Intimate Care Policy

TPAT Policy Management

Document history					
Review date	**Version**	**Reviewer / owner**	**Executive approval**	**Approving body**	**Meeting date of policy approval**
16/10/2023	1	Director of Primary	10/2023	EPSC	16/10/2023
07/09/2026	2	Director of Primary	09/2026	EPSC	12/10/2026

Material changes since last publication	
Section	**Changes**
	Minor lay out changes

This policy is reviewed every three years. The next review is due by October 2029.

Contents

1. Introduction
  1.1 Aims and Scope
  1.2 Other Linked Policies

2. Policy Statement
  2.1 Legislation and Statutory Guidance
  2.2 Role of parents / carers
  2.3 Creating an intimate care plan
  2.4 Sharing information

Role of Staff

  2.5 Which staff will be responsible
  2.6 How staff will be trained
  2.7 How procedures will happen
  2.8 Concerns about safeguarding
  2.9 Medical procedures
  2.10 Hygiene management

1. Introduction

The Trust intends and expects that all decisions, policies and procedures will be underpinned at all times by its vision and values.

Our aim:

TPAT - Inspiring futures, empowering people.

We aim to benefit our communities by nurturing well-educated, aspirational and creative young people. We exist to inspire futures and empower all our people. We achieve this by enriching and fulfilling our employees with the investment to become masters of their craft, all working together to realise exceptional outcomes for young people.

To achieve this our schools will:

- Create an aspirational, driven, and highly engaging educational environment where every pupil can succeed.
- Commit to knowing each pupil individually and empowering them to excel.
- Deliver the highest quality learning opportunities facilitated by excellent teachers.
- Inspire our pupils to become confident, motivated and respectful individuals ready to make a positive contribution to society

The Trust will support our schools by:

- Providing the resources and stability schools need to work efficiently and effectively, overcoming challenges and prioritising education every day.
- Providing a platform for collaboration, sharing excellence and experience, and fostering unity and shared purpose.
- Nurturing our Trust's 'culture of improvement' where staff thrive in a safe, supportive network, embracing feedback and professional dialogue to drive sustainable improvement

1. Introduction

There are times when a child may require a change of clothes whilst at school. The purpose of this policy is to provide clear guidelines and procedures for providing the intimate care of all children. These guidelines and procedures apply to changing a child in a range of circumstances, for example:

- When a child has wet or soiled themselves due to having not reached continence as part of a specific medical condition or global developmental delay.
- When a child has vomited, is wet or soiled themselves.
- When a child has become dirty or wet from involvement in play activities, for example; painting or water play.
- When a child requires support and assistance changing for physical activities.

These guidelines are designed to promote good practice and safeguard children and practitioners within our school. These apply to everyone involved with the intimate care of children.

1.1 Aims and Scope

Aims:

- To include all children in activities regardless of their ability to manage their own personal care.
- To safeguard the rights and promote the welfare of children.
- To provide guidance and reassurance to staff whose role includes intimate care.
- To assure parents that staff are knowledgeable about personal care and that their individual concerns are taken into consideration.
- To ensure that no child is discriminated against.

A definition of Intimate Care: 'Care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demands direct or indirect contact with, or exposure of, the sexual parts of the body'.

Intimate care tasks specifically identified as relevant include: dressing and undressing (underwear) helping someone use a toilet cleaning / wiping / washing intimate parts of the body. The application of medical treatment, other than to arms, face and legs below the knee.

This policy is designed to act as a guideline for anyone with responsibility for the intimate care of the children at all academies within The Park Academies Trust. It outlines the guidelines for best practice.

1.2 Other Linked Policies

This policy should be read in conjunction with:

Safeguarding and Child Protection policy
Safe Touch Policy
Behaviour Policy
Health and Safety Policy
SEND Policy
Staff Code of Conduct
Supporting Pupils with Medical Conditions

2. Policy Statement

2.1 Legislation and Statutory Guidance

This policy complies with statutory safeguarding guidance.

It also complies with our funding agreement and Articles of Association.

2.2 Role of parents / carers

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents / carers will be asked to sign a consent form. When a child enters

in Nursery / Reception or Year 1, the parent / carer will be asked to give consent for intimate care should it be required.

For children whose needs are more complex or who need particular support outside of what is covered in the permission form (if used), an intimate care plan will be created in discussion with parents / carers (see section 2.3 below).

Where there is not an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure.

If the school is unable to get in touch with parents / carers and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents / carers afterwards.

All intimate care will be recorded using school specific procedures – either paper records and / or CPOMS.

2.3 Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents / carers, the child (when possible) and any relevant health professionals.

The school will work with parents / carers and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be taken into account. If there is doubt whether the child is able to make an informed choice, their parents / carers will be consulted.

