

Intimate Care and Toileting Policy



*'Learning for life,
building a firm foundation'*

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Aims

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.
- 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.

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

'Intimate care' means doing tasks involving close personal contact that someone can't do independently. This includes changing pull-ups and helping a pupil use the toilet.

Providing intimate care counts as a reasonable adjustment for pupils who are not toilet trained, not able to use a toilet independently, or need other help with intimate tasks. This is because failing to do so would infringe upon those pupils' rights to access education due to a disability, under the Equality Act 2010.

This policy complies with statutory safeguarding guidance

This policy links with several school policies, practices and action plans including:

- Child Protection and Safeguarding policy
- Health and Safety Policy
- Staff recruitment Policy
- Special Educational Needs Policy

Role of parents/carers

Seeking parental permission

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents/carers will be asked to sign a consent form (see Appendix a)

For children whose needs are more complex or who need particular support such as wearing a pull up, an intimate care plan will be created in discussion with parents/carers (see appendix b)

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/carers 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/carers afterwards.

Creating an intimate care plan

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

The school will work with parents/carers 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/carers 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.

Settings and Schools, in partnership with parents or carers and any other professionals involved, should make plans for school outings, trips and residential.

Sharing information

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

Role of staff

Which staff will be responsible?

Any roles who may carry out intimate care will have this set out in their job description.

No other staff members can be required to provide intimate care.

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.

How staff will be trained

Staff will receive:

- Training in the specific types of intimate care they undertake

- Regular safeguarding training
- If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as 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
- They will also be encouraged to seek further advice as needed

Intimate care procedures

How procedures will happen

- All children should be changed as and when needed, but if wearing pull-ups at least once during each session time and three times if they are staying all day.
- All changes must be recorded by the member of staff responsible. It should also be recorded whether the pull-up or clothing is W (wet), D (Dry) or BM (bowel movement), C (cream used) or S (Sore). The time of the change must be recorded and the member of staff who changed.
- A child must be changed immediately if they soil or become wet.

Parents and Carers

- Please consider manageability of clothing (Velcro/elastic waists etc) for the child to be as independent as possible. In school this should be sympathetic with school uniform.
- If your child is wearing pull-ups then parents and carers will need to provide pull-ups, baby wipes, nappy sacks and at least two lots of spare clothing.
- If your child has regular accidents or is toilet training then parents and carers need to provide two sets of spare clothing, wipes and nappy sacks for wet clothes.
- If your child is toilet trained then parents and carers please still provide a set of spare clothing just in case.
- It is the responsibility of parents/carers to deal with wet/soiled clothing.

Staff:

- It is best practice from a health and safety and safeguarding perspective to have two members of staff present. This is not always possible and therefore one member of staff who is familiar to the child can change, free from other children and the door **must always be open** to ensure another staff member can be seen.
- If there is a known risk of allegation or a child has been **subject to a child protection investigation, then a single person should not undertake personal care.**
- Make little fuss over accidents that do occur and ensure that they are dealt with swiftly, appropriately, sympathetically and in a calm low-key way. Give extra attention when they have made the effort to go to the toilet independently
- Children are changed in their toilets (pupils are familiar with this area) Staff ensure the area is free from other children and that the child feels comfortable. The door is always open to ensure another staff member can be seen.

- Each child's bag is collected before changing so their pull ups and changing wipes are to hand.
- Children should be encouraged to be as independent as possible, depending upon their age and stage of development.
- When changing, staff members must wear disposable gloves. These must be removed after every change, disposed of and new ones worn for each child.
- If a pull-up is removed then dispose of it in a clean nappy bag, and place in the nappy bin in the staff disabled toilet once you have finished changing the child.
- If a child needs help then clean the child's bottom and genitals area remembering to wipe from front to back. Place used wipes in the nappy bag, tie and place in nappy bin. Dispose of gloves.
- If requested by the child's parent or carer, apply cream using a new pair of gloves
- Place a new pull up on the child and replace their uniform (With a clean set of necessary)
- Adult washes hands.
- We encourage children to wash their hands, and have soap and towels to hand.
- Replace the items in the child's bag or basket and check for supplies
- Record change and feedback to parents and carers.
- No child should be left wet or dirty for a parent/carer to change later.
- Any soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents/carers at the end of the day.

Special Educational Needs

Children with Communication and Language difficulties

Children who are non-verbal and have language and communication needs will benefit from the use of visual cues (photos, symbols, signs, Picture Exchange), as well as sequencing cards to reinforce routines. <http://www.bladderandboweluk.co.uk/children-young-people/children-resources/>
<http://www.bladderandboweluk.co.uk/children-young-people/children-schools/>

Children with Autistic Spectrum Condition

Children with Autistic Spectrum Condition often like routine; staff can build upon this desire for predictability to develop a successful toilet training routine. The National Autistic Society website advises teaching the whole routine from the child communicating their need to use the toilet through to the washing and drying of hands, rather than just sitting on the toilet. Show the child a photo or symbol of the toilet, say the child's name, "toilet", take them into the toilet, following a 10 visual sequence for the whole routine. Often when an activity is anticipated, less resistance occurs. Having a visual sequence beside the toilet and then above the sink will help the child know what is expected.

You will need to decide whether or not and how to praise the child for successfully following the toileting routine. Some children enjoy and respond to praise, others respond better to an object or a toy. Some children find praise difficult so a preferred activity after toileting may work better. It's important to remember that all children are different and they will not all respond to the same strategies- what works for one child may not work for another.

More advice on toileting is available from the National Autistic Society website:
<http://www.autism.org.uk/living-with-autism/understanding-behaviour/toilet-training.aspx>

Children with medical needs and /or disabilities

Some children will have complex or long-term medical conditions which indicate the need for special toileting arrangements. These children will usually be known to staff in the Integrated Disability Service (Teaching & Learning), as well as professionals in Health.

Please refer to the **GUIDANCE ON SPECIAL TOILETING NEEDS IN SCHOOLS AND EARLY YEARS' SETTINGS** on our school website for further guidance.

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 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.

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.

Monitoring arrangements

This policy will be reviewed annually. At every review, the policy will be approved by the headteacher.

Dissemination of the Policy

This policy has been made accessible to parents, teachers and other school staff, governors through the school website. Anyone wanting a printed copy should make a request to the school office. Should further information be required, please contact the school.

Appendix A

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)	<input type="checkbox"/>
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)	<input type="checkbox"/>
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	<input type="checkbox"/>
<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>	<input type="checkbox"/>
Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	

Appendix b

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	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	
CHILD	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
Signature of child	
Date	