

Millbrook Primary School



Intimate Care Policy

Policy Creation & Review	
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1. Introduction

Millbrook Primary School is committed to safeguarding and promoting the welfare of children and young people. We are committed to ensuring that all staff responsible for intimate care of children will undertake their duties in a professional manner at all times. The Intimate Care Policy and Guidelines regarding children have been developed to safeguard children and staff. They apply to everyone involved in the intimate care of children.

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up after a child has soiled him/herself), that most children can carry out for themselves, but with which some are unable to do due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.

2. Aims and Objectives

This policy aims:

- To provide guidance and reassurance to staff and parent/s.
- To safeguard the dignity, rights and well-being of children
- To assure parents that staff are knowledgeable about intimate care and that their individual needs and concerns are taken into account

3. Toileting and the Foundation Stage Profile

Curriculum guidance for the Foundation Stage is clear that the role of the adult involves supporting the child's whole development, particularly their Personal, Social and Emotional Development including supporting the transition between settings. One of the Early Learning Goals for children to achieve by the end of the Foundation Stage is to "manage their own basic hygiene and personal needs successfully, including dressing and undressing and going to the toilet independently".

Children wearing nappies

The dignity and privacy of the child is paramount. An area which is or can be made private will be provided for the provision of intimate care, options within Millbrook range from a dedicated changing area, changing table within a toilet, medical room and shower room. Consideration of the use of each area will be given from a child protection, and health and safety aspect. The area chosen will not be in a thoroughfare, as a changing mat may be used on the floor if appropriate to the child's needs.

When a child is changed it will be recorded and parents notified as appropriate.

Children who have long term incontinence may require specially adapted facilities.

Parents have a role to play when their children are wearing nappies. Parents should provide nappies, disposal bags and wipes. Millbrook will provide gloves, plastic aprons and bins for disposal of any waste.

Staff will always wear an apron and gloves when dealing with a child who has soiled or when changing a nappy. Any soiled waste will be put into a yellow disposal bag and placed in the designated bin for the disposal of waste. The bin will be emptied at least weekly. Staff are aware of the whole site Health and Safety Policy.

4. Intimate Care in Key Stage 1 and Key Stage 2

Early Years/ Key Stage 1 - We will inform all parents of all children prior to them starting school of the current toileting policy highlighting that we will change children for odd 'accidents' but not routinely as part of day to day personal care. This will be applicable for the time a child is in EYFS/ KS1 (unless a parent informs us differently in writing for a child with SEND/ Medical needs).

Key Stage 2 – Any child that soils or wets will not be changed by any member of staff, unless this is a medical need specified by a GP/Consultant/EHCP. However, we will provide a private, safe space (toilets) where the child may change on their own. We will supply warm water and cotton wool, clean clothes (to the best of our ability out of the 'spares box') and a carrier bag.

5. Parental responsibility

Partnership with parents is an important principle in any educational setting and is particularly necessary in relation to children needing intimate care. Much of the information required to

make the process of intimate care as comfortable as possible is available from parents. Prior permission must be obtained from parents before Intimate care procedures are carried out (See appendix 3). Parents should be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met. This will include involvement with Individual Support Plans (I.S.Ps), Education and Health Care Plans, Health Care Plans, Pupil Profiles and any other plans which identify the support of intimate care where appropriate. Exchanging information with parents is essential through personal contact, telephone or correspondence.

What the school expects of parents:

- Parents/Carers will endeavor to ensure that their child is continent before admission to school (unless the child has additional needs).
- Parents/Carers will discuss any specific concerns with staff about their child's toileting needs.
- Parents/Carers must inform the school if a child is not fully toilet trained before starting school, after which a meeting will then be arranged to discuss the child's needs.
- Parents accept that on rare occasions their child may need to be collected from school (this could be because the 'accident' has reoccurred and could perhaps be a tummy bug).

6. Staff responsibilities

Anyone caring for children, including teachers and other school staff, has a duty to care and act like any reasonably prudent parents. Intimate care routines should always take place in an area which protects the child's privacy and dignity. Children's intimate care routines should always be carried out by an assigned member of staff. A Risk Assessment will be carried out for those children with an SEND or medical need who may need changing. Appropriate support and training should be provided when necessary.

The following steps will be taken to ensure health and safety of both staff and children:

1. Alert another member of staff (2 members of staff present unless Risk assessment completed-Appendix 2)
2. Escort the child to a changing area i.e. designated toilet areas
3. Collect equipment and clothes
4. Adult to wear gloves
5. Child to undress as appropriate and clean themselves as much as possible under the verbal guidance of an adult (age appropriate).
6. Soiled clothes to be placed inside carrier bags (double wrapped) and to be given to parents at the end of the day. Plastic aprons and gloves should be disposed of in the designated bin.
7. Children are expected to dress themselves in clean clothing, wash their hands and return to class (age appropriate).

