted January 2010

Last Review Date March 2021

Next Review Date September 2021

# Intimate Care Policy

Moorside Community Primary School

Head Teacher: S. Lawler-Smith

## Named personnel with designated responsibility

Designated SLT	Deputy designated SLT for EY & KS1	Deputy designated SLT for KS2	Nominated Governor	Chair of Governors
S. Lawler-Smith	S. Cooper	H. Kearsley		S. Corlett

Head Teacher	Sign and Date	
Chair of Governing Board	Sign and Date	

Next Review Date	September 2021
Committee Responsible	Full Governing Board
Document locations	Shared Drive

## Change History

Version	Date	Change Description	Stored
1	Mar 2021		
2			
3			
4			
5			
6			

## Principles

- 1.0 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and 'Keeping Children Safe in Education' (DfE 2020) to safeguard and promote the welfare of pupils at this school.
- 1.1 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 care needs is one aspect of safeguarding.
- 1.2 The Governing Body recognises its duties and responsibilities in relation to the Disability Discrimination Act (1995), which requires that any child with an impairment that affects his / her ability to carry out day-to-day activities must not be discriminated against.
- 1.3 This Intimate Care Policy should be read in conjunction with the following:
  - Supporting Pupils with Medical Conditions
  - First Aid
  - Health and Safety Policy
  - Safeguarding and Child Protection Policy
  - Moving and Handling of Pupils Risk Assessment
- 1.4 Moorside Primary School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.
- 1.5 Moorside Primary School recognises that there is a need to treat all children, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. The child's welfare and dignity are of paramount importance. No child should be attended to in a way that causes distress or pain.
- 1.6 Staff will work in close partnership with parents/carers to share information and provide continuity of care.

## Definition

2.0 Intimate 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 children are unable to do because of their young age, 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.

For the purpose of this policy, intimate care also includes intimate first aid; the checking (visual and physical) and application of first aid by an adult on a child who indicates that they are in pain/discomfort, had an accident or it is clearly visible that they require intimate first aid to be administered.

2.1 It also includes supervision of children involved in intimate self-care.

## Best Practice

3.0 Staff who provide intimate care at Moorside Primary School have undergone regular Safeguarding training, specific medical training (if needs relate to the Health Care Plan of a specific child) and are fully aware of the best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate.

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

3.2 As an additional safeguard, staff involved in meeting intimate care needs will not usually be involved with the delivery of sex education to the same children, wherever possible.

3.3 There is careful communication with each child (and/or parent), once they have been identified as requiring intimate care/first aid, where the procedure will be translated to them in line with their preferred method of communication e.g. verbally or using symbols etc. Where the child is of an appropriate age and level of understanding then permission should be sought before starting each intimate procedure.

3.4 All children 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 themselves as possible.

3.5 Children who require regular assistance with intimate care/**first aid** either have:

A Health Care Plan, which is written by the Special Educational Needs Coordinator (SENCo) alongside parents/carers and any other professionals actively involved with the child e.g. Nurse, Physiotherapist or Occupational Therapist. **These plans include the risks to the child due to their illness or medical condition and are followed alongside the Moving and Handling of Pupils Risk Assessment; including the personal safety of the child and/or carer and any historical concerns (such as past abuse), which will be noted and taken into account.**

**Children who require a daily procedure to be completed will also have a separate risk assessment detailing the risk to the child and the adults supporting and/or administering the procedure on a daily basis.**

Or

A formal written agreement between parents/carers and the setting. This will provide the school with parental consent to change the child on a daily basis should they require support. This will be used to support those children who do not have a medical or Special Educational Needs condition which inhibits them carrying out their own intimate care/**first aid**, but who need adult support during a specific period of time e.g. in Early Years when supporting children to transition from nappies to underwear. This procedure is reviewed regularly and updated in accordance with individual needs (Appendix A and B).

3.6 Where a Care Plan is not in place, parents/carers will be informed on the same day if their child has needed help with meeting intimate care/**first aid** needs (e.g. has had an 'accident' and wet/soiled themselves). It is recommended practice that information on intimate care/**first aid** should be treated as confidential and communicated in person where possible or by telephone or by sealed letter.

3.7 Every child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care/**first aid**. Adults who assist children one-to-one should be employees of the school and be CRB checked at the appropriate level.

