



INTIMATE CARE POLICY

This policy relates to all sections and activities of the school e.g. the Senior School, the Junior School (including EYFS), Wrap Around Care, Offsite Activities and School run Holiday Activities or Clubs.

1 INTRODUCTION

1.1 This policy should be read in conjunction with:

- Child Protection (Safeguarding) Policy
- SEND Policy
- Administration of Medicines in School Policy

1.2 The aim of this policy and practice guidance is to foster safer working practices for intimate care and dignity for the child or young person requiring adult support. It doesn't matter where children live, what language they speak, what their parents do, whether they are boys or girls, what their culture is, whether they have a disability or whether they are rich or poor. No child should be treated unfairly on any basis. (Taken from A Summary of the rights under the Convention on the Rights of the Child).

1.3 Intimate care can be defined as care tasks of an intimate nature.

2 PURPOSE OF THE GUIDANCE

2.1 This guidance refers to all children who may require support for intimate care from an adult on a daily basis and those who may require it occasionally or exceptionally.

2.2 As with all developmental milestones, there is a wide variation in the time at which children and young people develop and intimate care may need to be provided at any stage.

2.3 Staff who work with children and young people or those with special needs will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs. Children and young people's dignity needs to be preserved and a high level of privacy, choice and control needs to be provided to them.

2.4 Red House School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times at the appropriate developmental level and degree of understanding. No child should be attended to in a way that causes distress or pain. This policy is to help ensure good practice in this area.

3 LEGISLATION

3.1 This policy will support staff to overcome any challenges and be confident they are meeting the requirements of the Early Years Foundation Stage (EYFS), Special Educational Needs and Disability Act (2001), the Disability Discrimination Act (1995), Equality Act (2010) and other related legislation.

3.2 The Equality Act (2010) states that the responsible body of a school must not discriminate against a person:

- In the arrangements it makes for deciding who is offered admission as a pupil.
- As to the terms on which it offers to admit the person as a pupil.
- By not admitting the person as a pupil.

3.3 It is not acceptable to ask parents to come to change their child if a child has a recognised disability as this is a direct contravention of the Act. Also leaving any child soiled for any length of time is considered a safeguarding issue since it places the child at risk of significant harm.

4 FACILITIES

4.1 Red House School has designated areas for changing and showering children to meet and support the development needs of children.

4.2 In the Junior School these are the designated shower room or the disabled toilet. There is also a discreet changing area in the EYFS area.

4.3 In the Senior School there are boys and girls changing rooms with showers.

5 PROCEDURE

5.1 It is recommended that:

- Where possible children or young people are changed standing up.
- Less mobile children or young people, or children in EYFS, may be changed on a suitable changing mat or towel on the floor whilst still ensuring the dignity of the child.

5.2 The School's full procedure for toileting can be found in Appendix A of this document

6 SAFEGUARDING AND WELFARE REQUIREMENTS

6.1 There is no legal requirement that a second member of staff must be available to supervise the intimate care process. DBS checks are carried out to ensure the safety of children with staff employed in schools.

6.2 Section 24 (Intimate Care) in the Government guidance for 'Safer Working Practice for staff working directly with Children and Vulnerable Adults' (March 2009) states that when assistance is required with toileting: Best Practice guidance would be 'staff should ensure that another appropriate adult is in the vicinity and is aware of the task to be undertaken'.

7 MANAGEMENT OF INTIMATE CARE SUPPORT IN RED HOUSE

7.1 Staffing

7.1.1 Under normal circumstances, it would be expected that this job be carried out by EYFS Assistants and not by teachers, although in extreme urgent cases no adult looking after a child should refuse to change them.

7.2 Agreeing a Procedure for Support

7.2.1 Specific issues around toileting should be discussed at a private meeting with the parent and pupil (if appropriate) prior to admission into school. The meeting will also provide an opportunity to involve other agencies as appropriate, such as a Health Visitor/School Nurse.

7.2.2 Parents and Red House School staff (and child if appropriate) will also need to agree a personal intimate care plan and training programme. Should a child with complex intimate care needs be admitted, the child's medical practitioners will need to be closely involved and a separate more specialised individual intimate care plan may be required. Such an agreement helps to avoid misunderstandings and also helps parents feel confident that the school will meet their children's needs. See Appendix 2.

7.2.3 Pupils, work experience students, parents and volunteers should never be involved in intimate care issues.

8 PARTNERSHIP WORKING

8.1 Red House School follows best practice guidance including making reasonable adjustments to meet the child or young person's personal needs.

8.2 Schools are expected to meet the needs of children with delayed personal development in the same way as they would meet the individual needs of children or young people with any other delayed development e.g. language. Children and young people should not be excluded from normal school activities because there may be intimate care issues.

8.3 Good practice should be for schools to engage with all families, and staff should take care both verbally and in terms of their body language to ensure that the child or parents are never made to feel as if their individual needs cannot be met.

8.4 If there are a significant number of young children arriving at School who have not yet developed their intimate care skills, staff are advised to inform the Designated Safeguarding Lead (DSL) who in turn will contact the Health Visiting Team or Children's Centre to discuss their concerns.

8.5 At transition meetings children with intimate care needs are identified and the DSL is informed. An intimate care plan is discussed with the child's parents and health care professionals e.g. community nursing service.

