

Barnburgh Primary Academy



INTIMATE CARE POLICY

VERSION	AUTHOR	SUMMARY OF CHANGES	DATE PUBLISHED	DATE OF REVIEW
1.0	LO	Reviewed and added to new format	July 2024	2 yearly

1. STATEMENT OF INTENT

- 1.1 Barnburgh Primary Academy understands the importance of its responsibility to safeguard and promote the welfare of children.
- 1.2 Pupils may require assistance with intimate care, as a result of their age or due to having SEND. In all instances, effective safeguarding procedures are of paramount importance.
- 1.3 This policy has been developed to ensure that all staff responsible for providing intimate care undertake their duties in a professional manner at all times and treat children with sensitivity and respect.
- 1.4 The academy is committed to providing intimate care for children in ways that:
 - Maintain their dignity.
 - Are sensitive to their needs and preferences.
 - Maximise their safety and comfort.
 - Protect them 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 can.
 - Protect the rights of all others involved.

2. LEGAL FRAMEWORK

- 2.1 This policy has due regard to the relevant legislation, including, but not limited to, the following:
 - Equality Act 2010
 - Safeguarding Vulnerable Groups Act 2006
 - Childcare Act 2006
 - Education Act 2002
 - Education Act 2011
 - The Control of Substances Hazardous to Health Regulations 2002 (as amended in 2004)
- 2.2 This policy has due regard to the relevant statutory guidance, including, but not limited to, the following:
 - DfE (2022) 'Keeping children safe in education'

3. WHAT IS INTIMATE CARE?

- 3.1 For the purpose of this policy, 'Intimate Care' is the hands-on, physical care in personal hygiene, as well as physical presence or observation during such activities.
- 3.2 Intimate Care includes the following:
 - Body bathing other than to the arms and face, and to the legs below the knee.
 - Application of medical treatment other than to the arms and face, and to the legs below the knee.
 - Toileting, wiping and care in the genital and anal areas.
 - Dressing and undressing.

4. ROLES AND RESPONSIBILITIES

- 4.1 The headteacher is responsible for:
- Ensuring that intimate care is conducted professionally and sensitively.
 - Ensuring that the intimate care of all children is carefully planned, including the creation of individual plans following discussions with parents and child and with the input of the SENDCO.
 - Communicating with parents in order to establish effective partnerships when providing intimate care to children.
 - Handling any complaints about the provision of intimate care in line with the Academy Complaints Procedures Policy.
- 4.2 The Early Years Leader and / or Inclusion Manager are responsible for:
- Meeting with Parents or Carers who have children who require regular intimate care to write an Intimate Care Plan.
 - Review the Intimate Care Plans every half term with Parents / Carers
- 4.3 All members of staff who provide intimate care are responsible for:
- Undergoing annual training for the provision of intimate care.
 - Undertaking intimate care practice respectfully, sensitively and in line with the guidelines outlined in this policy.
 - Recording incidents of Intimate Care on Medical Tracker.
- 4.4 Parents are responsible for:
- Liaising with the Academy to help with the development of an Intimate Care Plan.
 - Providing their consent to the Academy's provision of their child's intimate care.

5. PROCEDURES FOR INTIMATE CARE

- 5.1 Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many staff might need to be present when a child needs help with intimate care. Where possible, one child will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reason should be clearly documented on the child's Intimate Care Plan.
- 5.2 Wherever possible, the same child will not be cared for by the same adult on a regular basis; there will be a minimal rota of staff 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, whilst at the same time guarding against the care being carried out by a succession of completely different staff members.
- 5.3 Before a member of staff provides intimate care for a child, they will always ask permission from the child first. This will be done in the presence of another adult.
- 5.4 Before a member of staff provides intimate care for a child, they will discreetly inform another adult (preferably the class teacher) what they are going to do.
- 5.5 All children who require **regular** intimate care will have an Intimate Care Plan (Appendix A) which will be reviewed half termly with the child's parents or carers.
- 5.6 Staff will use Medical Tracker to inform parents or carers when their child has received intimate care.
- 5.7 In addition to any designated changing times, staff will provide additional intimate care if it is necessary; no child will be left in wet / soiled clothing or nappies. All intimate care will be recorded on Medical Tracker.

- 5.8 Each child using nappies will keep their own nappies in their own labelled bag. There will be clean nappies, wipes and any other individual changing equipment. The children will have spare clothes.
- 5.9 Before changing a child's nappy, members of staff will put on disposable gloves and aprons and the changing area will be cleaned appropriately.
- 5.10 The changing areas will be kept warm and comfortable for the children. There is an allocated cubicle for intimate care which provides some privacy for the child whilst remaining open for the adult carrying out the intimate care.
- 5.11 Where possible staff will change children standing up to support and encourage the transition to using the toilet.
- 5.12 Hot water and liquid soap are available for staff to wash their hands before and after changing a nappy; the changing area will also be cleaned appropriately.
- 5.13 The changing area has paper towels available for members of staff to dry their hands.
- 5.14 Any soiled clothing will be placed in a tied/ double bagged nappy bag and placed back in their bag where they are returned to parents at the end of the day.
- 5.15 Any used nappies will be tied in a bag and placed in the nappy bin in the toilets.
- 5.16 Any bodily fluids that transfer onto the changing area will be cleaned appropriately.
- 5.17 If the child requires cream or other medicine, such as nappy rash, this will be provided in accordance with the Administering Medication policy, and full parental consent will be gained prior to this.
- 5.18 Older children and those who are more able will be encouraged to use the toilet facilities and will be reminded at regular intervals to go to the toilet.
- 5.19 Staff will work with children and parents to encourage using the toilet. This will be reviewed every half term through the intimate care plans.

6. PARENTAL ENGAGEMENT

- 6.1 Barnburgh Primary Academy will liaise closely with parents to establish individual Intimate Care Plans for each child which will set out the following:
 - What care is required.
 - Number of staff needed to carry out the care.
 - Any additional equipment needed.
 - The child's preferred means of communication, e.g. visual/ verbal, and the terminology to be used for parts of the body and bodily functions.
 - The child's level of ability, i.e. what procedures of intimate care the child can do themselves.
 - Any adjustments necessary in respect to cultural or religious views.
- 6.2 The procedure for monitoring and reviewing the intimate care plan.
- 6.3 The information concerning the child's intimate care plan will be stored confidentially in the Academy office on CPOMs and in the inclusion office, and only the parents and the designated member of staff responsible for carrying out the child's intimate care will have access to the information.
- 6.4 The parents of the child are required to sign the Intimate Care Plan to provide their agreement.
- 6.5 All parents and Carers will be asked to sign a consent form before their child starts school to give their consent for staff to carry out intimate care should a child require it. This will be sent out in the transition packs before children start school.
- 6.6 In respect of the above, if no parental consent has been given and the child does not have an intimate care plan but the child requires intimate care, parents will be contacted by phone in order to gain consent. Once the intimate care has been provided, parents will be informed via Medical Tracker.

- 6.7 Any changes that may need to be made to a child's Intimate Care Plan will be discussed with parents. The Intimate Care Plan will then be updated.
- 6.8 Parents will be asked to supply the following for the child's intimate care bag:
- Spare nappies
 - Wipes
 - nappy sacks
 - Spare clothing
 - Spare underwear

7. SAFEGUARDING PROCEDURES

- 7.1 The Academy adopts rigorous safeguarding procedures in accordance with the Child Protection and Safeguarding Policy and will apply these requirements to the intimate care procedures.
- 7.2 Intimate care is classified as regulated activity; therefore, the Academy will ensure that all adults providing intimate care have undergone an enhanced DBS check (which includes barred list information) enabling them to work with children.
- 7.3 All members of staff will receive safeguarding training on an annual basis, and receive child protection and safeguarding updates as required, but at least annually.
- 7.4 All members of staff are instructed to report any concerns about the safety and welfare of children with regards to intimate care, including any unusual marks, bruises or injuries, to the DSL in accordance with the Academy's whistleblowing policy.
- 7.5 Any concerns about the correct safeguarding of children will be dealt with in accordance with the Child Protection and Safeguarding Policy and Allegations of Abuse Against Staff Policy.
- 7.6 In order to strike a balance between protecting staff and maintaining the privacy, dignity and security of the child, schools need to carefully consider how many members of staff should be present for personal care. The number of staff required will depend on each child's situation and their unique needs.
- 7.7 Some personal care procedures may require two members of staff for health and safety reasons, such as manual handling. This will be discussed with parents or carers and written into the child's intimate care plan.
- 7.8 The only requirements in law with regard to staffing levels for personal care are that the member of staff helping the child must notify another member of staff when they are going alone to assist a pupil. They must ensure another member of staff is in the vicinity and visible or audible.**
- 7.9 If a situation arises that causes concern to staff helping with personal care, they should call the second member of staff if necessary. They should also report and record the incident.
- 7.10 Record any concerns about the way in which the child behaves during a personal care procedure or any comments they've made. Discuss these with senior staff immediately.

