Intimate Care Policy

Contents

1. Introduction

This policy applies to all pupils and staff at Hampton Pre-Pre-Prep School (the School), therefore includes the Early Years Foundation Stage (EYFS) (Kindergarten and Reception), Pre-Prep & Prep.

The policy should be read in conjunction with other relevant policies including:

1. Safeguarding (Child Protection) Policy (*)
2. Care and Supervision Policy
3. Health and Safety Policy
4. First Aid Policy
5. Administrations of Medicines Policy
6. Equality, Diversity and Inclusion Policy (*)
7. Restrictive Physical Intervention Policy (*)
8. Staff Behaviour Policy (*)

(* denotes a Trust wide policy)

Hampton Pre-Prep & Prep School (the School) understands the importance of its responsibility to safeguard and promote the welfare of all pupils; it has been developed to ensure that all staff responsible for providing intimate care undertake their duties in a professional manner at all times and treat pupils with sensitivity and respect.

Pupils may require assistance with intimate care as a result of their age, medical needs or due to having SEND. In all instances, effective safeguarding procedures are of paramount importance.

Pursuant to the Children and Families Act in 2014, education settings have a statutory duty to support children with health conditions, including bowel and bladder problems. This policy also has due regard to the relevant legislation, including, but not limited to, the following:

- Equality Act, 2010
- Safeguarding Vulnerable Groups Act, 2006
- Childcare Act, 2006
- Education Act, 2002
- Education Act, 2011
- The Control of Substances Hazardous to Health Regulations, 2002 (as amended in 2004)

2. Definition: What is intimate care?

For the purposes of this policy, the NSPCC definition of intimate care is used, stating it is "activities involved in meeting the personal care needs of a child… direct or indirect contact with, or exposure of, private parts of the body, such as changing nappies… bathing, showering or washing… providing some forms of specialist medical care…"

Intimate care includes the following:

- body bathing other than to the arms and face, and to the legs below the knee;
- application of medical treatment other than to the arms and face, and to the legs below the knee;
- toileting, wiping and care in the genital and anal areas;
- dressing and undressing.

The policy applies to all staff undertaking personal care tasks with pupils. Given the age and stage of pupil within the EYFS (Kindergarten and Reception), it is likely that this policy mostly affects pupils in this phase of education but there will be some instances when pupils in Key Stage 1 and 2 (Year 1 - Year 6) are also

affected. The normal range of development for this group of children indicates that they might not be fully toilet trained for many reasons; therefore, parents with children in the EYFS are asked to complete the General Intimate Care Parental Consent form (see Appendix A).

In addition, there are vulnerable groups of children and young people that may require support with their personal care on either a short- or long-term basis, or on a permanent basis due to SEN and disability, medical needs or a temporary impairment. This could include children or young people with limbs in plaster, children needing wheelchair support and /or children and young people with pervasive medical conditions.

The School is committed to providing intimate care for pupils in ways that:

- maintain their dignity;
- are sensitive to their needs and preferences;
- maximise their safety and comfort;
- protect them against intrusion and abuse;
- respect the pupil's right to give or withdraw their consent;
- encourage the pupil to care for themselves as much as they can;
- protect the rights of all others involved.

Roles and responsibilities

The Headmaster is responsible for:

- Ensuring that intimate care is conducted professionally and sensitively;
- Ensuring that the intimate care of pupils is carefully planned, including the creation of individual plans for older pupils following discussions with the parents, the pupils, with the input from the SENCO and School Nurses as necessary (see Appendix D);
- An oversight of communications with parents in order to establish effective partnerships when providing intimate care to pupils;
- Handling any complaints about the provision of intimate care in line with the Trust's Complaint Procedure.

All members of staff who provide intimate care are responsible for:

- Undertaking intimate care practice respectively, sensitively and in line with the guidelines outlined in this policy;
- Undergo appropriate specific training for the provision of intimate care for pupils with medical needs where necessary.

Parents are responsible for:

- Liaising with the School to communicate their wishes in regard to their child's intimate care;
- Providing their consent to the School's provision of their child's intimate care;
- Adhering to their duties and contributions to their child's intimate care plan, as outlined in this policy.

Those involved in the Intimate Care Policy are:

I. Pupils
II. Teaching staff (Class Teachers / Form Tutors)
III. Other adults (Teaching Assistants / Support Staff (including Late Stay staff) /School Nurses)

Toilet Training

We strongly encourage parents to toilet train pupils before entry to the School from Kindergarten. Our Early Years staff are on hand to offer advice on how to toilet train and will direct parents to the relevant support as required (see Appendix B).

We recognise that all pupils have different needs and that some pupils may need additional support due to a medical condition, disability or special educational need. In these cases, parents should contact the School at the earliest opportunity prior to the pupil starting in school.

Starting school is an important and potentially challenging time for both the child and the school that admits them. It is a time of growth and very rapid developmental change, and there is wide variation in the time at which children master the skills involved in being fully toilet trained. For a variety of reasons children may:

- Be fully toilet trained.
- Have been fully toilet trained but regress for a while in response to the stress and excitement of beginning school.
- Be fully trained at home but prone to accident in new settings.
- Be on the point of being fully toilet trained but require reminders and encouragement.
- Be toilet trained for passing urine but incontinent for stools.
- Not toilet trained at all but likely to respond quickly to a well-structured toilet training programme.
- Be fully toilet trained but have a disability or learning difficulties.
- Have delayed onset of full toilet training in line with other development delays but will probably master these during the EYFS.
- Have SEND and might require help with all or some aspects of personal care such as washing, dressing or toileting.

Parents will be encouraged to train their child at home as part of their daily routine. Reinforcement of these routines whilst at school will avoid any unnecessary physical contact.

Children and young people beyond the EYFS and throughout KS1, and KS2 may also experience difficulties with independence and require support with intimate care issues. These issues are likely to relate to complex health needs or a specific disability. There may be times when an acute illness will require short term intervention and assistance. Admitting children who are not yet toilet trained or who have incontinence problems in school will be the decision of the Headmaster in liaison with the School Nurses and other health care professional and teaching staff.

3. Safeguarding

The School adopts rigorous safeguarding procedures in accordance with the Safeguarding (Child Protection) Policy and will apply these requirements to the intimate care procedures.

All safer recruitment checks, including enhanced DBS checks, are carried out rigorously on all staff to ensure the safety of children employed by the School. It is a requirement that staff comply with Section 175 of the Education Act 2002, which requires that the safety and welfare of pupils is promoted. Staff are aware of these guidelines and follow them for the protection of the children and for their own protection as well.

All members of staff receive safeguarding training on a regular basis, and receive child protection and safeguarding updates as required, but at least annually.

All members of staff are instructed to report any concerns about the safety and welfare of children with regard to intimate care, including any unusual marks, bruises or injuries.

It is essential that the adult who will be changing the child has another member of staff present in order to secure against any risk of allegation and the record of intimate and personal care tasks is completed (see Appendix C). Records are kept and retained at Hampton School in line with safeguarding protocol and the Trust's retention policy.

4. Health and Safety

The School promotes good health of children and takes necessary steps to prevent the spread of infection, and takes appropriate action if a pupil is ill or infectious. There are procedures in place for dealing with spillages of bodily fluids such as when a pupil accidentally wets or soils themselves or is sick whilst on the premises.

An assessment of suitable hygienic changing facilities for changing will take place. Whenever possible a pupil will be changed in a toilet cubicle standing up. For those pupils who require regular assistance a designated space will be provided.

It can take around ten minutes to change an individual pupil. The resource allocation of staff time is an important consideration. Changing time can be an opportunity to promote independence and self-worth. In practical terms toileting issues require provision of:

- Hot running water and soap (antibacterial were possible)
- Toilet rolls
- Antiseptic cleanser
- Bowl / bucket
- Paper towels/cloths
- Disposable aprons and gloves
- Nappy sacks / bags
- Cleaning equipment
- Bin
- Wipes
- Spare clothes (in the EYFS, it is always useful for each pupil to have their own spare clothes on their peg to change into for physical and emotional comfort).

Checks should be made beforehand to ensure that suitable facilities for intimate care are available on excursions, where they will be necessary, and consideration must be given as to how intimate are can be dealt with in relation to PE, swimming, transport to / from school.

Working in partnership with parents

Family members are children's and young people's first and most enduring educators. When parents and practitioners work together, the results have a positive impact on a child's development and learning. Regular consultation and information sharing are vital features of this partnership. Issues around toileting should be discussed at a meeting with parents/cares prior to admission into school and senior leaders must be made aware of these at this point. This also provides an opportunity to involve other agencies such as health visitors and the School Nurses. Where a long-term plan is required, a Care Plan should be written and agreed with the pupil and their family.

Parent / Carers agree to:

- Provide a change of clothes;
- Understand and agree the procedures to be followed during changing at school;
- Inform the School should the pupil have any marks/rash;
- Review the arrangements, in discussion with the School, should this be necessary;
- Encourage the pupil's participation in toileting procedures wherever possible.

The School agrees to:

- Change the pupil should they soil themselves or become wet;
- Inform parents / carers if members of staff have changed or assisted a pupil if they have soiled;

- A number of changes will be made during the School day, depending on the agreed arrangements for that child
- Report to the Designated Safeguarding Lead (DSL) or Deputy Designated Safeguarding Lead (DDSL) should the pupil be distressed or if marks/rashes are seen;
- Review arrangements in discussion with parents/carers, should this be necessary (consider the use of 'ERIC' - the Children's Bowel and Bladder Charity - care plan for those pupils where a more formal plan is required in school - see Appendix B;
- Encourage the pupil's participation in toileting procedures wherever possible;
- Discuss and take the appropriate action to respect the cultural practices of the family.
- Ensure SIMS is up to date with relevant Health Needs and Care Plans;
- The School Nurses to liaise with any medical agencies as appropriate.

5. Confidentiality

Sensitive information about a pupil should only be shared with those who need to know, such as parents or members of staff who are specifically involved with the child. Other members of staff will only be told what is necessary for them to know how to keep the pupil safe.

Parents and pupils will be told that when staff have concerns about a pupil's wellbeing or safety arising from something said by the pupil or an observation made by staff, and the DSL or DDSL will be informed. This may lead to the procedures set down in the Safeguarding Policy being implemented.

Communication relating to intimate care will be made through one of the following:

- Face-to-face conversation at the end of the school day;
- Telephone call;
- An email.

Parental consent is needed for the School Nurse to pass on information about their child's health to school staff or other agencies. Parents and staff should be aware that matters concerning intimate care will be dealt with confidentially and sensitively and that the young person's right to privacy and dignity is maintained at all times.

6. Procedure for Personal Care

For all children and young people who require regular assistance a Personalised Care Plan will be agreed by the family and school staff, specifying a procedure for Personal Care:

- Who will change the pupil (to include more than one person to cover for absence etc);
- Where the changing will take place;
- What resources will be used and who will provide them;
- How wet / soiled clothes will be dealt with;
- What the member of staff will do if the pupil is unduly distressed or if marks/injuries are noticed;
- How changing occasions will be recorded and how this will be communicated to parents, in confidence.

During Intimate Care

- Speak to the pupil personally by name so that they are aware of being the focus of the activity;
- Give explanations of what is happening in a straightforward and reassuring way;
- Enable the pupil to be prepared for and to anticipate events while demonstrating respect for their body;
- Always encourage the pupil to attempt to wash private parts of their body independently;
- Respect a pupil's preferences for a particular carer and sequence of care;
- Complete the record of intimate and personal care tasks undertaken (Appendix C).

7. Monitoring and review

This policy will be reviewed at least biennially by the DSL and School Nurse, who will make any changes necessary and communicate these to all members of staff.

