

SAWLEY INFANT & NURSERY SCHOOL



Personal & Intimate Care Policy

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1. Introduction

Sawley Infant & Nursery School is committed to providing the highest quality care, which meets the individual needs of children, and promotes their dignity, privacy and independence.

This policy is underpinned by the following guiding principles:

- Assistance with intimate and personal care must be provided in a manner which is respectful of the child's rights to feel safe and secure, to remain healthy, and to be treated as an individual.
- Children have a right to information, in a format which is understandable, so that they can ask questions or express their concern about personal and intimate care routines.
- Children should be consulted as far as possible and encouraged to participate in decision-making about their intimate and personal care.
- Decisions and plans about intimate and personal care are made in partnership with parents/carers.

Any person carrying out any personal or intimate care tasks for pupils at Sawley Infant & Nursery School must do so in accordance with this policy. **Only staff members** may carry out intimate care tasks.

In accordance with the Equality Act 2010, Sawley Infant & Nursery School is committed to making reasonable adjustments to meet the needs of children with disabilities, including those who are not continent. Accessible toilets in the nursery setting and main school building are accessible for disabled pupils and changing facilities are available in both settings.

Sawley Infant and Nursery School do not list continence as part of their admissions policy. However, schools are not expected to routinely toilet train pupils. Therefore, unless a child has a disability or defined medical condition, it is expected that parents/carers will have trained their children to be clean and dry by the time they start school. All parents are supported by staff to toilet train children in nursery, if this has not already been achieved before starting in the nursery setting.

When a child has a disability which includes complex continence or moving and handling needs, it may be appropriate for the relevant health professionals to draw up a health care plan. Any plan should be reviewed every six months or sooner if the child's needs suddenly change.

This policy complies with the Equality Act 2010 and [statutory safeguarding guidance](#) as set out in the latest version of Keeping Children Safe in Education.

This policy should be considered in conjunction with our other relevant policies and/or guidance including:

- Child Protection and Safeguarding policy
- Administration of medicines policy
- Supporting children with medical conditions
- Health and Safety
- Moving and Handling (part of Health & Safety)
- Cleaning of Bodily Fluid Spillages (part of Health & Safety)
- Equality and diversity
- Complaints Procedure

It also complies with our funding agreement and articles of association.

2. Aims & scope

This policy applies to all staff and other adults working in school and aims to:

- Ensure that intimate care is carried out properly by staff, in line with any agreed plans
- Ensure that the dignity, rights and wellbeing of children are safeguarded
- Safeguard the rights of staff who are involved in providing personal and intimate care.
- Ensure inclusion for all pupils and that pupils with intimate care difficulties are not discriminated against, in line with the Equalities Act 2010
- Ensure that parents are assured that staff are knowledgeable about intimate care and that the needs of their children are taken into account
- Ensure that staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved.
- Ensure continuity of care between parents/carers and involved professionals
- Ensure all staff involved in personal and intimate care have access to appropriate training

3. Definitions

Personal care tasks can be defined as those that involve touching which is socially acceptable is non-personal or intimate. Such tasks are generally aimed at helping with presentation or enhancing social functioning and may include:

- administering medication
- helping a child to eat or drink
- brushing a child's hair or teeth
- helping a child to dress or undress
- washing a child's non-personal body parts
- encouraging a child to go to the toilet.

Intimate care tasks are defined as those associated with bodily functions, body products, and personal hygiene routines which demand direct or indirect contact with or exposure to the genitals, including tasks such as:

- dressing and undressing (underwear)
- helping with the use of the toilet
- changing continence pads/nappies (faeces and/or urine),
- bathing/ showering
- washing personal and intimate parts of the body

4. Role of parents

4.1 Seeking parental permission

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents will be asked to sign a consent form (Appendix 2). This will be shared with all parents at induction.

For children whose needs are more complex or who need particular support outside of what's covered in the permission form an intimate care plan (Appendix 1) will be created in discussion with parents (see section 3.2 below).

Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure.

If the school is unable to get in touch with parents and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents afterwards.

4.2 Creating an intimate care plan (Appendix 1)

Where an intimate care plan is required, it will be agreed in discussion between the school, parents, the child (when possible) and any relevant health professionals.

The school will work with parents and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents will be consulted.

The plan will be reviewed once a year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

4.3 Sharing information

The school will share information with parents as needed to ensure a consistent approach. It will expect parents to also share relevant information regarding any intimate matters as needed.

5. Role of staff

5.1 Who will be responsible

Any roles which include a requirement to carry out intimate care will have this set out in their job description. No other staff members can be required to provide intimate care. Teachers' conditions of service are listed in the STPC document which makes no reference to care tasks. However, teachers may complete this role if they are willing to do so and that this would provide the best support for the child due to the age and vulnerabilities of the individual child.

All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

5.2 Ensuring staff competency

- Staff need to be given information during the recruitment process about the types of intimate and personal care they may be required to carry out and this should be included in any job description/role profile.
 - Staff should have access to a set of procedures which give detailed guidance on how to carry out specific activities related to intimate and personal care and any individual care plan which is in place for a child.
- Staff will receive:
- Appropriate initial and on-going instruction/training in how to carry out intimate and personal care activities. This may include both generic training, and specific instruction in how to assist particular children.
 - Regular safeguarding training
 - If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as is possible

Staff will be familiar with:

- The control measures set out in risk assessments carried out by the school
- Hygiene and health and safety procedures, including those related to COVID-19

They will also be encouraged to seek further advice as needed.

6. Partnership working

In some circumstances it may be appropriate for the school to set up a home/school agreement as part of appendix 1 that defines the responsibilities that each partner has, and the expectations each has for the other. This might include:

The parent:

- Agreeing to ensure that the child is changed at the latest possible time before being brought to the setting/school
- Providing the setting/school with spare nappies and a change of clothing
- Understanding and agreeing the procedures that will be followed when their child is changed at school - including the use of any cleanser or the application of any cream.
- Agreeing to inform the setting/school should the child have any marks/rash.
- Agreeing to a “minimum change” policy i.e. the setting/school would not undertake to change the child more frequently than if s/he were at home.
- Agreeing to review arrangements should this be necessary.

The school:

- Agreeing to change the child at any time should the child soil themselves or become uncomfortably wet.
- Agreeing how often the child would be changed should the child be staying for the full day.
- Agreeing to inform parents/carers should the child be distressed or in physical discomfort (this is separate from any action taken in response to any child protection concerns).
- Agreeing to review arrangements should this be necessary.

This kind of agreement should help to avoid misunderstandings that might otherwise arise, and help parents feel confident that the school is taking a holistic view of the child's needs.

7. Intimate care procedures

7.1 How procedures will happen

Child Protection

The normal process of changing a nappy should not raise child protection concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the nappy changing process to ensure that abuse does not take place. Few settings/schools will have the staffing resources to provide two members of staff for nappy changing and DBS checks are carried out to ensure the safety of children with staff employed in childcare and education settings. A student on placement should not change a nappy unsupervised. In exceptional circumstances, if there is a known risk of false allegation then a single practitioner should not undertake nappy changing. Setting/school managers are encouraged to remain highly vigilant for any signs or symptoms of improper practice, as they do for all activities carried out on site.

Procedure for Personal Care

We have clear written guidelines for staff to follow when changing a child, to ensure that staff follow correct procedures and are not worried about false accusations of abuse. Parents will be made aware of the procedures the school will follow should their child need changing during school time.

- An employed member of staff will complete the nappy change. In most planned cases, this will be a Teaching Assistant or Keyworker. Only one member of staff will be present unless there is a known risk of false allegations by a pupil, or it includes an invasive procedure, e.g. catheter changing, unless with prior agreements from staff and parents.
- All changing will take place within the accessible toilets located in the nursery building or main school. If possible, children should be changed standing up or using the variable height changing table to avoid staff lifting children.
- Nappies in the correct size should be provided by the parents.
- Staff must use disposable gloves and disposable aprons when changing a child. Gloves, apron and any items used for cleaning the changing area will be wrapped and disposed of via domestic waste.
- The child's skin should be cleaned with a disposable wipe. These should be provided by the parent but a supply in school is kept.
- Nappy creams/lotions should be labelled with the child's name and used only if prescribed for that child (by their parents). These should be provided by the parent.
- The nappy should be folded inward to cover faecal material and double wrapped in a nappy bag. Soiled nappies should be disposed of into the nappy bin provided. The disposal bin should be lined and emptied regularly, replacing the used bin liner.
- Any soiled or damp clothing should be placed in a plastic carrier bag and discretely returned to the parent.
- Once the child has been changed and removed from the changing area, the surface should be cleaned with an antibacterial detergent spray or wipe and left to dry
- Hot water and liquid soap must be used to thoroughly wash hands after the task is completed. Paper towels are available in each accessible toilet, for drying hands.

In the case of complex continence needs, the child's medical practitioners will need to be closely involved in forward planning and drawing up a health care plan.

- The number of adults involved with giving intimate and personal care should be based on individual need. Under normal circumstances, the child's need for privacy would indicate that one carer is sufficient. However, two or more carers may be required on occasion, for example where this is necessary to support children with behavioural needs, or where more than one carer is needed to assist with moving and handling. Where more than one carer is present the reasons must be clearly documented.
- Careful consideration should be given to how many adults might be involved in providing intimate care for a particular child. It would be inappropriate for one adult to have the sole responsibility of providing care for a child. This could create difficulties if the adult was absent from work or lead the child to become over reliant on one particular adult.
- Adults should not provide intimate care for a child in an isolated part of a building and doors should be left unlocked whenever possible.
- There is a need to strike a balance between protecting the child's dignity by not drawing on too large a pool of carers, and on the other hand, protecting the child from over-dependence on one carer.
- The child's preferences about gender of carer should be respected wherever possible.
- Services and settings need to make provision for emergencies such as a member of staff on sick leave.

Procedures will be carried out in the accessible toilet in either the nursery or main school building.

Procedures will be carried out in a COVID-safe way according to the school's risk assessment and COVID-19 protocol.

When carrying out procedures, the school will provide staff with:

- disposable aprons
- disposable gloves and hand sanitiser.

