



St. Francis' College

Intimate Care Policy

Introduction

The 'College' refers to all the staff and pupils of the Prep Department and Senior School which includes Early Years Foundation Stage (EYFS), Pre-Prep (Key Stage 1), Prep (Key Stage 2), and Senior School (Key Stages 3-5).

Policy

St Francis College 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. We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain. Disabled children can be especially vulnerable. This policy aims to inform and guide staff.

The College is committed to safeguarding and promoting the welfare of all its pupils. We are committed to ensuring that all staff responsible for the intimate care of children undertake their duties in a professional manner at all times. The Intimate Care Policy regarding children has been written to help safeguard children and staff, and applies to all staff involved in the intimate care of children.

Aims and Objectives

The aims are to:

- provide guidance and reassurance to staff and parent/s.
- safeguard and respect the dignity, rights and wellbeing of children.
- ensure that privacy is appropriate for the age and situation of the child concerned.
- encourage a child's independence as far as possible in their intimate care.
- explain to the child what s/he needs to do and, if staff support is needed, explain how the member of staff is going to help.
- assure parents that staff members are knowledgeable about intimate care and that pupils' individual needs and concerns are taken into account.

Typical cases (non-exhaustive) of where the Intimate Care policy applies:

- Supporting a child who has soiled / wet themselves,

Head of Prep Department

September 2022

- Dealing with a medical emergency, which involves the removal of some article of clothing, contact with the skin.
- Application of creams (where it is not appropriate or possible) for a child to apply them.

Definition

Intimate care is any activity required to meet the personal care of each individual child. Parents have the responsibility to advise staff of the intimate needs of their child and staff have a responsibility to work in partnership with children and parents.

Intimate care is any care which involves washing, touching or carrying out a procedure (such as cleaning up after a child has soiled themselves), that most children can do 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. Intimate care includes hands-on physical care in personal hygiene and physical presence or observation during such activities, dressing and undressing, and the application of medical treatment other than to arms, face and legs below the knee.

In most cases such care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process as part of a staff member's duty of care. In the cases of specific procedure, only staff suitably trained and assessed as competent will undertake the procedure.

At St. Francis' College, it will usually be the First Aiders or Nurse who give intimate care in the form of medical assistance. However, for the youngest children, there may be occasions where assistance needs to be given for help with toileting needs. In these instances, a second member of staff will be available to assist the first member of staff.

Our Approach to Best Practice:

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care will be treated promptly and be cared for with respect at all times; the child's welfare and dignity is of paramount importance.

To ensure effective communication about the processes, all staff will be aware of the child's method and level of communication. Staff will use simple language if necessary. If appropriate, this communication can be recorded using a pro-forma (Appendix 3). This can be adapted and amended to suit the circumstances around the child.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where the intimate care is a toileting need in EYFS, it is St. Francis' College practice to have a second member of staff in the vicinity, whilst bearing in mind the dignity of the child.

Staff who provide intimate care are trained to do so and are fully aware of best practice.

Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from a physiotherapist / occupational therapist. Staff will be supported to adapt their practice in relation to the needs of individual children.

Intimate care plans will be drawn up for individual children as appropriate to suit their circumstances. Intimate care arrangements will be discussed with parents / carers on a regular basis and recorded on the child's care plan.

Only trained staff will care intimately for a pupil.

The needs and wishes of parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

Staff responsibilities:

Intimate care routines should always take place in an area which protects the child's privacy and dignity. In the EYFS, this should always be within sight of another member of staff. Children's intimate care routines should always be carried out by an appropriate member of staff, at the discretion of the Head of Prep and with regard to the age and developmental needs of the child. The Head of EYFS oversees the practice of intimate care in the EYFS to ensure consistency of practice and to avoid over-familiar relationships from developing. Appropriate support and training should be provided when necessary.

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

1. Alert another member of staff.
2. Escort the child to a changing area, such as the designated nappy changing area/toilet areas.
3. Collect any equipment and clothes.
4. All adults should wear gloves. Staff wear protective gloves and aprons for nappy changes and administering intimate care.
5. The child should undress as appropriate and clean themselves as much as possible, under the verbal guidance of an adult if needed.
6. If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc they will immediately report concerns to the Designated Safeguarding Lead. A clear record of the concern will be completed on MyConcern and referred on if necessary (see the College's Safeguarding and Child Protection Policy).
7. Staff will always talk to the child about what they are doing and give choices where possible.
8. Staff are responsive to a child's reactions. If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process, in order to reach a resolution. The child's needs will remain paramount. Further advice will be taken from outside agencies if necessary.
9. Staff encourage the child to have a positive body image of their own body as we believe that confident, assertive children who feel their body belongs to them are less vulnerable to abuse.
10. Used nappies are disposed of in the designated area for this.