8. MONITORING AND REVIEW

- 8.1 This policy will be reviewed biannually by the headteacher and DSL, who will make any changes necessary and communicate these to all members of staff.
- 8.2 All members of staff are required to familiarise themselves with this policy as part of their induction programme.

9. TOILET INTRODUCTION PROCEDURES

- 9.1 As children develop bladder control, they will pass through the following three stages:
- The child becomes aware of having wet and/ or soiled pants.
 - The child knows that urination/ defecation is taking place and can alert a member of staff.
 - The child realises that they need to urinate/ defecate and alerts a member of staff in advance.
- 9.2 During these stages, members of staff will assess the child over a period of two weeks to determine:
- If there is a pattern to when the child is soiled/ wet.
 - The indicators that the child displays when they need the toilet e.g. facial expressions.
- 9.3 Staff will implement the following strategies to get children used to using the toilet and being independent:
- Familiarise the child with the toilet, washing hands, flushing the toilet and referencing other children as good role-models for this practice.
 - Encourage the child to use the toilet when they are using their personal indicators to show that they may need the toilet.
 - Take the child to the toilet at a time when monitoring has indicated that this is when they would usually need the toilet.
 - Ensure the child can reach the toilet and is comfortable doing so.
 - Stay with the child and talk to them to make them more relaxed about using the toilet.
 - Don't force the child to use the toilet if they don't want to, but still encourage them to do so using positive language and praise.
 - Deal with any accidents discreetly, sensitively and without any unnecessary attention.
 - Be patient with children when they are using the toilet, and use positive language and praise to encourage them.

10. CHECKLIST FOR INTIMATE AND PERSONAL CARE PROCEDURES

- 10.1 Opportunities to develop and use social skills should be integrated within intimate and personal care routines.
- 10.2 Children/young people should be enabled to communicate their needs and preferences during intimate and personal care activities.
- 10.3 When referring to care routines or body parts care should be taken to use appropriate and agreed language.
- 10.4 Intimate and personal care procedures must only be carried out in line with the guidance/information and training given for the procedures to be carried out.
- 10.5 Where staff are uncertain how to carry out an activity, guidance should be sought from their manager.
- 10.6 Staff should familiarise themselves with the child/ young person's individual intimate and personal care plan before assistance is given.
- 10.7 Care must be taken to communicate with the child throughout the activity.

- 10.8 Children/young people should be encouraged to do as much as they can for themselves. For example, when supporting toileting needs best practice is:
- Encourage the child to remove soiled items of clothing, clean themselves and dress using clean spare clothes.
 - Staff hands should be washed thoroughly before and after the change and they should be encouraged and supported to wash their own hands wherever possible.
 - Assist with cleaning if necessary: the child should only return to learning if they are clean and comfortable.
 - Wear disposable gloves and aprons to reduce the risk of infection.
 - All soiled waste and protective equipment used should be bagged as offensive/hygiene waste and disposed of appropriately.
 - Children should be changed stood up where possible with the toilet door open.
 - Bag up soiled clothes to be sent home with the child and alert the parents/ carers through established home communication channels.
 - Staff to inform parents / carers of any intimate care via Medical Tracker.
 - Explain to parents/ carers that spare clothes provided by the school need to be cleaned and returned as soon as possible.
- 10.9 The utmost care must be taken to ensure dignity, privacy and respect. This will be dependent on age and needs of the children.