3.8 It is not always practical for two members of staff to assist with an intimate procedure and also this does not take account of the child's privacy. It is advisable, however, for a member of staff to inform another adult when they are going to assist a child with intimate care/**first aid** so that both staff members aware that they are going to change a child, while ensuring that the second staff member is in the vicinity and visible or audible.

- 3.9 Ideally, wherever possible the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.
- 3.10 Wherever possible staff should care for a child of the same gender. However, in some circumstances this principle may need to be waived; for example, female staff supporting boys as no male staff are available. **Male members of staff should not provide routine intimate care/first aid (such as toileting, changing or bathing) for girls.** This is safe working practice to protect children and to protect staff from allegations of abuse.
- 3.11 The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.
- 3.12 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.
- 3.13 If necessary, advice should be taken from the Local Authority regarding the disposal of large amounts of waste products.

### Child Protection

- 4.0 The Governors and staff at Moorside Primary School recognise that children with Special Educational Needs and disabilities (SEND) are particularly vulnerable to all types of abuse.
- 4.1 The school's Safeguarding and Child Protection Policy **and its procedures will** be accessible to staff and adhered to.
- 4.2 From a child protection perspective, it is acknowledged that intimate care/**first aid** involves risks for children and adults as it may involve staff touching private parts of a child's body. It may be unrealistic to expect to eliminate these risks completely but, in this school, best practice will be promoted and all adults will be encouraged to be vigilant at all times.

- 4.3 Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.
- 4.4 If a member of staff has any concerns about physical changes in a child's presentation e.g. unexplained marks, bruises or soreness etc. they will immediately report those concerns to the Head Teacher and/or The Designated Safeguarding Lead (DSL), in accordance with school's child protection procedures.
- 4.5 If a child becomes distressed or unhappy about being cared for by a particular member of staff, this should be reported to the **Safeguarding Officer or DSL** (Head Teacher) immediately. The matter will be investigated at an appropriate level (usually by the Head Teacher) and outcomes are recorded accordingly. Parents/Carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- 4.6 If a child makes an allegation against an adult working at the school, this will be investigated by the Head Teacher (or by the Chair of Governors if the concern is about the Head Teacher) in accordance with the schools agreed procedures.
- 4.7 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 if the concern is about the Head Teacher.

### Consent

All parents will be asked to provide consent for their child to receive intimate care/first aid of any nature as part of the annual consent process and as part of the admissions to school process. This is to ensure we have an accurate and up to date record of consent and this will be consulted prior to any intimate care/first aid being administered. It is noted that if consent is not given then parents will be called to provide said care.

### Informing Parents of an Incident

1. Parents/carers will be informed on the same day if their child has needed help with meeting intimate care/first aid needs (e.g. has had an 'accident' (wet or soiled themselves) or requires intimate first aid). This will be done at the staff member's earliest convenience (call, Seesaw or in person). Again - for the purpose of this policy, intimate care

also includes the checking (visual and physical) and application of first aid by an adult on a child who indicates that they are in pain/discomfort, had an accident or it is clearly visible that they require intimate first aid to be administered.

2. In addition to informing parents, a daily record of incidents are also logged and an Assistant Head Teacher will monitor this each week. This is an accurate written account detailing; when the child was changed, the time they were changed, by whom and if any additional first aid was administered/further actions taken.
3. If a child complains of or indicates pain in an intimate area then parents will be informed the same day. If the child then requires any intimate care/first aid to be carried out by a member of staff then it will be logged in the accident book, the staff members Line Manager and the child's parents will be informed immediately. The full incident will then be recorded on CPOMS.
4. If a child has been identified (and parents are in agreement) as having difficulties with toileting or require intimate care/first aid multiple times per day then this must be recorded in the same way (above) and reported to parents at the end of the day. This type of system forms part of a long-term support plan, which is agreed in conjunction with the child's parents and reviewed regularly to ascertain if there may be an underlying need or if further Health referrals are required.
5. Any concerns which may arise as part of completing the intimate care/first aid care will be raised with the Parent/Carer in the first instance, by the child's Class Teacher or staff member supporting them that day, unless it is a safeguarding concern and it is felt in doing so the child will be put at further risk, then normal child protection procedures will be followed.



