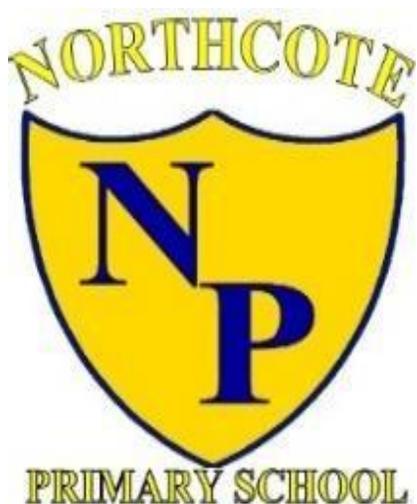


Intimate Care Policy



2023-2024

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Northcote Primary School – Intimate Care Policy (2023-2024)

1. 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 who require intimate care are not discriminated against, in line with the Equality Act 2010
- Parents/carers 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

Definition:

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

2. Legislation and statutory guidance

This policy complies with [statutory safeguarding guidance](#).

It also complies with our funding agreement and articles of association.

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), parents/carers will be asked to sign a consent form.

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/carers (see 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/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.

3.2 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.

See appendix 1 for a blank template plan to see what this will cover.

3.3 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.

4. Role of staff

4.1 Which staff will be responsible

All staff are trained appropriately to carry out intimate care duties however the majority of intimate care support will be delivered by learning support staff or those staff providing individualised support for children with additional needs.

Any staff members 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.

4.2 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.

5. Intimate care procedures

5.1 How procedures will happen

Intimate care procedures vary from providing comfort to a child to completing invasive medical procedures.

For example, sometimes it will be necessary for staff to aid a child getting dressed or undressed particularly in Early Years Reception and Nursery Classes and other children require a higher level of support to change their colostomy bag etc.

Please find full procedures below:

Providing comfort or support:

- Children may seek physical comfort from staff particularly children in the Nursery and Reception Classes.
- Where children require physical support, staff need to be aware that physical contact should be appropriate to the child's age and level of development and be child initiated.
- When comforting a child or giving reassurance, the member of staff's hands should always be seen and a child should not be positioned close to a member of staff's body which could be regarded as intimate.
- If physical contact is deemed to be appropriate staff must provide care which is suitable to the age, gender and situation of the child.
- If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable.

Medical procedures:

Children with disabilities might require assistance with invasive or non-invasive medical procedures such as the managing of catheters or colostomy bags, etc.

- These procedures will be discussed with parents/carers, documented in the care plan and will only be carried out by staff who have been trained to do so.
- Any members of staff who administer first aid should be appropriately trained. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

Soiling:

On occasion intimate care for soiling may be required particularly within EYFS or for a child who experiences difficulties around incontinence.

This will always be discussed with Parents at the beginning of the school year either at the open days before the children join the Nursery or Reception classes or within SEND specific meetings.

Clean spare clothing is available within the EYFS department.

For pupils needing routine intimate care, the school expects parents/carers to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and/or a spare set of clothing.

If a child needs to be cleaned, staff will make sure that:

- The procedure is discussed in a friendly and reassuring way with the child throughout the process.
- The child is encouraged to care for him/herself as far as possible
- Physical contact is kept to the minimum possible to carry out the necessary cleaning.
- Privacy is given appropriate to the child's age and the situation
- All spills of vomit, blood or excrement are wiped up and flushed down the toilet
- Any soiling that can be, is flushed down the toilet
- Any soiled clothing will be contained securely, clearly labelled, and discreetly returned unwashed to parents/carers at the end of the day.

Hygiene:

All staff must be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff will have access to protective, disposable gloves, aprons, etc.).

Protection for staff:

It is not always practical for two members of staff to assist with an intimate procedure. It is advisable, however, for a member of staff to inform another adult when they are going to assist a child with intimate care.

Members of staff need to have regard to the danger of allegations being made against them and take precautions to avoid this risk.

