



## **INTIMATE CARE (including Toileting arrangements) POLICY**

**The status of the policy:** Final

**Purpose:** Outline the arrangements for intimate care and toileting across the school

**Consultation:** staff and governors

**Links with other policies:**

- School vision
- EYFS
- Equalities
- Child Protection & Safeguarding

**Monitoring and evaluation:**

- EYFS /KS1 team and Support Staff

Date established by governing body: November 2022

Date for full implementation: November 2022

Date for review: November 2025

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care.

The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. Staff behaviour may be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible. Birch Hill 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. 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 or pain.

In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure (e.g. the administration of rectal diazepam). The training to be provided will be determined by the SENCO. This type of procedure should also be accompanied by a medical plan.

## **Rationale**

- Our intention is to develop children's independence, however there will be occasions when additional help is required.
- The principles and procedures apply to everyone involved in the intimate care and toileting of children.
- Our Intimate Care & Toileting Policy has been developed to safeguard children and staff.
- Children are generally more vulnerable than adults and staff involved with any aspect of pastoral care and therefore staff need to be sensitive to their individual needs.

Children across the school have access to the toilet whenever they need to and are encouraged to be as independent as is age and developmentally appropriate. Children in Early Years are reminded at regular times to go to the toilet and are also encouraged to wash their hands after the toilet. As children progress through the school, they are encouraged to use the toilet during break times.

Intimate care tasks are associated with bodily functions, body products and personal hygiene that demands direct or indirect contact with, or exposure of the genitals and on a regular basis or during a one-off incident. Such activities include:

- dressing or undressing
- feeding
- oral care
- washing
- changing clothes
- toileting - changing incontinence pads and nappies, helping someone use the toilet

- washing intimate parts of the body
- first aid and medical assistance
- cleaning a pupil who has soiled him/herself or vomited
- Changes required as a result of water play, messy play, sickness and weather.

Disabled pupils may be unable to meet their own care needs for a variety of reasons and will require regular support.

Parents have a responsibility to advise the school of any known intimate care needs relating to their child.

### **Principles of Intimate Care**

The following are the fundamental principles of intimate care upon which our policy guidelines are based:

- every child has the right to be safe
- every child has the right to personal privacy
- every child has the right to be valued as an individual
- every child has the right to be treated with dignity and respect
- all children have the right to be involved and consulted in their own intimate care to the best of their abilities
- all children have the right to express their views on their own intimate care and to have such views taken into account
- every child has the right to have levels of intimate care that are appropriate and consistent

### **School Responsibilities**

Only those members of staff who are familiar with the intimate care policy and other pastoral care policies of the school are involved in the intimate care of children.

Where anticipated, intimate care arrangements are agreed between the school and parents and, if appropriate, by the child.

Children with special needs have the same rights to safety and privacy when receiving intimate care. Additional vulnerabilities that may arise from a physical disability or learning difficulty must be considered with regard to individual teaching and support plans for each child. As with all arrangements for intimate care needs, agreements between the child, those with parental responsibility and the school should be easily understood and recorded.

Where specialist equipment and facilities above that currently available in the school are required, every effort will be made to provide appropriate facilities in a timely fashion, following assessment by a Physiotherapist and/or Occupational Therapist.

Where an adult may need support to lift a child (manual handling) a risk assessment will be carried out and support, or training, provided.

Written consent forms are signed by the parent when they enter the school and stored in the office. Only in an emergency would staff undertake any aspect of intimate care that has not been

agreed by parents and school. Parents would then be contacted immediately.

Any child with specific Intimate care arrangements should be reviewed at least six monthly. The views of all relevant parties should be sought and considered to inform future arrangements.

### **Safeguarding & Child Protection**

All staff working with children are subject to the appropriate Disclosure and Barring Checks (DBS). This includes student teachers on work placement and volunteers.

Child Protection and Multi-Agency Child Protection procedures will be adhered to at all times.

All members of staff carrying out intimate care procedures are DBS checked. It is not appropriate for volunteers to carry out intimate care procedures.

If a child makes an allegation about a member of staff this will be investigated in accordance with agreed procedures.

If a staff member has concerns about a colleague's intimate care practice he or she must report this to a Designated Leader for Safeguarding and Child Protection (DSL).

	<b>Name</b>	<b>Role</b>
<b>Named DSLs are:</b>	Michael Dillon	Headteacher
	Karen Cameron	Deputy Headteacher
	Della Payne	FSA

### **Guidelines for Good Practice / Role of Staff**

All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care & toileting of children.