8. Adult should wash their hands thoroughly after the procedure.

9. Area to be cleaned and disinfected by adult before returning to class.

Intimate care incidents must be recorded (in the child's class) including date, time, name of child, adult(s) in attendance, nature of the incident, action taken and concerns or issues. This will also monitor progress made. Parents/Carers are to be informed as soon as possible either verbally or using a Record of Intimate Care Intervention Form (Appendix 1).

In the interests of Health & Safety, it is unreasonable for staff to be expected to change a child who regularly soils unless the child has a medical condition as an underlying cause or SEND need.

8. Special educational needs and child protection issues

The school recognises that some children with SEND and other children's home circumstances may result in children arriving at school with under developed toilet training skills. If a child is not toilet trained because of a disability his/her rights to inclusion are additionally supported by the Equalities Act 2010.

If a child's toileting needs are substantially different than those expected of a child his/her age, then the child's needs may be managed through an Education and Health Care Plan, Individual Health Plan or alternatively they may be placed on the SEND register. A toileting program would be agreed with parents as advised by a Health Professional. Intimate Care arrangements will be discussed with parents/carers on a regular basis and recorded on the risk assessment. If there is no progress over a long period of time, e.g. half a term, the SEND Coordinator/Deputy SEND Coordinator, teaching staff and parents would seek further support, e.g. G.P's referral of child for specialist assessment/ School Nurse involvement.

Some children may have an Education and Health Care Plan of special educational needs before entering school. This will outline the child's needs and objectives and the educational provision to meet these needs and objectives. It will identify delayed self-help skills and recommend a program to develop these skills. The management of all children with intimate care needs will be carefully planned. Where specialist equipment and facilities above that currently available in the school are required, every effort will be made to provide appropriate facilities in a timely fashion, following assessment by a Physiotherapist and/or Occupational Therapist.

9. Child Protection

Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. If the risk assessment/management plan (See Appendix 2) has been agreed and signed by parents, children and staff involved, it is acceptable for only one member of staff to assist unless there is an implication for safe moving and handling of the child. The member of staff will always inform another member of staff if they are undertaking intimate care procedures. The needs and wishes of children and parents will be

taken into account wherever possible, within the constraints of staffing and equal opportunities legislation. For good practice another professional would be in close proximity.

No staff member will carry personal phones or recording devices while carrying out their duties as described in the Millbrook Safeguarding Policy.

If a member of staff has any concerns about physical changes in a child's presentation (unexplained marks, bruises or soreness for example) the recognised child protection procedures should be followed. If a member of staff notices any changes to a child either physically or emotionally following an episode of intimate care, the matter will be investigated at an appropriate level and outcomes recorded. Parents/Carers will be contacted at the earliest opportunity. Local Child Protection procedures will be adhered to at all times.

APPENDIX 1

RECORD OF INTIMATE CARE INTERVENTION

Child's Name..... DOB.....

Name of Support Staff Involved.....

Date	Time	Procedure	Staff signature	Second signature

APPENDIX 2

RISK ASSESSMENT/TOILET MANAGEMENT PLAN

Child's Name..... DOB.....Name

of Support Staff Involved.....

Area of need.....

Does weight/size/shape of pupil present a risk?.....

Does communication present a risk?.....

Does comprehension present a risk?.....

Are there any medical considerations?.....

Are there any risks concerning individual pupil? (fragile bones).....

Equipment required.....

Location of suitable toilet facilities.....

Does moving/handling present a risk?.....

Does behaviour present a risk?.....

Support required.....

Is staff capacity at risk? (back injury/pregnancy).....

Frequency of support.....

Is there a history of child protection concerns?.....

Have there ever been any allegations made by the child or family?.....

Working towards Independence

Child will try to

Personal Assistant will do.....

Target Achieved.....Date.....

Parents/Carer.....Child (if appropriate) Personal

Assistant.....SLT/ SENDCo

Date.....

APPENDIX 3

PERMISSION FOR SCHOOLS TO PROVIDE INTIMATE CARE

I understand that;

- I give permission to the school to provide appropriate intimate care support to my child e.g. changing nappies/soiled clothing, washing and toileting
- I will advise the Head Teacher of any medical complaint my child may have which affects issues of intimate care

Name.....

Signature.....

Relationship to child.....

Date.....

Child's Surname.....

Child's Forename.....

Male/Female..... Date

of birth.....

Parent/Carers name.....

Address.....

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