

Witton Gilbert Primary School



Supporting Pupils with Intimate Care Needs Policy

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Review Due	May 2023
Headteacher	Mrs Paula Nelson
Chair of Governors	Mrs Michelle Harrison

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1. Aims

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.

Intimate/Personal 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 – which require direct or indirect contact with or exposure of the genitals. Examples include care associated with incontinence – wetting/soiling, catheterisation, menstrual management as well as tasks such as washing and bathing.

This policy aims to ensure that:

Intimate care is carried out properly by staff, consistently and in line with any agreed plans

The dignity, rights and wellbeing of children are safeguarded

Pupils with intimate care difficulties are not discriminated against, in line with the Equalities Act 2010

Parents are assured that staff are knowledgeable about intimate care and that the needs of their children are considered

Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves, the educational setting and the pupils involved

Intimate care refers to any care which involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

2. Legislation and statutory guidance

- a) This policy complies with the statutory safeguarding guidance detailed within the Keeping Children Safe in Education 2021 legislation.
- b) The Children Act 2004 - Principles of the Act:
 - To allow children to be healthy
 - Allowing children to remain safe in their environments
 - Helping children to enjoy life
 - Assist children in their quest to succeed
 - Help make a positive contribution to the lives of children
 - Help achieve economic stability for our children's futures
- c) The Equality 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. Anyone with a condition that affects aspects of personal development must not be discriminated against. It is also unacceptable to refuse admission to children who have toileting/intimate care needs.
Educational providers have an obligation to meet the needs of pupils with delayed personal development in the same way as they would meet the needs of pupils with any other developmental delay. Children should not be excluded from any normal pre-school or school activities because of incontinence and intimate/personal care needs.
- d) Supporting Pupils with Medical Conditions – statutory guidance DfE 2014. In September 2014, a new duty was introduced for schools to make arrangements to support pupils with medical conditions. It is intended to help schools/governing bodies meet their legal responsibilities and sets out the arrangements expected based on good practice. The aim is to ensure that children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

3. Role of parents/carers

3.1 Seeking parental permission

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents in EYFS and KS1), parents will be asked to sign a consent form to give permission for intimate care (appendix 1).

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 will be created in discussion with parents (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.

3.2 Creating an intimate care plan

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.

When a child with highly complex needs is admitted to the school, the appropriate health team members, SEND Team OT 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 SEND budget or LA funds may need to be allocated.

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 twice a year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

See appendix 2 for a blank template to see what this will cover.

3.3 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.

4. Role of staff

4.1 Which staff will be responsible

Any roles who may carry out intimate care will have this set out in their job description. This includes the Headteacher, Deputy Headteacher, Assistant Headteacher, Teachers, Higher Level Teaching Assistants, Teaching Assistants, After-school club staff and, in the case of being the second member of staff present to support (but not carry out) intimate care needs, the School Office Manager or Play Leader.

No other staff members can be required to provide intimate care, instead they will discreetly inform a member of school staff who should be able to assist (e.g. if a child needs intimate care while supervised at lunchtime or while working with supply cover staff).

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.

4.2 How staff will be trained

Staff will receive:

- Training in the specific types of intimate care they undertake

- Regular safeguarding training – at least yearly, with formal staff meeting updates on a regular basis

- If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as is possible

They 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; this can be sourced from other staff including the SENDCO, supporting children with medical needs team and the SLT (who are DSL in school). The LA contact for this area is also a recommended source of advice – see appendix 5.

5. Intimate care procedures

5.1 How procedures will happen

When routine and anticipated intimate care, needs are being provided for – usually pre-addressed in a care plan - staff will work in a team of 2 to meet these needs. Due to staffing needs within school, the second member of this team can be someone who is not classroom based e.g. the school office manager or play leader. However, it is important to note that no unnecessary staff should be present, and no other staff should interrupt the care procedure.

If the intimate care needs are occasional then on some occasions it may only be possible to have one member of staff to support a child (for example, if a child who is usually able to take care of their own toileting needs is ill/distracted and needs clothes/clean up wipes provided for changing, but is capable of meeting their own needs otherwise) but if a child needs adult support to take care of their needs then a 2 person team will be required to help. Parents will always be notified of these occasions by telephone and individual choice given as to how to proceed for the remainder of the school day.

WGPS is aware that it is best practice from a health and safety and safeguarding perspective to have 2 members of staff present. All incidents of occasional intimate care support will be recorded on the school CPOMS system and shared via this system with the DSL for safeguarding. Intimate care support that is regular or addressed via a care plan will be recorded on the associated paper documentation, as shared in appendices 1 or 2.

All adults carrying out intimate care or toileting tasks should be employees of the school and enhanced DBS checks should already be in place to ensure the safety of children, therefore safeguarding should not be a concern and parents can 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.

If a changing table is required to meet the needs of the individual, changing will be undertaken in Fred's pad. If the child is able to stand and sit without support, then the changing will take place privately in the appropriate pupil bathroom without other children present.

In cases that are routine and anticipated, the place where changing occurs will always be pre-determined and in line with the care plan of the individual, recorded with the care plan log in appendix 4.

In cases which are occasional, the needs of the child will be addressed in the safest, most respectful way; likely to use the same spaces as the child uses themselves for toileting needs, recorded in the occasional incident care log, appendix 3.

In cases that involve older children, where the support is simply to enable the child to access the bathroom/sanitaryware safely, the pupil will be given privacy once securely seated. The child will need to verbally attract the attention of the staff members once ready for the next step in their care plan; this is acceptable and staff need to adapt their input according to the wishes and needs of the child.

In all cases of intimate care, whenever possible, care agreements should take place in the same way at school as they do at home to ensure continuity of care, personal comfort and dignity for the child.

5.2 Health and Safety

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

Some children are more susceptible to infection due to the intimate nature of their medical needs, in this instance hygiene procedures are crucial in protecting pupils and staff from the spread of infections. 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.

If requests are made by parents for application of medical ointments/creams, these should be prescribed by the GP/hospital and clearly labelled with the child's name. They should not be shared between other children and

should be stored in a locked storage facility in line with the school's storage of medicines policy. Medication of this type which is prescribed can be applied in line with school policy on administering medications at school.

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 sanitary bins if possible 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. A normal disposal bin can be used if a sanitary bin is not available, however, the soiled items need to be wrapped properly in nappy bags and 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; 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 soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents at the end of the day.

Some pupils with physical disabilities may require manual lifting and 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 Physical difficulties SEND Team 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.

5.3 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 using the school's CPOMS safeguarding procedures.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to Mrs. P Nelson (Headteacher) and/or Mrs. K. Curry (Deputy Headteacher).

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. The member of staff will also be removed from the intimate care of others until the incident is investigated; they will only resume intimate care once school is certain it is safe for them to do so.

6. Monitoring arrangements

This policy will be reviewed by Mrs P. Nelson, Headteacher every 2 years. At every review, the policy will be approved by the governing body/an appropriate Governor committee.

7. Links with other policies

This policy links to the following policies and procedures:

- Accessibility plan
- Child protection and safeguarding
- COVID-19
- Health and safety
- SEND
- Supporting pupils with medical conditions
- Safeguarding
- GDPR

Durham Local Authority End Note

This guidance covers a number of areas relating to the procedures required for toileting and intimate/personal care of children in educational settings. However, it must be accepted that there has to be a degree of flexibility and judgement within some situations. This type of care may also involve some degree of risk; it may 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.

Appendix 1



Witton Gilbert Primary School Permission for school to provide intimate care

Name of parent/carer: _____

Name of child: _____

Date of birth: ____/____/____

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 my child has an infection)

I understand the procedures that will be carried out and I will contact the school immediately if I have any concerns

I **do not** give consent for my child to be washed and change in case of a toileting accident.

Instead, the school will contact me or my emergency contact and I will organise for my child to be washed and changed.

I understand that if the school cannot reach me or my emergency contact, staff will need to wash and change my child, following the school's intimate care policy, to ensure comfort and remove barriers to learning.

Parent signature:

Name of parent:

Relationship to child:

Date:

Appendix 2



Witton Gilbert Primary School Intimate care plan/risk assessment

Name of Child:	Class Teacher:
Date of birth:	Support staff to be informed of the care plan content:
Year group:	
Parent/carers present:	
School staff present:	
Other professionals involved in care/advisory role: (School Nurse, Health Visitor, Specialist Nurse, OT/Physio, SEND Staff)	

Parent/Carer and school agreement

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		
Who will provide the resources? <i>(If these include medications, relevant medication procedures should also be in place)</i>	<u>School</u>	<u>Parent/carers</u>
Infection Control and Disposal procedures in place		
How procedures will differ if taking place on a trip or outing		
Name of senior member of staff responsible for making sure care is carried out according to the intimate care plan		
Actions that will be taken if any concerns arise <i>(e.g. sore skin, rashes etc.)</i>		
How the care plan will be tracked		
Any additional information		
Name of parent or carer present		
Relationship to child		
Signature of parent or carer		
Date		
Headteacher/SENDCO name		
Signature of school staff member		
Date		

Child's views (if appropriate)

How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
The care plan has been shared with me and I understand what has been agreed	
Signature of child	
Date	

This plan will be reviewed twice a year.

Next review date:

To be reviewed by:

Signatures of school staff that have read and understood the care plan

Name and role	Signature

Appendix 5

For further advice and support, the Durham Local Authority recommend contacting
Gurby Sandhu
Occupational Therapist SEND & Inclusion Team
Gurby.Sandhu@durham.gov.uk
03000 263333