



Muswell Hill Primary School Intimate Care Policy

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Muswell Hill Primary School is a Rights Respecting School, based upon the UNICEF Convention of the Rights of the Child.

We believe that all children should grow up aware of these rights and respect these rights for themselves and for others. Being a Rights Respecting School underpins policies throughout the school. As policies are reviewed within the cycle they are adapted to demonstrate this. **Reviews started in the academic year of 2019/20. The school received the Bronze Award in July 2020 and is currently working towards the Silver Award.**

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1. Principles

The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Keeping children safe in education (2019) to safeguard and promote the welfare of children at this school.

This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a child's intimate care needs is one aspect of safeguarding. This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 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 schools' policies as below (or similarly named):

- Safeguarding and child protection procedures and policy
- KCSIE 2021
- Staff Code of Conduct
- 'Whistle-blowing' and allegations management policies
- Health and Safety Policy and procedures
- Special Educational Needs policy
- Accessibility plan
- Supporting children with medical conditions

The Governing Body 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.

We recognise that there is a need to treat all children with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every child is treated as an individual and that care is given gently and sensitively: no child should be attended to in a way that causes distress or pain.

Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

Where children with complex and/or long-term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

All staff undertaking intimate care must be given appropriate training.

2. Legislation and statutory guidance

This policy complies with [statutory safeguarding guidance](#)

3. Aims

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, rights and wellbeing of children are safeguarded
- Children with intimate care difficulties are not discriminated against, in line with the Equalities Act 2010
- Parents/carers are assured that staff are knowledgeable about intimate care and that the needs of their children are taken into account
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the children involved.

4. Definition

Intimate care refers to any care which involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

5. Role of parents/carers

5.1 Seeking parental permission

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

For children whose needs are more complex or who need particular support outside of what's covered in the permission form (if used), an intimate care plan will be created in discussion with parents (see section 5.2 below).

Where there isn't 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 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 afterwards.

5.2 Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents, 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's doubt whether the child is able to make an informed choice, their parents will be consulted.

The plan will be reviewed twice a year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a child's needs.

See appendix 1 for a blank template plan to see what this will cover.

5.3 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.

6. Role of staff

6.1 Which staff will be responsible

Any roles who may carry out intimate care will have this set out in their job description. This includes nursery nurses, class teachers, teaching and learning partners, school meals supervisory assistants, first aiders and members of staff from the school run after-school club (MASC).

No other staff members can be required to provide intimate care.

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.

6.2 How staff will be trained

Staff will receive:

- Training in the specific types of intimate care they undertake
- Regular safeguarding training
- If necessary, manual handling training that enables them to remain safe and for the child to have as much participation as is 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, including those related to COVID-19
- They will also be encouraged to seek further advice as needed.

7. Child focused principles of intimate care

The following are the fundamental principles upon which the policy and 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.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has 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 as consistent as possible.

8. Intimate care procedures best practice

8.1 Assisting a child to change his/her clothes

This is more common in our foundation stage. On occasions an individual child may require some assistance with changing if, for example, he / she has an accident at the toilet, gets wet outside, or has vomit on his / her clothes etc.

Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given. Staff will always ensure that they have a colleague

nearby when supporting dressing/undressing and will always give the child the opportunity to change in private.

If staff are concerned in any way or a child is very distressed, then parents/carers will be asked if they can come to school to assist their child.

8.2 Changing a child who has soiled him/herself

If a child soils him/ herself in school a professional judgement has to be made as to whether it is appropriate to change the child in school, or request the parent/carer to collect the child for changing. In either circumstance the child's needs are paramount and he/she should be comforted and reassured throughout. The following guidelines outline our usual procedures but we will also seek to make age-appropriate and individual responses where needed.

The child will be given the opportunity to clean themselves and change his/her underwear in private. School will have a supply of wipes, clean underwear and spare uniform for this purpose. If a child is not able to complete this task, school staff will attempt to contact the parents/carers to inform them of the situation and ask them to come to school to support their child's changing.

If the parents/carers is able to come to school within an appropriate time frame; the child will be accompanied and supported by a staff member until they arrive. This avoids any further distress and preserves dignity.

If the parents/carers cannot attend, the decision will be taken on the basis of loco-parentis and our duty of care to meet the needs of the child to change the child, the member of staff completing the care should advise another member of staff that they are changing the child.

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 wet or 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.

8.3 Children who require regular assistance

Children who require regular assistance with intimate care have written individual health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. The plan will be agreed at a meeting at which all key staff and the child will be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

A record should be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case. These records will be kept and made available to parents/carers on request. Enquiries have been made to see if we can include records on our Medical tracker system.

All children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual child to do as much for his/herself as possible.

8.4 Medical Procedures

Children who are disabled 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 health care plan and will only be carried out by staff who have been trained to do so by medical staff.

It is particularly important that these staff follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

A written record will be kept in a format agreed by parents/carers and staff every time a child has an invasive medical procedure, e.g. support with catheter usage.

Any members of staff who administer first aid will be appropriately trained. If an examination of a child is required in an emergency aid situation another adult will be asked to be present, with due regard to the child's privacy and dignity.

8.5 Physiotherapy

Children who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the EHCP 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 to the school staff and updated regularly. The physiotherapist should observe the member of staff applying the technique.

Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

9. Staffing intimate care

Staff who provide intimate care are trained in personal care (e.g. health and safety training in moving and handling) according to the needs of the child. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate. Staff will be supported to adapt their practice in relation to the needs of individual children.

Every child's right to privacy and modesty will be respected. Careful consideration will be given to each child's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the child's wishes and feelings should be sought and taken into account.

An individual member of staff should inform another appropriate adult if they are going alone to assist a child with intimate care.

Adults who assist children with intimate care will be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

Health & Safety guidelines must be adhered to regarding waste products, and the use of yellow clinical waste bins.

No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

Care plans must include specific information for those supporting children with bespoke medical needs.

10. Child Protection

The Governors and staff at this school recognise that children with special needs and who are disabled are particularly vulnerable to all types of abuse.

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. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

Where appropriate, 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, etc. s/he will immediately report concerns to the Designated Safeguarding Lead or Headteacher. A clear written record of the concern will be completed and the school's child protection procedures followed.

If a child, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's policy. 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.

Similarly, 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 or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

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 Headteacher or Assistant Headteacher.

11. Links with other policies

This policy links to the following policies and procedures:

- Accessibility Plan
- Child Protection and Safeguarding
- COVID-19 Risk Assessment if appropriate
- Health and Safety
- Special Educational Needs and Disability
- Supporting Children with Medical Conditions

Appendix 1: template intimate care plan

PARENTS/CARERS	
Name of child	
Type of intimate care needed	
How often care will be given	
What training staff will be given	
Where care will take place	
What resources and equipment will be used, and who will provide them	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	
CHILD	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
Signature of child	
Date	

This plan will be reviewed twice a year.

Next review date:

To be reviewed by:

Appendix 2: template parent/carer consent form

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of parent/carer	
Address	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	<input type="checkbox"/>
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)	<input type="checkbox"/>
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	<input type="checkbox"/>
<p>I do not give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident). Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed).</p> <p>I understand that if the school cannot reach me or my emergency contact if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.</p>	<input type="checkbox"/>
Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	