8.6 The best interest of children must be the primary concern in making decisions that may affect them. All adults should do what is best for children. When adults make decisions, they should think about how their decisions will affect children. (Taken from Article 3 Best Interests of the Child) from the Convention on the Rights of the Child.

Reviewed by: Mr I Barnbrook-McKay
November 2023

Ratified by: The Health & Safety Committee of the Board of Governors
November 2023

APPENDIX 1: TOILETING PROCEDURES

1 INTRODUCTION

1.1 It is the policy of our school to provide a hygienic procedure for the toileting of children. We aim to provide a clean environment to prevent the spread of disease and infection.

2 TOILETING IN EYFS

2.1 Children entering our school are at varied levels of development in terms of toileting, we aim to support all pupils in developing the skills of how to use the toilet correctly.

2.2 EYFS children still in nappies

2.2.1 Only trained staff may change pupils; witnesses are not required:

- Nappies are to be changed in the designated area.
- Staff must wear disposable gloves and aprons.
- All supplies for nappy changing should be available (parents must provide school with an adequate supply).
- Soiled nappies are to be disposed of in the correct manner; removed, folded inwards wrapped and placed in a disposable nappy bag.
- Clean skin with baby wipes, provided by parents, and disposed of in a nappy bag.
- Place clean nappy back onto child.
- Spray cleaning area and wipe with paper towel, these must be disposed of with the nappy.
- Remove gloves and apron, place in a disposable bag along with soiled nappy.
- Dispose of bag in outside bin.
- Wash hands thoroughly.
- Record details of nappy change, indicating time on master sheet and in home school contact book.

2.3 EYFS children who experience toilet 'accidents'

2.3.1 Only trained staff may change pupils; witnesses are not required:

- The member of staff should make aware to another member of staff the task they are about to undertake.
- Explain to the pupil what is about to happen before the procedure begins.
- Pupils should be encouraged to act as independently as possible and to undertake as much of their own personal care as is possible and practicable.
- Children are to be changed in the designated area.
- Staff must wear disposable gloves and aprons.
- All supplies for cleaning pupils should be available.
- Soiled clothes must be removed and sealed in a disposable bag and sent home.
- Clean skin with baby wipes, provided by school, these must be disposed of correctly (see nappy procedure above)
- Place clean clothes back onto child.
- Spray clean area and wipe with paper towel, which should be disposed of correctly in the bin. If necessary mop area with correct mop and bucket.
- Remove gloves and apron, dispose of in toilet bin.
- Place bag onto child's peg.
- Wash hands thoroughly.
- Record details of change, indicating the time on the master sheet and in the home school contact book.

3 TOILETING IN KEY STAGE 1 & 2

3.1 By the time a child enters Key Stage 1 we hope they would be fully toilet trained, however we accept that young children may still experience the occasional 'accident'. We aim to support all pupils in developing the skills of how to use the toilet correctly.

3.2 Only trained staff may change pupils; however, witnesses are not required:

- The member of staff should make aware to another member of staff the task they are about to undertake.
- Explain to the pupil what is about to happen before the procedure begins.
- Pupils should be encouraged to act as independently as possible and to undertake as much of their own personal care as is possible and practicable.
- Pupils are to be changed in the designated area.
- Staff must wear disposable gloves and aprons.
- All supplies should be available for cleaning pupils
- Soiled clothes must be removed and sealed in a red disposable bag and sent home.
- Pupils to clean themselves with toilet tissue.
- Encourage pupil to dress themselves in clean clothes.
- Spray clean area and wipe with paper towel, which must be disposed of correctly in the bin. If necessary mop area with correct mop and bucket.
- Remove gloves and apron, dispose of in toilet bin.
- Place red bag onto child's peg.
- Wash hands thoroughly.
- Record details of change on an incident form, indicating time and member of staff. Class teacher to give parents the form at the end of the day.
- If the child has diarrhea or vomiting, parents need to be contacted and asked to collect the child straight away. The child should not be returned to the classroom. The 48-hour rule applies.

4 TOILETING IN KEY STAGE 3 & 4

- 4.1** Older children should only have toileting issues if they have a specific medical condition.
- 4.2** In these cases care plans, will be devised by the pupil's Head of Year and the SENCo (if applicable), along with the pupil's parent and the pupil.
- 4.3** In case of illness, a pupil may be able to change and clean themselves. If not, support should be given by first aid trained staff. The procedures outlined for Key Stage 1 & 2 in Section 3 should be followed. Staff should contact parents; soiled clothing to be sealed in a disposable bag and sent home with the pupil.

APPENDIX 2: INTIMATE CARE PLAN



RED HOUSE
SCHOOL

INTIMATE CARE PLAN

Personal and Family Details

Child's full name:

Date of birth:

Year / Class:

Contact details - Priority 1		Contact details - Priority 2			
Name:		Name:			
Relationship to child:		Relationship to child:			
Phone number 1:		Phone number 1:			
Phone number 2:		Phone number 2:			
Medical diagnosis / condition:					
Nature of personal care:					
Procedure A (include, what will be carried out, how and by whom)					
Procedure B (include, what will be carried out, how and by whom)					
Signed by:		Relationship to child:	Parent/guardian	Date:	
Signed by:		Relationship to child:	Class teacher	Date:	
Signed by:		Relationship to child:	SENCo	Date:	
Signed by:		Relationship to child:		Date:	