# APPENDICIES

## Appendix A - EYFS TOILETING BEST PRACTICE POLICY

### Early Years Foundation Stage (EYFS) Guidance

Due to the increased likelihood of intimate care/**first aid** procedures being undertaken in our EYFS (Nursery and Reception classes) we encourage all parents/carers to try to ensure that their child is toilet trained before they start school if possible. However, we acknowledge that in some cases a child may have a specific underlying medical and/or SEN needs and they may therefore require an individual Health Care Plan to support their needs. This will be written by the SENCo alongside parents/carers and professionals where appropriate and written in-line with the Equality Act (2010).

### Links to Intimate Care Policy

Any issues around toileting should be discussed at a meeting with the parents/carers prior to admission into the school wherever possible. The meeting will provide an opportunity to involve other agencies as appropriate, such as a Health Visitor or School Nurse. Parents/ Carers will be advised how school will support their child; all documents linked to whole school policies will be shared during this meeting and any consent required will be obtained prior to the child starting school. This might include:

### Appendix B: Personal care plan (for child not yet fully toilet trained)

In line with the Equality Act (2010) and Supporting Pupils with a Medical Condition (2015) we as a setting will:

- Change the child should they soil themselves or become wet
- Agree with parents/carers how often their child should be routinely changed and which adult/s will carry out the procedure<sup>[1]</sup><sub>[SEP]</sub>
- Support the child and parents/carers to gradually reduce the amount of changes their child requires in line with their needs and development
- Report any safeguarding concerns directly to the Safeguarding Officer or DSL (Head Teacher)
- Report any educational/developmental concerns to the SENCo
- Continually review arrangements made with parents/carers to ensure their child's needs are continually met
- Encourage the child's participation in toileting procedures wherever possible

In most cases the need for intimate care/first aid will reduce in accordance with their development, however, in some cases a more specific support plan may be required though the use of a: 'Personal Care Plan'. This will only be initiate after discussions with parents/carers and only if they are in agreement with the plan proposed. This plan will be in the best interests of the child and will only be used to provide a more robust toileting plan if they are finding usual systems difficult to master.

Where appropriate, parents/carers and the school will agree a toilet training program with the support of other health professionals such as the Health Visitor, Social Services or the School Nurse. They will also be able to provide support for parents/carers outside of school hours to help the child master toileting.

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

Staff should be fully aware of best practice regarding infection control, including the requirement to wear full PPE (disposable gloves, aprons, face mask and goggles where appropriate). Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes.

An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care. Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including appropriate DBS checks.

It is every child's right to privacy and their modesty will be respected.

## Appendix B – Personal Care Plan

Moorside Primary School Personal Care Plan	
Child's Full Name	
Male/ Female	
Date of Birth	
Parent/Carer's full name	
Address	

Completed by: \_\_\_\_\_ (member of staff)

Date of Plan: \_\_\_\_\_

Date to review Plan: \_\_\_\_\_

<b>Who will change the child?</b>
<b>How will be the child be changed?</b>
<b>Parents/carers are responsible for providing the following items in order to best meet the child's intimate care needs:</b> <ul style="list-style-type: none"><li>- Wipes</li><li>- Nappies</li><li>- Pull ups</li><li>- Nappy sacks</li><li>- Spare clothes</li></ul>
<b>Should you fail to do this, you will be contacted immediately and asked to provide the pre-</b>

**agreed resources.**

**How will the changing occasions be recorded and how this will be communicated to child's parent/ carer?**

Records are kept in Nursery/Reception Classroom that detail incident, time of incident, brief outline of staff response, staff signature This will be communicated to parents via Seesaw/verbally at the end of each day.

**How will wet or soiled clothes be dealt with?**

Clothes will be bagged and handed to parents/carers at the end of the school day.

**Any other comments/ important information e.g., medical information?**

**Please note that if your child is unduly distressed or upset you will be contacted for further assistance.**

This plan has been discussed with me and I agree to:

- Change my child immediately before they starts school each day
- Advise school of any marks or rashes on my child
- Provide the resources outlined above
- Encourage my child's participation in toileting procedures at home as appropriate and as often as possible

Signed: \_\_\_\_\_

Parent/Carers Full Name: \_\_\_\_\_

Staff signature \_\_\_\_\_

(N.B. Copy will be provided for Parent/Carer upon request)