



Intimate Care Policy

Approved by:	Safeguarding Team	
Last reviewed:	05/05/2024	
Reviewed by:	Sarah Luff Head of School Sarah Swift SENCo	
Next review due by:	May 2025	

St. Michael's School is committed to ensuring that any staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. The school recognises that there is a need to treat all children with respect when intimate care is provided. No child should be attended to in a way that causes distress or pain. The child's dignity must always be preserved with a high level of privacy, choice and control.

Intimate care is any care which involves washing/cleaning, nappy changing, specific clinical tasks delegated by a healthcare professional, touching or carrying out an invasive procedure to intimate personal areas.

Members of staff will only be expected to provide intimate care if it has been agreed in their contracts or job description; teachers are responsible for facilitating, supporting and releasing staff to fulfil this role. If any other member of staff chooses to provide intimate care for a pupil it will be entirely voluntary on each individual occasion and there will be no expectation for it to be repeated for either the same or another pupil at any time.

We are an inclusive school, but there is an expectation that most pupils entering the school will be able to use the toilet independently. There is no expectation for staff to potty train children unless that has been agreed as part of their job description and the Individual Healthcare Plan. Parents have an important role to play when their child is still wearing nappies, suffers from long term continence problems or requires specific clinical support. An Individual Healthcare Plan will be drawn up with the parents, and healthcare professional (e.g. school nurse, school doctor or GP) will be involved to identify the cause of any difficulties and what support the child or family could need.

The school recognises that very occasionally, children might have toileting "accidents" as they settle into the school routine. If this is a possibility, parents/carers are recommended to send a change of clothes to school in the child's PE bag so that the child can discreetly change themselves.

Our approach to best practice, if intimate care is provided within the school.

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

Children with special needs have the same rights to safety and privacy when receiving intimate care. Other vulnerabilities that may arise from a physical disability or learning difficulty must be considered with regard to Individual Healthcare Plan for each child. Agreements between the child, parents/carers and the school should be easily understood and recorded. Regardless of age and ability, the views and/or emotional responses of children with special needs should be actively sought in regular reviews of these arrangements.

The child 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 him/herself as he/she can. This may mean, for example, giving the child responsibility for cleaning themselves. Time spent supporting a pupil should be seen as valuable learning opportunity towards developing independent learning targets and not just because it is quicker or more convenient.

Where intimate care is required on a regular basis, an Individual Healthcare Plan will be written with the child, parents and all relevant members of staff. Once an Individual Healthcare Plan has been drawn up for a particular child it will be reviewed at least annually, bearing in mind that the individual needs of the child will change in relation to their age, understanding, sexuality and the opinions of his/her parents/carers.

Children who have long-term continence problems might require specially adapted facilities recommended by a physiotherapist or occupational therapist, however, an area which can be made private by the use of a screen might be sufficient. The area should not be situated in a thoroughfare, as any changing mats will have to be used on the floor when a child needs to be changed to avoid an adult having to lift a child and cause possible back injury. Where possible, children should be changed standing up to make it easier for them to be involved in the process and make steps towards independence. At St. Michael's there is a height adjustable changing bed in the accessible toilet in the infant department, and a large accessible toilet in the junior department

Only staff with an enhanced DBS check and are fully aware of best practice will provide intimate care. In the case of specific clinical tasks, only a person suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam etc). Additional training could include Child Protection, Health and Safety, and Manual Handling if necessary.

Staff will adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible, staff who are involved in the intimate care of children will not usually be involved with the delivery of sex education to the children in their care, as an additional safeguard to both staff and children involved.

Each child's right to privacy will be respected, however wherever possible an adult should not be in a closed private room alone with a child. There is no requirement for two adults to be present and staff will need to make their own judgement based on their knowledge of the child and family, this could be documented in the Individual Healthcare Plan.

If full-time care is required, ideally there will be several carers known to the child who will take turns in providing care. This will help to ensure, that over-familiar relationships are discouraged from forming, whilst guarding against the care being carried out by a succession of completely different carers.

Wherever possible, staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may be waived where failure to provide appropriate care would result in negligence (e.g. female staff supporting boys if no male staff were readily available.)

Where care is required on a regular basis, a note book will be used to record which member of staff changes the child, how often this task is carried out and the time they left/returned to the classroom following this task.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the Individual Healthcare Plan. The needs and wishes of children and parents will

be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

The parent should provide sufficient nappies/trainer pants/clean clothes, disposal bags, wipes etc., and they should be made aware of this responsibility. Schools are responsible for providing gloves, plastic aprons and a bin (with liner) to dispose of any waste.

Staff should always wear disposable apron and gloves when dealing with a child who is bleeding or soiled, or when changing a soiled nappy. Any soiling waste should be flushed down the toilet (if appropriate). PPE and any used wipes or soiled nappies/pull-ups will be sealed in a polythene bag and placed in the lined yellow nappy bin in the accessible toilet in each department. Soiled clothes should be returned to the parents in a sealed polythene bag within another bag. Staff should be aware of the school's Health and Safety policy.

The Protection of Children

All staff have access to Cornwall LA Child Protection Procedures and Inter-Agency Child Protection procedures, which will be adhered to.

All children will be taught personal safety skills matched to their level of development and understanding.

If a member of staff has concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the Designated Child Protection Officer on the appropriate form.

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. 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 or parent makes an allegation against a member of staff, all necessary procedures will be followed.

Links to:

- Supporting Children with Medical Needs Policy
- Accessibility Policy and Plan
- Health and Safety Policy
- “The Right To Go” ERIC (Education and Resources for Improving Childhood Continence)
www.eric.org.uk