Young children and children with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs.

Staff also need to be aware that some adults may use intimate care, as an opportunity to abuse children. It is important to bear in mind that some forms of assistance can be open to misinterpretation. Adhering to the following guidelines of good practice should safeguard children and staff.

Involve the child in the intimate care.

### **Toileting Arrangements**

EYFS/Staff have access to a bathroom area with a toilet and hand basin with access to warm water. There is also a stock of baby wipes, plastic bags and disposable protective gloves for staff to use. If a child soils him/herself during school time, staff (teachers and support staff) will help the child:

- Remove their soiled clothes
  - Clean skin (this usually includes bottom, genitalia, legs, feet)
  - Dress in the child's own clothes or those provided by the school
  - Wrap soiled clothes in plastic bags and give to parents to take home
- Try to encourage a child's independence as far as possible in his or her intimate care.
  - Where a situation renders a child fully dependent, talk about what is going to be done and give choices where possible.
  - Check your practice by asking the child or parent about any preferences while carrying out the intimate care.
  - Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.
  - Care should not be carried out by a member of staff working alone with a child.
  - Make sure practice in intimate care is consistent. As a child may have multiple carers a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent.
  - Be aware of your own limitations. Only carry out activities you understand and feel competent with. If in doubt, ASK. Some procedures must only be carried out by members of staff who have been formally trained and assessed.
  - Promote positive self-esteem and body image. Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.
  - If you have any concerns you must report them. If you observe any unusual markings, discolouration or swelling report it immediately to a DSL.
  - If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to a DSL.
  - Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's personal file and Safeguarding Log.

### **Working with Children of the Opposite Sex**

There is positive value in both male and female staff being involved with children. Ideally, every child should have the choice for intimate care but the current ratio of female to male staff means that assistance will more often be given by a woman.

The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:

- When intimate care is being carried out, all children have the right to dignity and privacy. Wherever possible they should be appropriately covered, the door closed or pulled to or screens/curtains put in place.
- If the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance.
- Report any concerns to a DSL and log on CPOMs.

- Parents must be informed about any concerns

### **Communication with Children**

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Depending on their maturity and levels of stress children may communicate using different methods - words, signs, symbols, body movements, eye pointing, etc. To ensure effective communication:

- make eye contact at the child's level
- use simple language and repeat if necessary
- wait for response
- continue to explain to the child what is happening even if there is no response
- treat the child as an individual with dignity and respect.

### **Puberty and Menstruation** (poster below)

Normal puberty onset can be between 8 – 13 years of age.

Birch Hill Primary School will ensure the care, dignity and support for pupils and has the following facilities in all the girl's toilets: Disposal facilities for sanitary protection soap and water, free access to period products.

#### **Procedures - Leaving the classroom**

Girls who think they have started their period, or are having their monthly period should be allowed to leave the classroom if they request to and staff should be mindful of any distress this may cause.

The class teacher must be made aware when a girl begins menstruating in order to be able to offer support.

#### **Role of parents/carers**

Parents/carers should give permission for intimate care as children enter our Early Years Foundation Stage (EYFS). The permission is given as part of the Emergency Contact form. All staff are informed of those children where no permission is given.

Where a child has continuing incontinence problems (including children beyond EYFS), parents are expected to provide a complete set of spare clothes, nappies and 'baby-wipes'.

The school also keeps a stock of spare clothes in various sizes.



# How to use tampons safely

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## DO

- ✓ Wash your hands before and after use
  - ✓ Use 'regular' size, unless your period is heavy
  - ✓ Change it every 4 to 8 hours (or more frequently if you have a heavy flow)
  - ✓ Look out for symptoms of toxic shock syndrome (TSS)
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## DON'T

- ✗ Use a tampon if you haven't been shown how by an adult
- ✗ Flush it down the toilet

### Symptoms of toxic shock syndrome (TSS)

This is a very rare condition, but can be serious if you don't treat it quickly.

When you're using a tampon, watch out for these symptoms:

- › High temperature
- › Flu-like symptoms
- › Feeling and being sick
- › Diarrhea
- › Sunburn-like rash
- › Dizziness or fainting
- › Difficulty breathing
- › Lips, tongue and the whites of the eyes turning a bright red
- › Confusion

If you're feeling at all unwell, speak to your class teacher or Teaching Assistant