Intimate care policy

This policy has undergone an Equalities Impact Assessment in line with the requirements of the Public Sector Equality Duty

Committee:	Achievement
Policy Ratified:	March 2022
Review Date:	March 2025

Additional School Procedure – Section 5	
Committee:	
Procedure Adopted:	
Review Date:	

1.0 Aims

Intimate care is any care that involves washing, changing or carrying out a procedure to private parts of the body. It might include helping with washing, toileting and dressing, continence care or menstrual management. Most pupils can do this for themselves but it is recognised that some can't because of their age, physical difficulties or special educational needs. Intimate care also includes supervision of pupils involved in intimate self-care, if this is needed.

This policy aims to ensure that:

- Intimate care is carried out properly by staff, 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 taken into account;
- The religious views, beliefs and cultural values of pupils and their families will be taken into account;.
- 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.

This policy complies with statutory guidance. It should be read alongside the Partnership's Child Protection policy and the DfE publication, Keeping Children Safe in Education.

2.0 Roles and Responsibilities

<u>The Trust Board</u>

- Receive and approve the intimate care policy on a triennial basis.

<u>The LGB</u>

- Review section 5 of this policy
- Ensure that the intimate care policy is published on the school website

<u>The Headteacher</u>

- Complete section 5 (school-specific intimate care) and bring this to the LGB on a triennial basis
- Provide appropriate training support to staff as detailed in this policy and to enable staff to fulfill their roles
- Ensure that intimate care plans are reviewed on an annual basis and that parents are involved in the design of the plan.

3.0 Permissions and plan

3.1 Seeking parental permission

For children who need occasional intimate care (e.g. toileting accidents), school staff will inform parents/carers at the earliest opportunity and will provide appropriate support to maintain dignity and comfort for the child.

For children whose needs are more complex or who need particular support, an intimate care plan will be created in discussion with parents (see section 3.2 below).

3.2 Creating an intimate care plan

Where an intimate care plan is required, it will be agreed through discussion between the school, parents, the child (when possible) and 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. Every effort will be made to provide the child with staff of the appropriate gender to support religious and dignity/comfort needs.

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 annually even if no changes are necessary. The plan must be updated when there are changes to a pupil's needs.

Depending upon the level of need, intimate care might be ***written into an Education, Health and Care (EHC) plan (or equivalent document) rather than a separate intimate care plan or individual healthcare plan.***

Appendix 1 provides a template of the schools intimate care plans.

3.3 Sharing information

The school will share information with parents as needed to ensure a consistent approach. Parents are expected to share relevant information regarding any intimate matters as needed.

4.0 School-based staff

4.1 Staff deemed as responsible for providing intimate care

A post holder who is expected to carry out intimate care will normally have this set out in their job description. Where this doesn't feature in a job description, it can be agreed upon through negotiation. Only paid employees can carry out intimate care, the exception to this being where the parent supports school staff with intimate care.

Ordinarily, employees that carry out intimate care must have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment[1], as well as other checks on their employment history.

[1] Some staff may have been employed for some time. Where this is the case, the headteacher might decide to carry out an additional DBS check however this is not required as long as all required checks were carried out at the point at which they were employed.

4.2 How staff will be trained

Staff will receive:

- Training in the specific types of intimate care they undertake;
- Training from suitably qualified professionals where medical procedures are required;
- Regular safeguarding training;
- If necessary, manual handling training (including the use of equipment where required) 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.

5.0 School specific intimate care procedures

5.1 How procedures will happen

When a child requires intimate care, there will always be at least two adults present. In exceptional circumstances, it may not be possible for two people to be present and parents will be informed. They will be given the option of coming into school and providing the care themselves or taking the child offsite to do this. This is to protect the dignity of the individual and members of staff, as staff should not be working by themselves with a child behind a closed/locked door (in line with the Safeguarding Policy).

Intimate care procedures will be carried out in the disabled toilet, which is located in the corridor between the staffroom and the Reception Classroom.

When carrying out procedures, the school will provide staff with protective gloves, disposable aprons, cleaning supplies, changing mats and bins. The motorised changing plinth may be used in the disabled toilet. All staff using this equipment will have undergone manual handling training.

For pupils needing routine intimate care, the school expects parents to provide appropriate nappies/ pullups and spare clothes.

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

Accurate records will also be kept when a pupil receives intimate care or has an invasive medical procedure. These will be brief but will include date, time and any comments, such as changes in the child's behaviour. It will be clear who was present in every case.

6.0 Safeguarding

If a member of staff carrying out intimate care has any safeguarding concerns appearance (e.g. marks, bruises, soreness), they will report this using the school's safeguarding procedures.

If a member of staff has concerns about an adult carrying out intimate care, these should be escalated to the headteacher (or equivalent) as soon as they arise.

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 the designated safeguarding lead.

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 Partnership's safeguarding procedures.

7.0 Monitoring arrangements

This policy will be reviewed by the Trust Board on a triennial basis.

Intimate care plans must be reviewed annually by the Headteacher (or delegated member of staff).

8.0 Links with other policies

This policy links to the following policies and procedures:

- Accessibility plan
- Child protection and safeguarding
- Health and safety
- SEND
- Supporting pupils with medical conditions

Appendix 1: An example intimate care plan that schools can use.

Personal Care Plan

For children who frequently soil in school

Child's Name:	

The Personal Care Plan should be drawn up by SENCO / Intervention Manager in consultation with class teacher, 1-1 Teaching Assistant and if applicable, Early Years Setting

Completed by: Ivan Leadley

Approved by **Sally Craig Head Teacher**

Date of Plan: Date to review Plan:

Name of adults who may support the child? • • Any staff with a full DBS check and up to date safeguarding training. Including St Mark's Intimate Care policy. • In an emergency any member of staff may change the child.
How will the child be changed? e.g. standing up in a toilet cubicle, lying down on a mat on the floor
Where will the child be changed? •
Resources ***School will provide:*** • **aprons and gloves** • **Masks and visors** • **hot running water and soap** • **paper towels** • **cleaning equipment** • **bin** • **disposal bags** • **Infection control equipment for changing area** ***Parent/Carer will provide*** • **wipes** • **Nappies/pullups** • **spare clothes**
Record Keeping •
Wet or soiled clothing • **Soiled nappies/pullups will be placed in a yellow clinical waste bag and disposed of by the school** • **Wet or soiled clothes will be placed in a clinical waste bag (provided by school) and placed in the bright yellow bin located in the disabled toilet. Parent will be informed so they can collect XXXX's clothes at the end of the day. Parent will ensure that replacements clothes are provided the following day.** • **If XXXX soils clothes and parents have not provided sufficient changes of clothes they will be contacted by phone and asked to bring a change of clothing into school for the child to change into.**

Child Protection • **This care plan sits alongside St Mark's Primary Intimate Care & Safe Guarding Policies**

- **If the adult supporting the child notices any marks or injuries these will be reported in line with the school's Child Protection Procedures**

- **If XXXX is distressed or unwilling to cooperate in being changed parents will be contacted to come and collect their child.**

Any other comments/ important information: e.g. medical information

This plan has been discussed with me and I agree to provide the resources indicated above and encourage my child's participation in toileting procedures at home as appropriate and where possible.

Signed: _____

Parent/ Carer's Full Name: _____



COVID19 UPDATE Intimate Care and PPE use

The majority of staff in education settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others. PPE is only needed in a very small number of cases including:

Children, young people and students whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way

If a child, young person or other learner becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they can return home. A fluid-resistant surgical face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then disposable gloves, a disposable apron and a fluid-resistant surgical face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn.

All recommended PPE is available for staff members in the school office.

Risk Assessment for Care of children soiling in school

Child's Name

Date of Risk Assessment: Date to review Plan:

Completed by:

Approved by **Rebecca Martin Head of School**

		Notes	Control Measure
1. Does weight /size/ shape of pupil present a risk?			
2. Does communication present a risk?			
3. Does receptive language present a risk?			
4. Is there a history of child protection concerns?			
5. Are there any medical considerations? Including pain / discomfort?			
6. Has there ever been allegations made by the child or family?			
7. Does moving and handling present a risk?			
8. Does behaviour present a risk?			
9. Is staff capability a risk? (back injury / pregnancy)			
Are there any risks concerning individual capability (Pupil) General Fragility, Fragile bones , Head control , Epilepsy Other			
Are there any environmental risks? Heat/ Cold			
Infection Control			

Signed: _____

Parent/ Carer's Full Name: _____

Permission for school to provide intimate care

Child's Full Name	
Male/ Female	
Date of Birth	
Parent/ Carer's Full Name	
Address	

I give permission to the school to provide appropriate intimate care support to my child.

I will advise the Head teacher of any medical complaint my child may have which affects issues of intimate care

I understand that the plan will be reviewed at least annually or sooner if necessary and will support the school in meeting my child's intimate care needs

I have received copies of the ticked documents listed below and understand that these form the individual plan to meet my child's needs

Document	**Received**
Personal Care Plan for children soiling in school	
Risk Assessment for Care of children soiling in school	

Signed _____

Full Name _____

Relationship to Child _____

Date _____

This plan will be reviewed annually but can be updated as required.

Next review date: