



Stottesdon C. of E. Primary School

The Shropshire Gateway Educational Trust



Intimate / Personal Care Policy

Principles

- The Governing Body and Headteacher will act in accordance with guidance: 'Keeping Children Safe in Education' and 'Dealing with Allegations of Abuse against Teachers and other Staff'.
- This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.
- The Governing Body recognises its duties and responsibilities in relation to the Disability Discrimination Act which requires that any child with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.
- This intimate care policy should be read in conjunction with the following:
 - Child Protection policy
 - Health and Safety policy and procedures
 - Administration of medicines policy
 - Special Educational Needs policy
 - Procedures and policy on use of force and restraint
 - Staff code of conduct

Stottesdon Primary 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. It is acknowledged that these adults are in a position of great trust.

- Stottesdon Primary School recognises that there is a need to treat all children, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. The child's welfare and dignity are of paramount importance. No child should be attended to in a way that causes distress or pain.
- Staff will work in close partnership with parent/carers to share information and provide continuity of care.

Definition

- Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves, but some children are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting, nappy changing or dressing.
- It also includes supervision of children involved in intimate self-care.

Best Practice

- Staff who provide intimate care at our school are trained in child protection and are fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate.

- Staff will be supported to adapt their practice in relation to the needs of individual children considering developmental changes such as the onset of puberty and menstruation.
- As an additional safeguard, staff involved in meeting intimate care needs will not usually be involved with the delivery of sex education to the same children, wherever possible.
- There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the child is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.
- All children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for his/herself as possible. Adults will not assist with intimate or personal care tasks which the pupil is able to undertake independently.
- Children who require regular assistance with intimate care have written care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer. Any historical concerns (such as past abuse) should be noted and considered.
- Where a care plan is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g.: has had an 'accident' and soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person, by telephone or by sealed letter, not through the home/school diary. The exception to this is for our Nursery pupils whose toileting patterns are often discussed at the end of the day collected, when pupils are being helped to become dry and move away from nappies.
- To record the justification for any variations to the agreed procedure/care plan and share this information with the pupil and their parents/carers.
- Intimate and personal care should only be carried out by an adult that the child knows, volunteers or visiting staff should not undertake care procedures without appropriate training.
- Every child's right to privacy will be respected. When assistance is required, this should normally be undertaken by one member of staff, however, they should try to ensure that another appropriate adult is in the vicinity who is aware of the task to be undertaken and that, wherever possible, they are visible and /or audible.
- Adults who assist children one-to-one should be employees of the school and checked against the relevant DBS barred listed.
- Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.
- Wherever possible staff should care for a child of the same gender. However, in some circumstances this principle may need to be waived; for example, female staff supporting boys in a primary school as no male staff are available. Male members of staff should not normally provide routine intimate care (such as toileting, changing or bathing) for adolescent girls. This is safe working practice to protect children and to protect staff from allegations of abuse.



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- The religious views and cultural values of families should be considered, particularly as they might affect certain practices or determine the gender of the carer.
- All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.
- If necessary, advice should be taken from the local council regarding disposal of large amounts of waste products.
- Adults should not change or toilet in the presence or sight of pupils, shower with pupils.

Child Protection

- The Governors and staff at Stottesdon Primary School recognise that children with special needs and disabilities are particularly vulnerable to all types of abuse.
- The school's child protection policy and inter-agency child protection procedures will be accessible to staff and adhered to.
- From a child protection perspective, it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a child's body. It may be unrealistic to expect to eliminate these risks completely but, in this school, best practice will be promoted, and all adults will be encouraged to be vigilant at all times.
- Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.
- If a member of staff has any concerns about physical changes in a child's presentation, e.g. unexplained marks, bruises, soreness etc s/he will immediately report concerns to the Headteacher or designated senior person for child protection [Katie Jones, Jane Jones or Rebecca Home]. A clear written record of the concern should be completed and logged on MY CONCERN and a referral made to Children's Services Social Care, if necessary, in accordance with inter-agency procedures. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless it is considered that to do so will place the child at risk of harm.
- If a child becomes distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- If a child makes an allegation against an adult working at the school, this will be investigated by the Headteacher (or by the Chair of Governors if the concern is about the Headteacher) in accordance with the agreed procedures.
- Any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher [Katie Jones] or to the Chair of Governors if the concern is about the Headteacher.

Physiotherapy

- Children who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the EHCP or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly.
- Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.
- Adults (other than the physiotherapist) carrying out physiotherapy exercises with pupils should be employees of the school.
- Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

Medical Procedures

- Children with disabilities might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the EHCP or 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.

Massage

- Massage is now commonly used with children who have complex needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.
- It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and children.

Nappy-changing

At Stottesdon CofE Primary School, we will bear in mind the following principles when nappy changing:

- Children have the right to feel safe & secure
- Children will be respected and valued as individuals
- Children have a right to privacy/dignity when staff are meeting their needs
- Children are supported in their understanding of toileting procedures so that they are led to independence.

No child is excluded from participating in our setting who may, for any reason, not yet be toilet trained and who may still be wearing nappies or equivalent whatever their age. We work with parents towards toilet training at the appropriate age, unless there are medical or other developmental reasons why this may not be appropriate at the time. We make necessary adjustments to our bathroom provision and hygiene practice to accommodate children who are not, yet toilet trained. We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgemental concern of adults. We will encourage all children to achieve continence when they exhibit signs that they are ready. This will be achieved through modelling, positive praise, working with parents and having high expectations. In addition, key persons ensure that nappy changing is relaxed and a time to promote independence in young children.



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Nappy Changing Procedure

- It is important that children are changed in reassuring and caring way by their key person or another member of staff they have a close relationship with, and it is important that we signal our intention to change a child's nappy and ask for the child's consent, as appropriate for their development. That means we do not give children the message that just anyone can pick them up, take them off and undress them. Staff should always change children in the nappy-changing areas which allow for privacy, but which are not closed off. This is part of making sure we have a culture of openness which safeguards children and ensures all adults follow safe working practices.
- We will work with parents when attending to nappy changing routines.
 - Where parents are present, they will be asked to change their own child's nappy
 - If a child has any disability or medical needs that may affect their personal care routine, a Health Care Plan will be drawn up in agreement with parents/carers
 - Parents will be asked when their child first starts at the nursery whether or not their child has any special words/actions/particular needs during their nappy changing procedure
 - Any significant observations made during a nappy changing procedure will be notified to the parents at the end of the session (i.e. badly soiled nappy/strong urine etc.).
- Gather all the necessary items needed before each nappy change, for example, nappy, wipes, nappy sack, cream if necessary (where cream is used the child should have their own named cream and written permission obtained from the parent).
- Wash and dry your hands.
- Put on gloves and apron. You should use a new set of gloves and apron for each nappy change.
- Approach the child and say or sign that it's time for a nappy change.
- Support the child on to the nappy changing unit using the steps
- Remove the child's clothing to access the nappy. Remove the nappy and place it inside the nappy sack.
- If the child's clothes are soiled, they should be bagged separately and sent home, they should not be rinsed by hand.
- Using the wipes, clean the child from front to back and place the used wipes in the nappy sack. Tie the nappy sack and put it in a pedal operated bin.
- Put on a clean nappy and apply cream if necessary (see above).
- Take off the gloves and apron and place them in a pedal operated bin.
- Dress the child.
- Always help the child to wash their hands using liquid soap, warm water and paper towels.
- Wash your hands using liquid soap, warm water and paper towels.
- Take the child back to the room.
- Return to the nappy changing area, clean the changing mat, surrounding area and underneath the mat before leaving to dry. Then wash and dry your hands.
- If a situation occurs that causes staff concern, a second member of staff should be called if necessary and the incident reported to the line manager and recorded.
- Where staff are concerned about a child's actions or comments whilst carrying out the personal care procedure, this should be recorded and discussed with the lead for safeguarding immediately.

Record Keeping

A [signed record 'Intimate Care Form'](#) should be kept of all intimate and personal care tasks undertaken, should include child's name, date, time, adult undertaking the personal care and comments.

This policy was reviewed and updated May 2024