



**Hornsea Burton and Skipsea Primary Schools**

# **Early Years Intimate Care**

## **Policy**

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## **Statement of intent**

Hornsea Burton and Skipsea Primary Federation understands the importance of its responsibility to safeguard and promote the welfare of children.

Pupils may require assistance with intimate care as a result of their age or due to having SEND. In all instances, effective safeguarding procedures are of paramount importance.

This policy has been developed to ensure that all staff responsible for providing intimate care undertake their duties in a professional manner at all times and treat children with sensitivity and respect.

The school is committed to providing intimate care for children in ways that:

- Maintain their dignity.
- Are sensitive to their needs and preferences.
- Maximise their safety and comfort.
- Protect them against intrusion and abuse.
- Respect the child's right to give or withdraw their consent.
- Encourage the child to care for themselves as much as they can.
- Protect the rights of all others involved.

## **1. Legal framework**

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Equality Act 2010
- Safeguarding Vulnerable Groups Act 2006
- Childcare Act 2006
- Education Act 2002
- Education Act 2011
- The Control of Substances Hazardous to Health Regulations 2002 (as amended in 2004)
- [DfE \(2023\) 'Keeping children safe in education'](#)

This policy operates in conjunction with the following school policies:

- Administering Medication Policy
- Complaints Procedures Policy
- Child Protection and Safeguarding Policy
- Whistleblowing Policy
- Allegations of Abuse Against Staff Policy

## 2. What is intimate care?

For the purpose of this policy, “**intimate care**” is the hands-on, physical care in personal hygiene, as well as physical presence or observation during such activities.

Intimate care includes the following:

- [Helping a child with eating and drinking for reasons of illness or disability](#)
- Body bathing other than to the arms and face, and to the legs below the knee
- Application of medical treatment other than to the arms and face, and to the legs below the knee
- Toileting, wiping and care in the genital and anal areas
- Dressing and undressing

## 3 Roles and responsibilities

**The headteacher is responsible for:**

- Ensuring that intimate care is conducted professionally and sensitively.
- Ensuring that the intimate care of all children is carefully planned, including the creation of individual plans following discussions with the parent and the child, with input from the SENCO.
- Communicating with parents in order to establish effective partnerships when providing intimate care to children.
- Handling any complaints about the provision of intimate care in line with the school’s Complaints Procedures Policy.
- Organising **annual** training for the provision of intimate care.

**All members of staff who provide intimate care are responsible for:**

- Undergoing **annual** training for the provision of intimate care.
- Undertaking intimate care practice respectfully, sensitively and in line with the guidelines outlined in this policy.

**Parents are responsible for:**

- Liaising with the school to communicate their wishes in regard to their child’s intimate care.
- Providing their consent to the school’s provision of their child’s intimate care.
- Adhering to their duties and contributions to their child’s intimate care plan, as outlined in this policy.

## 4 Procedures for intimate care

4.1 Staff who provide intimate care will have a list of personalised changing times for the children in their care, which will be adhered to at all times and will be shared with parents daily.

4.2 Staff who provide intimate care will conduct intimate care procedures in addition to the designated changing times if it is necessary; no child will be left in wet/soiled clothing or nappies.

- 4.3 If the designated member of staff for a child's intimate care is absent, a secondary designated member of staff will change the child, adhering to the arranged times.
- 4.4 Each child using nappies will have a clearly labelled box allocated to them in which there will be clean nappies, wipes and any other individual changing equipment necessary.
- 4.5 Before changing a child's nappy, members of staff will put on disposable gloves and aprons, and the changing area will be cleaned appropriately using disposable **blue roll paper** and **soap and hot water**.
- 4.6 The changing areas are warm and comfortable for the children and are private from others.
- 4.7 Hot water and liquid soap are available for staff to wash their hands before and after changing a nappy; the changing area will also be cleaned appropriately after use using disposable **blue roll paper** and **soap and hot water**.
- 4.8 The changing area has a **hot air dryer** and **paper towels** available for members of staff to dry their hands.
- 4.9 Any soiled clothing will be placed in a tied plastic bag in the child's personal box and will be returned to parents at the end of the school day.
- 4.10 Any used nappies will be placed in a tied plastic bag and disposed of in accordance with the school's **Hygiene Policy**.
- 4.11 Any bodily fluids that transfer onto the changing area will be cleaned appropriately.
- 4.12 If a pupil requires cream or other medicine, such as for a nappy rash, this will be provided in accordance with the **Administering Medication Policy**, and full parental consent will be gained prior to this.
- 4.13 Older children and those who are more able will be encouraged to use the toilet facilities and will be reminded at regular intervals to go to the toilet.
- 4.14 Children will be reminded and encouraged to wash their hands after using the toilet, following the correct procedures for using soap and drying their hands.

## 5 Parental engagement

- 5.1 The school will liaise closely with parents to establish individual intimate care programmes for each child which will set out the following:
- What care is required
  - Number of staff needed to carry out the care
  - Any additional equipment needed
  - The child's preferred means of communication, e.g., visual/verbal, and the terminology to be used for parts of the body and bodily functions
  - The child's level of ability, i.e., what procedures of intimate care the child can do themselves
  - Any adjustments necessary in respect to cultural or religious views

- The procedure for monitoring and reviewing the intimate care plan
- 5.2 The information concerning the child's intimate care plan will be stored confidentially in the school office, and only the parents and the designated member of staff responsible for carrying out the child's intimate care will have access to the information.
- 5.3 The parents of the child are required to sign the Intimate Care Parental Consent Form to provide their agreement to the plan; no intimate care will be carried out without prior parental consent.
- 5.4 In respect of the above, if no parental consent has been given and the child does not have an intimate care plan, but the child requires intimate care, parents will be contacted by phone in order to gain consent.
- 5.5 Any changes that may need to be made to a child's intimate care plan will be discussed with the parents to gain consent and will then be recorded in the written intimate care plan.
- 5.6 Parents will be asked to supply the following items for their child's individual storage box:
- Spare nappies
  - Wipes, creams, nappy sacks, etc.
  - Spare clothing
  - Spare underwear
  - Training seat for the toilet

## 6 Safeguarding procedures

- 6.1 The school adopts rigorous safeguarding procedures in accordance with the Child Protection and Safeguarding Policy and will apply these requirements to the intimate care procedures.
- 6.2 If a child becomes distressed or unhappy regarding being cared for by a particular member of staff, the matter will be looked into, parents will be consulted and outcomes recorded. Staffing schedules will need to be altered until the issue is resolved as the child's needs remain paramount. If a child makes allegations against a member of staff, necessary procedures will be followed. (See Safeguarding Policy for further information).
- 6.3 Intimate care is classified as regulated activity; therefore, the school will ensure that all adults providing intimate care have undergone an enhanced DBS check (which includes barred list information) enabling them to work with children.
- 6.4 All members of staff will receive safeguarding training on an annual basis, and receive child protection and safeguarding updates as required, but at least annually.
- 6.5 All children will be taught personal safety skills carefully matched to their level of development and understanding.
- 6.6 All members of staff are instructed to report any concerns about the safety and welfare of children with regards to intimate care, including any unusual marks, bruises or injuries, to the DSL in accordance with the school's Whistleblowing Policy.

6.7 Any concerns about the correct safeguarding of children will be dealt with in accordance with the Child Protection and Safeguarding Policy and the Allegations of Abuse Against Staff Policy.

## 7 Monitoring and review

7.1 This policy will be reviewed annually by the headteacher/(DSL), who will make any changes necessary and communicate these to all members of staff.

7.2 The next scheduled review date is September 2024.

7.3 All members of staff are required to familiarise themselves with this policy as part of their induction programme

## 8 Approaches adopted

Staff will encourage each child to do as much for him/herself as they can. This may mean, for example giving the child responsibility for washing and dressing themselves. Individual intimate care plans will be drawn up for particular children as appropriate (see appendix 1) to suit the circumstances of 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 possible one child will be catered for by one adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented. Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing care. Intimate care arrangements will be discussed with parents on a regular basis and recorded on the child's care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing.

Any child wearing nappies will have an intimate care plan which must be signed by the parent/carer. This plan will outline who is responsible in school for changing the child, and where and when this will be carried out. This agreement allows school and parents to be aware of all issues surrounding the task from the outset.

Staff should always wear disposable gloves when dealing with a child who is soiled or when changing a nappy. Any soiled waste should be placed in a polythene waste disposal bag and sealed. The bag should then be placed in a bin, (with a liner) specifically designed for such waste. This bin should be collected on a weekly basis as part of the usual refuse. It is not classed as clinical waste. Any requests from the parents for use of medical ointments/creams, these should be prescribed by the GP and clearly labelled with the child's name. These should not be shared between other children and should be stored in line with the Medicines Policy.

Children with special needs have the same rights to privacy and safety when receiving intimate care. Additional vulnerabilities (any physical disability or learning difficulty) must be considered when drawing up care plans for individual children. Regardless of age and ability, the views and emotional responses of children with special needs should be actively sought when drawing up or reviewing a care plan.

### **Physical Contact**

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact. Staff must be aware that even well-intentioned contact might be misconstrued by the child or an observer. Staff must always be prepared to justify actions and accept that all physical contact is open to scrutiny. The expectation is that when staff make physical contact with children it will be:

- For the least amount of time necessary (limited touch)
- Appropriate, given their age, stage of development and background
- In response to the pupil's needs at the time

Arrangements must be understood and agreed by all concerned, justified in terms of the child's needs and consistently applied and open to scrutiny. Where possible, consultation with colleagues should take place where any deviation from arrangements is anticipated. Any deviation from the agreed plan must be documented and reported.



## Intimate Care Plan and Parental Consent Form

This form is to be completed by the EYFS lead and signed by parents.

Name of child:		Date of birth:	
Name of class teacher:		Class:	

Care requirements, including frequency:

The table below outlines the member of staff responsible for carrying out your child's intimate care programme, as well as the member of staff responsible in their absence:

Name of staff member:	
Name of chaperone:	
Name of staff member (in the above staff member's absence):	

### **Where will the intimate care be carried out?**

Outside class 1 toilets/ Private Changing station outside class 1 toilets with easy access to the sinks

### **What equipment/resources will be required?**

PPE: apron and gloves

Disinfectant

Changing mat

### **What infection control and disposal procedures are in place?**

PPE worn; changing mat disinfected before and after changing; nappy put in nappy bag and tied before in specific waste bin; caretaker to double bag waste; See Covid risk assessment for additional precautions.

### **What actions will be taken if any concerns arise?**

Parents to be contacted e.g., if sore from wearing nappy

**What do parents need to provide?**

Parents to provide correct sized nappies (enough for the changes required during the school day), baby wipes and nappy bags for the disposal of the nappy. Parents to inform staff and provide nappy cream if required.

**What are the reporting procedures for parents?**

All Nappy changes will be logged in school and parents informed of changes.

I have read the Early Years Intimate Care Policy provided by Hornsea Burton and Skipsea Primary Federation school and I agree to the intimate care plan outlined above:

Name of parent:  Signature of parent:	Date:	
Name of staff:  Signature of staff:	Date:	

**Daily Intimate Care Log**

Name of child:

D.o.B.:

Date	Time	Type of care carried out (toileting, nappy change, other personal care task)	Carried out by:	Signature

## Policy Summary for parents

*Our full policy is on our website but here is a shortened version regarding our intimate care procedures:*

**Intimate care:** covers any tasks that involve the dressing and undressing, washing including intimate parts, helping someone use the toilet or carrying out a procedure that requires direct or indirect contact to an intimate personal area.

**Partnership with parents/carers:** The child's class teacher works in partnership with parents/carers to share relevant information and provide continued care appropriate to the needs of the individual child.

We ask parents/carers to provide: change of clothes/undergarments, nappies, wipes, creams, nappy sacks, etc.

### **Toileting 'accidents' procedures:**

- Staff encourage children to do as much for themselves as they can - lots of praise and encouragement will be given to the child throughout.
- Staff will wear a fresh pair of disposable gloves when carrying out intimate care tasks.
- Staff and child will wash their hands and dry on disposable towels immediately after completing task.
- 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 soiled him/herself). This information will be treated sensitively and a phone call will be made to the child's parents.

### **Safeguarding**

- A child will only ever be changed or cleaned by an employed member of staff. If possible, this will be one of the people listed in their care plan if they have one; For the least amount of time necessary (limited touch); Appropriate, given their age, stage of development and background; In response to the pupil's needs at the time.
- All staff employed in the school have a full current DBS.
- Staff who provide intimate care have all received Safeguarding training (and, if appropriate, Moving and Handling training).
- If more care is needed a phone call will be made to parents requesting that they take the child home for a wash and then return them to school later that day if not unwell.
- If a member of staff has any concerns about physical changes in a child's presentation (unexplained marks, bruises or soreness for example) he/she will immediately report concerns to the Designated Safeguarding Lead.
- If a child becomes distressed or unhappy about the care given by a particular member of staff, the matter will be investigated at an appropriate level and outcomes recorded.
- If a child makes an allegation about a member of staff this will be investigated in accordance with agreed procedures.

### **Record keeping**

Individual care plans will be drawn up for any child requiring regular intimate care such as nappy changing. Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the care plan.

## Toilet Introduction Procedures

**As children develop bladder control, they will pass through the following three stages:**

1. The child becomes aware of having wet and/or soiled pants
2. The child knows that urination/defecation is taking place and can alert a member of staff
3. The child realises that they need to urinate/defecate and alerts a member of staff in advance

**During these stages, members of staff will assess the child over a period of two weeks to determine:**

- If there is a pattern to when the child is soiled/wet.
- The indicators that the child displays when they need the toilet, e.g., facial expressions.

**Staff will implement the following strategies to get children used to using the toilet and being independent:**

- Familiarise the child with the toilet, washing their hands, flushing the toilet and referencing other children as good role-models for this practice
- Encourage the child to use the toilet when they are using their personal indicators to show that they may need the toilet
- Take the child to the toilet at a time when monitoring has indicated that this is when they would usually need the toilet
- Ensure that the child can reach the toilet and is comfortable doing so
- Stay with the child and talk to them to make them more relaxed about using the toilet
- Don't force the child to use the toilet if they don't want to, but still encourage them to do so using positive language and praise
- Deal with any accidents discreetly, sensitively and without any unnecessary attention
- Be patient with children when they are using the toilet, and use positive language and praise to encourage them