11. Soiled clothes should be placed inside plastic bags (double wrapped) and given to parents/carers at the end of the day. Plastic aprons and gloves should be wrapped before disposal.
12. Children are expected to dress themselves in clean clothing, wash their hands and return to class.
13. The area must be cleaned and disinfected by an adult before anyone else is allowed access to it.
14. Adults, and the child where required, should wash their hands thoroughly after administering intimate care.

Intimate care incidents must be recorded including date, time, name of child, adult(s) in attendance, nature of the incident, the support required, action taken and any concerns or issues. This will enable staff to monitor progress made.

If a member of staff has any concerns about a colleague's conduct, or their own, in the implementation of the Intimate Care Policy, they will report this to the Head as a matter of urgency.

Further Guidelines for Good Practice:

- Involve the child in their intimate care. Where the child is fully dependent, talk with them about what is going to be done and give them choice where possible. With our youngest children, encourage independence around toileting.
- Make sure practice in intimate care is consistent. If possible, make sure it is delivered by the same person, but train other people too.
- Be aware of own limitations. Only carry out care activities you understand and feel competent and confident to carry out.
- Promote positive self-esteem and body image. Keeping in mind the child's age, routine care can be relaxed, enjoyable and fun.
- Where possible, children should be given a choice of carer.

Intimate Care:

Kindergarten children aged 1-3

Intimate care arrangements will always be discussed with parents/carers before a child's start date. This will include nappy changing, disposal of nappies and preferred choice of nappies, creams and wipes/alternative methods of cleansing such as water only. The College's nappy changing procedure is always adhered to (see Appendix 1).

By the end of Kindergarten, we actively encourage children to be fully toilet trained, as appropriate to their age, but we support parents on an individual basis where they are transitioning.

Children aged 3-7

We will inform parents of all children prior to them starting school of the current Intimate Care Policy, highlighting that we will change children for odd 'accidents' but not routinely as part of day-to-day personal care. The expectation is that by the end of Reception, children will be able to manage their

own basic hygiene and personal needs successfully, including dressing and undressing and going to the toilet independently.

Pupils aged 7-11

Any pupil who soils or wets themselves will not be changed by a member of staff unless specific written permission has been given by parents. We will provide a private, safe space where the pupil may change on their own. We will supply warm water and cotton wool, clean clothes (preferably the pupil's own) and plastic bags in which to put any soiled clothes.

Students aged 11-18

We will provide a private, safe space where the student may change on their own. We will supply warm water and cotton wool, clean clothes (preferably the student's own) and plastic bags in which to put any soiled clothes.

Parental responsibility:

Partnership with parents is an important principle in any educational setting and is particularly necessary in relation to pupils needing intimate care. Much of the information required to make the process of intimate care as comfortable as possible is available from parents. Parents should be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met. This might include involvement with health care plans or any other plans which identify the support of intimate care where appropriate. Parents should ensure that all information given to the College is up to date.

Expectation of parents

Parents/carers will endeavor to ensure that their child is continent before admission to school at Kindergarten age, unless the child has additional needs.

Parents/carers will discuss any specific concerns with staff about their child's toileting needs, and staff will work with parents/carers to ensure that the child is encouraged and praised where needed, when using the toilet.

Parents/carers must inform the school if a child is not fully toilet-trained before starting Kindergarten, after which a meeting will then be arranged to discuss the child's needs (see Appendix 2).

Parents accept that on occasions their child may need to be collected from school as the result of soiling.

Special Educational Needs and Disability (SEND)

The College recognises that some children with SEND and/or other home circumstances may result in children arriving at school with underdeveloped toileting skills. If a child is not toilet trained because of a disability, their rights to inclusion are additionally supported by the Special Educational Needs and Disability Act 2001 and Part IV of the Disability Discrimination Act 1995.

If a child's toileting needs are substantially different from those expected of a child their age, then the child's needs may be managed through an Individual Healthcare Plan or similar. A toileting programme 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 any agreed plan would be regularly reviewed.

References / Legislation that inform this policy

- The Children Act 1989
- The Childcare Act 2006
- The Disability Discrimination Act 1995
- Special Educational Needs and Disability Code of Practice 0-25 Years
- UN Convention on the Rights of the Child
- Health and Safety at Work etc. Act 1974
- Statutory Framework for the Early Years Foundation Stage
- SEND Code of Practice

The policy also links with the following College policies:

- Safeguarding Policy including EYFS First Aid Policy
- Administration of Medicines Policy
- Disability Policy
- Health and Safety Policy

Reviewed By:	Head of Prep Department & Head of Individual Needs
Authorised By:	Head
Effective From:	September 2022
Next Review Date:	September 2023

APPENDIX 1
DETAILS OF INTIMATE CARE PROCEDURES IN KINDERGARTEN, EARLY YEARS AND KEY STAGES
1 & 2

Nappy changing procedure:

The College's nappy changing procedure is written in compliance with Ofsted Early Years Foundation Stage statutory framework and carried out in accordance with the family's requests and consistent with the children's physical and emotional abilities.

Methods:

A child's nappy must be changed promptly when wet or soiled. Staff must wear disposable gloves on both hands and a disposable apron for all nappy changes and a new set of gloves and apron must be worn for each child. Both the child and the staff member must wash their hands after changing a nappy. There is a designated nappy changing area which is away from the food preparation area and children must never be left on a changing mat.

Procedure:

1. Staff should ensure that they signal their intention to change a child's nappy before doing so, as appropriate to their level of development.
2. Ensure you have a clean nappy, wipes and any other supplies such as cream before changing the child.
3. Put a new set of gloves and a new disposable apron on for each child and each nappy change.
4. Wash and dry the child using the appropriate washing materials, such as wipes or cotton wool. The washing materials used should be in accordance with the parents' preferences as agreed before the child starts attending the nursery. Using the wipes or the cotton wool and warm water, wipe the genital area front to back.
5. Each child should have their own cream in a named tub. If parents wish to provide an alternative cream they may do so. This needs to be named and in the original pot and instructions for use followed. If prescribed a relevant medication permission form is to be completed and the staff member must check this before they change the child.
6. Put on a clean nappy. The child may need a new set of clothes as well. Nappies should be provided by parents.
7. Ensure the child is fully engaged by talking with them.
8. Place the nappy cream back and other specific products provided by the child's parent(s) in the child's bag or basket.
9. The adults and child's (if applicable, subject to their age) hands should be washed thoroughly with liquid soap and running water. Hands should be dried on a disposable paper towel and antibacterial hand gel used.

10. Spray the changing unit with antibacterial spray and use disposable blue roll to clean the changing table ready for the next person to use.
11. Record all nappy changes on a child's nappy chart.
12. If reusable nappies are to be used this will be in consultation with the staff team.
13. Any soiled reusable nappies or clothing should be rinsed well and placed in a named bag for the family to take home.
14. If soiled items are left behind at the end of the day these should be put through the wash.

Intimate care procedures for children who are toilet trained or transitioning to toilet training:

1. **WETTING:** In EYFS, if children wet themselves, clean clothes (preferably from their own spares bag) are offered. The child is encouraged to take off their wet clothes, wipe themselves and change. Where a child is very distressed or is a 'rising three' then staff do, in exceptional circumstances, take off the wet clothes, offer them a wipe, and help the child to wipe themselves. Wet clothes are put in a plastic bag and stored until the end of the day then attached to their school bag so that it is not forgotten at the end of the day.

In Key Stages 1 & 2, if children wet themselves they are offered clean underwear and they change into their PE kit themselves. Staff offer a wipe and talk them through wiping themselves and changing. Wet clothes are put into a carrier bag, which is sealed by knotting and taken home at the end of the day.

2. **NORMAL SOILING:** Procedure is as for wetting (see 1). The staff offer support and talk through with the child, but there is no physical contact. In the EYFS, if a child soils themselves a member of staff will encourage the child to take off their own clothes. Staff wear disposable gloves and double bag the soiled clothes which is labelled with the child's name and then put in their book bag to go home at the end of the day. Children are encouraged to be as independent as possible, but if a child is very distressed or a 'rising three' the staff might clean their bottom using wet wipes. Staff will change the child into their own spare clothes if possible, or school spare clothing.
3. **MESSY SOILING ("UPSET TUMMY"):** Staff talk through with the child to support him/her. The child cleans themselves as well as possible. Parents are called if the child is poorly and the child waits in the medical room under the supervision of a member of staff. If this level of cleaning is insufficient, parents/carers are called to avoid intimate touching. Parents/carers will then collect the child and/or discuss and give written permission for staff to deal with the situation if it involves intimate care. This is particularly important for the number of children who might be in the medical room for a reasonable period of time because parents are both working.

A Record of Intimate Care is completed in iSAMS.

A member of the office staff informs parents.

Important: Staff will always ensure that another member of staff is present for any situation in which intimate care might be needed.

**APPENDIX
2
TOILET MANAGEMENT
PLAN**

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

Name of Support Staff Involved.....

Area of need.....

Equipment required.....

Location of suitable toilet facilities.....

Support required.....

Frequency of support.....

Working towards Independence

Child will try to

Personal Assistant will

do..... Target

Achieved..... Review

Date.....

Parents/Carer.....

Child (if appropriate).....

Personal Assistant.....

Senior Management/SENCo.....

Date.....

**APPENDIX 3:
Communication Pro-forma for Intimate Care**

Name:

Date:

I communicate using words /signs / other.....

When I need to go to the toilet I will.....

I understand what I need to do.....

This is a suggested pro-forma and should be amended to suit the circumstances. It can be used to raise a young child's awareness of the actions needed on their part (encourage independence) if completed with an adult.