For pupils needing routine intimate care, the school expects parents to provide, when necessary, nappies, wipes, nappy bags, underwear and/or a spare set of clothing. A spare supply of wipes, nappies, clothing and bags will be kept by school for use in an emergency.

Any soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents at the end of the day.

7.2 Concerns about safeguarding

If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this to the DSL.

If a child is unduly distressed by the experience, is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to the DSL.

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures.

8. Monitoring & Review

This policy will be reviewed by the Headteacher every three years or more frequently as required. At every review, the policy will be approved by the governing board.

Personal and intimate care plans should be reviewed as a minimum annually or when there are any significant changes in a child or young person's needs.

9. Our Approach to Best Practice

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is 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 (including Child Protection and Health and Safety training in Moving and Handling) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist / occupational therapist as required.

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.

Individual intimate care plans will be drawn up for particular 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 might need to be present when a child is toileted. Where possible, one child will be catered for by one adult, but a second adult should be made aware that intimate care is taking place.

Wherever possible the same child will not be cared for by the same adult on a long-term basis. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers.

Intimate care arrangements will be discussed with parents/carers and recorded in an individual intimate care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staff and equal opportunities legislation.

The Protection of Children

Safeguarding procedures will be adhered to. In line with the school's safeguarding policy, if a member of staff has any concerns about physical changes in a child's presentation e.g. marks, bruises, soreness, etc s/he will immediately report concerns to the Designated Safeguarding Lead for child protection.

Health and Safety

Health and safety advice will be sought through the Health and Safety SLA with the Local Authority provider and through the School Nurse Service.

Further Guidance

"Working Together To Safeguard Children", Inter-Agency Child Protection Procedures. 2018.

Pupils in Distress

The school recognises that there may be times when a pupil is distressed and needs to be comforted and reassured and this might include physical touch such as a caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and not subject to misinterpretation.

Judgment will need to take account of the circumstances of a pupil's distress, their age, the extent and cause of the distress. Unless the child needs an immediate response, staff should consider whether they are the most appropriate person to respond.

Particular care must be taken in instances which involve the same pupil over a period of time. Where a member of staff has a particular concern about the need to provide this type of care and reassurance they should seek further advice from their line manager or other appropriate person.

Menstruation

Girls who are in the early stages of puberty may need support from a female member of staff. Where such assistance is required girls will be provided with sanitary towels and treated sensitively.

Physical Education and Other Skills Coaching

Some staff are likely to come into physical contact with pupils from time to time in the course of their duties when participating in games, demonstrating an exercise or the use of equipment.

Staff should be aware of the limits within which such contact should properly take place and of the possibility of misinterpretation.

Where it is anticipated that a pupil might be prone to misinterpret any such contact, alternatives should be considered, perhaps involving another member of staff or a less vulnerable pupil in the demonstration.

Changing Clothes

Young people are entitled to respect and privacy when changing clothes. However, there must be the required level of supervision to safeguard young people with regard to health and safety considerations and to ensure that bullying or teasing does not occur. When changing for physical activity pupils will be supervised.

Out of School Trips, Clubs etc

Employees should take particular care when supervising pupils on trips or a residential setting or after-school activity. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of staff will be no different from the behaviour expected within school. Staff involved in such activities should also be familiar with their school's policy and guidance regarding out of school activities.

To ensure pupils' safety, increased vigilance may be required when monitoring the behaviour of pupils on trips or after school activities etc

Meetings with pupils away from the school premises where a chaperone will not be present are not permitted unless specific approval is obtained from the head teacher or other senior colleague with delegated authority. Staff should not place themselves in a position where they are in a vehicle, house or other venue alone with a child.

Appendix 1: Individual Intimate Care Plan

PARENTS/CARERS	
Name of child	
Type of intimate care needed	
How often care will be given	
What training staff will be given	
Where care will take place	
What resources and equipment will be used, and who will provide them	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan	
CHILD	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
Date	
PARENTAL AGREEMENT	
<ul style="list-style-type: none">• I agree to ensure that my child is changed at the latest possible time before being brought to the setting/school• I will provide the school with spare nappies and a change of clothing• I understand and agree to the procedures that will be followed when my child is changed at school - including the use of any cleanser or the application of any cream.• I agree to inform the school should the child have any marks/rash.• I agree to a "minimum change" policy i.e. the setting/school would not undertake to change my child more frequently than if s/he were at home.• I agree to review arrangements should this be necessary.	
Parent name	
Relationship to child	
Parent signature	
Date	

SCHOOL AGREEMENT

- We agree to change the child at any time should the child soil themselves or become uncomfortably wet.
- We agree to inform parents/carers should the child be distressed or in physical discomfort (this is separate from any action taken in response to any child protection concerns).
- We agree to review arrangements should this be necessary.

Staff name	
Staff signature	
Date	

REVIEW

This plan will be reviewed once a year.	
Next review date:	

Appendix 2: Parent/carer Consent Form

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of parent/carer	
Address	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)	
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	
<p>I do not give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident).</p> <p>Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed).</p> <p>I understand that if the school cannot reach me or my emergency contact if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.</p>	
Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	