All members of staff are required to familiarise themselves with this policy as part of the induction programme and during safeguarding training.

Appendix A: General Intimate Care Parental Consent Form

This form is to be completed by EYFS staff and signed by parents.

Name of child:	Date of Birth:
Name of class teacher:	Class:

The Parent / Carer:

- ✓ I/we have read the Intimate Care Policy.
- ✓ I/we will endeavour to support my child in becoming fully toilet trained in readiness for school.
- ✓ I/we understand and agree to the procedures that will be followed if my child is changed at school.
- ✓ I/we agree to inform the setting should my child have any marks or rashes.
- ✓ I/we understand that if my child has an 'accident' at school, they will be changed in line with this policy.
- ✓ I/we understand that if my child has 'accidents' in excess of more than 3 per day, then I will be required to attend a meeting.

Name of parent(s) – PLEASE PRINT	
Signature of parent(s):	Date:
Head of Pre-Prep:	Date:

8. Appendix B: Toileting – Stages & Procedures

As young children develop bladder control, they will pass through the following three stages:

1. The child becomes aware of having wet and/or soiled pants.
2. The child knows that urination/defecation is taking place and can alert an adult.
3. The child realises that they need to urinate/defecate and alerts an adult in advance.

During these stages, parents should assess the child over a period of two weeks to determine:

- If there is a pattern to when the child is soiled/wet.
- The indicators the child displays when they need the toilet, e.g. facial expressions.

Parents should implement the following strategies to get children used to using the toilet and being independent:

- Familiarise the child with the toilet, washing their hands, flushing the toilet and referencing other family members/siblings as good role-models for this practice;
- Encourage the child to use the toilet when they are using their personal indicators to show that they may need the toilet;
- Take the child to the toilet at a time when monitoring has indicated that this is when they would usually need the toilet;
- Ensure that the child can reach the toilet and is comfortable doing so;
- Stay with the child and talk to them to make them more relaxed about using the toilet;
- Do not force the child to use the toilet if they don't want to, but still encourage them to do so using positive language and praise;
- Deal with any accidents discreetly, sensitively and without any unnecessary attention;
- Be patient when children when they are using the toilet and use plenty of positive praise to encourage them.

Further advice and support can be found at, **ERIC, the Children's Bowel and Bladder Charity** is the UK's leading charity supporting all children and teenagers with a bowel or bladder problem.

www.eric.org.uk

Free helpline: 0808 169 9949 (Monday – Thursday 10am – 2pm)

9. Appendix C: Record of Intimate and Personal Care Tasks Undertaken

Pupil's name	Location	Date & Time	Other adults present	Parents Informed ✓	Name (please print)	Signature

10. Appendix D: Individual Intimate Care Parental Consent Form

Name of child:		**Date of Birth:**
Name of class teacher:		**Class:**

Care requirements, including frequency:

Health contacts

Specialist nurse	
Consultant	
General Practitioner	
Health Visitor/School nurse	

Education contacts

Class teacher	
School Nurse:	
Head of Learning Support: (if applicable)	
Other support staff in school	

Description of child

Give brief details of child's interests, behaviour and relevant conditions, e.g. speech and language, mobility.

Description of continence difficulty

Medication

Details of medication. If any medication needs to be taken in school refer to the School's medical policy and follow school procedures.

Management and description of routine

e.g. details of drinking, toileting and changing routines, aides used and any reward schemes

Details of help required for personal care, who will provide this, where and how

Arrangements for sporting activities, school visits/trips etc

Details of staff training needed/undertaken

Include who has been trained, the training given, by whom with dates and signatures of trainer and staff member

Use and disposal of continence products and aids

Include arrangement for soiled clothes and underwear, provision or new/spare equipment e.g. catheters).

What do parents need to provide?

Name of parent(s) / carer (please print)	**Date:**
Signature of parent(s) / carer:	

Member of Staff (please print name):	**Job title:**
Signature	**Date:**

Name of child / young person:	**Date:**
Signature of child / young person:	