The plan will be reviewed once a year, even if no changes are necessary, and updated whenever
there are changes to a pupil's needs.

2.4 Sharing information

The school will share information with parents / carers as needed to ensure a consistent approach. It will expect parents / carers to also share relevant information regarding any intimate matters as needed.

Role of Staff

2.5 Which staff will be responsible

All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

2.6 How staff will be trained

Staff will receive:

- Training in the specific medical needs e.g. catheter training
- Regular safeguarding training.
- If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as possible.

They will be familiar with:

- The control measures set out in risk assessments carried out by the school
- Hygiene and health and safety procedures

They will also be encouraged to seek further advice as needed. Please refer to school guidance.

2.7 How procedures will happen

Always tell another member of staff when you are doing a change or accompanying a child to the toilet. Staff must also be aware of their own personal safety whilst changing pupils and not put themselves in a vulnerable position.

It is best practice from a health and safety and safeguarding perspective to have 2 members of staff present. If it is not possible, state your protocol for carrying out checks with the member of staff once the procedure has taken place.

The child should be involved as much as possible in his or her intimate care; they are allowed to be as independent as possible. This can be for tasks such as removing clothing or washing private parts of a child's body. We support the children in doing

everything that they can for themselves. If a child is fully dependent on an adult, then we will talk to him / her about what we are doing and give choices where possible.

We will always make sure that a familiar adult supports a child in intimate care.

We will be responsive to a child's reactions.

We will encourage the child to have a positive body image of his / her own body; confident, assertive children who feel their body belongs to them are less venerable to abuse.

Always wash hands thoroughly after supporting a child with intimate care using antibacterial handwash.

Record any incidents of intimate care on CPOMS and / or school-based paper records, indicating why the care was necessary and what level of intimate care was given. It is the responsibility of the Designated Safeguarding Lead to ensure that all records are kept up to date and that all procedures are followed.

Procedures will be carried out using school toilet / changing facilities.

When carrying out procedures, the school will provide staff with: protective gloves, aprons, cleaning supplies, changing mats and bins.

For pupils needing routine intimate care, the school expects parents / carers to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and / or a spare set of clothing.

Any soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents / carers at the end of the day.

2.8 Concerns about safeguarding

If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this using the school's safeguarding procedures.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to the DSL and record on CPOMS.

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures. The school understands it is a legal obligation to meet the needs of children with any delays or medical reasons in any area of their development. We work in partnership

with parents on an individual basis to make reasonable adjustments to meet the needs of each child.

We seek to find out religious and cultural views around intimate care.

Where appropriate, pupils will be taught personal safety skills according to their age and level of understanding

2.9 Medical procedures

Specialised training will be required if the child uses a wheelchair, hoist, colostomy bag or requires an invasive procedure such as rectally administered medication.

Consideration needs to be given to cover times of staff absence or off-site visits.

Individual Health Care Plans:
Individual Health Care Plans will be drawn up for children requiring ongoing intimate care to suit their individual circumstance. It is vital that these plans are prepared prior to admission, and where possible opportunities are made for the child and family to meet the staff who will be providing intimate care. The plan should be signed by all who contribute and reviewed on a regular basis. When writing a plan, whole setting and classroom management considerations should be taken into account, e.g:

- The importance of working towards independence
- Arrangements for home/ setting transport, sports days, trips, swimming etc
- Strategies for dealing with bullying/harassment (if the child has an odour for example)
- Avoid missing the same lesson
- Awareness of discomfort that may disrupt learning implications for PE (changing, discreet clothing etc.)
- Any plan should be clearly recorded to ensure clarity of roles, responsibilities and expectations
- A procedure should be included to explain how concerns arising from the intimate care process will be dealt with.

2.10 Hygiene management

All staff should follow good hygiene practices which should include:

- Disposable gloves should be worn
- Disposable plastic aprons should be worn. NHS/ Public Health guidance on PPE in social care should be adhered to

- Systems should be in place to deal with spillages appropriately and safely. Spillages must be cleaned according to local policy. Hot water and soap or antibacterial spray or wipes are appropriate.
- Soiled disposable nappy to be placed in a plastic nappy bag and disposed of according to local arrangements. Reusable nappies to be placed in a double plastic nappy bag and returned to the parent/ carer
- Soiled clothing to be placed in a double plastic bag and returned to the parent/ carer where facilities for sluicing are not available, and
- Correct hand-washing techniques should be followed:
  a) For adults, use hot water and soap. Dry hands with disposable paper towels. Antibacterial gel can then also be used.
  b) For a child, hand washing to be done by, or supervised by an adult. Infectious diseases: PPE and hygiene guidance must be followed.