These should include:

- Gaining a verbal agreement from another member of staff that the action being taken is necessary.
- Allow the child, wherever possible, to express a preference to choose his/her carer and encourage them to say if they find a carer to be unacceptable.
- Allow the child a choice in the sequence of care
- Be aware of and responsive to the child's reactions

School Trips / Residential

Pupils that require additional support / medical needs will have an individual plan of care included as part of the risk assessment.

Residential Trips:

Residential educational visits are an important part of our school experience. Particular care is required when supervising pupils in this less formal setting. As with Extra-Curricular Activities, although more informal relationships in such circumstances tend to be usual, staff are still guided by our Child Protection procedures, Pastoral Care and Behaviour Policies. Some specific Intimate Care issues may arise in a Residential context.

Showering / Swimming:

Children are entitled to respect and privacy when changing their clothes or taking a shower. However, there must be the required level of supervision to safeguard

young people with regard to health and safety considerations, and to ensure that bullying, teasing or other unacceptable behaviour does not occur. This means that staff should announce their intention of entering changing rooms, avoid remaining in changing rooms unless pupil needs require it, avoid any physical contact when children are in a state of undress and avoid any visually intrusive behaviour.

Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is present. However, this may not always be possible and therefore Staff need to be vigilant about their own conduct, e.g. adults must not change in the same place as children or shower with children. It is best practice in our school that when an incident has taken place that has necessitated a member of staff to be present when children are changing that a member of SLT is informed beforehand.

Night Time Routines:

It is established practice that the children's bedrooms are private spaces and anyone else wanting to enter the room should knock and announce their intention to enter.

At bedtime, children are given a set amount of time to change and prepare for bed and will be told when the supervising teachers will visit the rooms to check all is okay and switch off the lights. A reciprocal arrangement is in place in the mornings.

There are occasions when incidents take place during the night and the need arises to:

1. Assist a child to change his / her clothes
2. Change a child who has soiled him / herself
3. Provide comfort to an upset or distressed child
4. Assist a child who requires a specific medical procedure and who is not able to carry this out unaided. Guidance as above will be followed with the support of an additional member of staff in attendance.
5. Monitor behavior.

5.2 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 to a member of the safeguarding team.

Safeguarding Team:

Mr. R Morgan - Headteacher

Mrs. L McCulloch – Safeguarding Lead

This document is available in other formats. Mrs. L Henshaw – Deputy Headteacher 8

Mrs. G Langley – Assistant Headteacher and Semco

Mrs. J Monks – Mental Health and Well- Being Lead.

Mrs S Scott – School Business Manager.

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.

6. Monitoring arrangements

This policy will be reviewed by G Langley (Assistant Headteacher and Inclusion Lead) twice per year. At every review, the policy will be approved by Mr Morgan (Headteacher) and the full governing body.

7. Links with other policies

This policy links to the following policies and procedures:

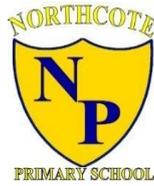
- Accessibility plan
- Child protection and safeguarding
- Health and safety
- SEND
- Supporting pupils with medical conditions

**Member of staff responsible : Mr R Morgan
(Headteacher) / Mrs G Langley (Assistant
Headteacher & SENDCo)**

Safeguarding Lead: Ms L McCulloch

Date Policy updated: September 23

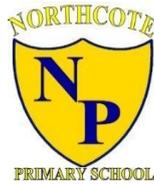
Review date: September 24



Northcote Primary School

Intimate care: parent/carer consent form

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 my child has an infection)	<input type="checkbox"/>
I understand the procedures that will be carried out and I will contact the school immediately if I have any concerns	<input type="checkbox"/>
<p>I do not give consent for my child to be washed and change in case of a toileting accident.</p> <p>Instead, the school will contact me or my emergency contact and I/they will organise for my child to be washed and changed.</p> <p>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.</p>	<input type="checkbox"/>
Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	



Northcote Primary School

Intimate Care Plan (template)

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 making sure 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?	
<i>This signature of child available in other formats.</i>	11

PARENTS/CARERS

Date	
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This plan will be reviewed twice a year.

Next review date:

To be reviewed by: