



## Intimate and Personal Care Policy

### Introduction

The Rosecliffe Spencer Academy is committed to providing the highest quality care, which meets the individual needs of children, and promotes their dignity, privacy and independence.

This policy provides an outline of the guidance and procedures related to the provision of personal and intimate care. It applies to all staff who undertake intimate and personal care tasks with children and young people.

The school will ensure the provision of adequate staffing to fulfil all personal and intimate care requirements, including supervision, and catering for emergencies such as when a member of staff is absent. This needs to be balanced in line with the duty of care in the Childcare Act 2006.

Any member of staff carrying out any personal or intimate care tasks must do so in accordance with this policy.

### Aims

Parents and staff should be aware that matters concerning intimate care will be dealt with confidentially and sensitively and that the young persons' right to privacy and dignity is maintained at all times. This policy has the following aims:

- To safeguard the rights of children and young people and staff who are involved in providing personal and intimate care.
- To ensure inclusion for all children and young people
- To ensure continuity of care between parents/carers and involved professionals.
- To ensure all staff involved in personal and intimate care have access to appropriate training.

### Definitions

**Personal care** is defined as those tasks which involve touching, which is more socially acceptable, and is non-personal and intimate, and usually has the function of helping with personal presentation and enhancing social functioning. This includes shaving, skin care, applying external medication, feeding, administering oral medication, hair care, brushing teeth, applying deodorant, dressing and undressing, washing non-personal body parts, cleaning a pupil who has vomited, and prompting to go to the toilet. It can also include providing comfort or support for a distressed pupil or a pupil who feels unwell.

**Intimate care** is defined as those care tasks associated with bodily functions, body products, and personal hygiene which demand direct or indirect contact with or exposure to the genitals, including such tasks as for example dressing and undressing (underwear), helping with the use of the toilet, changing continence pads/nappies (faeces and/or urine), bathing/ showering, washing personal and intimate parts of the body, changing sanitary towels or tampons.

## **Guiding principles**

It is essential that every child is treated as an individual and that care is given as gently and as sensitively as possible. As far as possible, the child should be allowed to exercise choice and should be encouraged to have a positive image of his/her own body. It is important for staff to bear in mind how they would feel in the child's position. Given the right approach, intimate care can provide opportunities to teach children about the value of their own bodies, to develop their safety skills and to enhance their self-esteem.

This policy is underpinned by the following guiding principles:

- Assistance with intimate and personal care must be provided in a manner which is respectful of the child's rights to feel safe and secure, to remain healthy, and to be treated as an individual.
- Children have a right to information, in a format which is understandable, about how to ask a question or make a complaint about personal and intimate care.
- Children should be consulted as far as possible and encouraged to participate in decision-making about their intimate and personal care. Particular attention must be given to those children and young people who have disabilities/conditions which mean they require additional support to do this.
- Decisions and plans about intimate and personal care are made in partnership with parents/carers.

In general, Intimate Care tasks will be planned and carried out as part of a care plan for pupils who have a disability or defined medical need who will usually have an Education Health Care plan and are unable to carry out these functions without support. An additional plan, outlining the intimate care tasks required, will be completed. *See Appendix 1.*

Where young children may have "accidents" wherever possible staff will support pupils to clean themselves.

Schools are not expected to routinely toilet train pupils. Therefore unless a child has a disability or defined medical condition it is expected that parents/carers will have trained their children to be clean and dry by the time they start school.

Where it becomes clear that a pupil without a disability or recognised medical condition is not toilet trained then careful consideration will need to be given to whether The Rosecliffe Spencer Academy has suitable facilities and resources to admit the pupil and manage their safety and that of the other pupils and staff. Considerations might include whether or not the pupil is capable of cleaning and changing themselves effectively (with some support) and parental/carer attitude to resolving the problem. Consideration might also need to be given to the layout of the site and ensuring the pupils dignity such that they are not victimised or stigmatised.

## **Links with other policies/Guidance**

This policy should be considered in conjunction with other relevant policies and/or guidance, related to the following aspects:

- Safeguarding
- Administration of medication
- Moving and Handling
- Health and Safety

- Cleaning of Bodily Fluid Spillages
- Managing Continence in Schools and Early Years Settings
- Special Educational Needs
- Equality and diversity
- Complaints Procedure

### **Ensuring carer competency**

- Staff need to be given information during the recruitment process about the types of intimate and personal care they may be required to carry out, and this should be included in any job description.
- All staff working with children and young people must have been through an appropriate safer recruitment process.
- Staff need to be given appropriate initial and on-going instruction/training in how to carry out intimate and personal care activities. This may include both generic training and specific instruction in how to assist particular children.
- Staff should have access to a set of procedures which give detailed guidance on how to carry out specific activities related to intimate and personal care and any individual care plan which is in place for a young person.
- Staff should also have attended other relevant training, including safeguarding disabled children, moving and handling (where appropriate) and administration of medication.

### **Safeguarding the dignity of children when providing intimate care**

There is an obligation on local authorities to ensure that staff who have substantial, unsupervised access to children undergo police checks. All staff at The Rosecliffe Spencer Academy are DBS checked on application and cannot undertake tasks within the academy until all checks are completed satisfactorily.

Students should only do so under the supervision of a trained member of staff, following consultation with the student's college supervisors.

- The number of carers involved with giving intimate and personal care should be indicated in a child's specific care plan, and should be based on individual need. Under normal circumstances, the child's need for privacy would indicate that one carer is sufficient. However, two or more carers may be required on occasion, for example where this is necessary to support children with behavioural needs, or where more than one carer is needed to assist with moving and handling. Where more than one carer is present the reasons must be clearly documented.
- There is a need to strike a balance between protecting the child's dignity by not drawing on too large a pool of carers, and on the other hand, protecting the child from over-dependence on one carer.
- The child's preferences about gender of carer should be respected wherever possible.
- Provision will be made for emergencies such as a member of staff on sick leave.

## **Developing, documenting, and communicating intimate and personal care plans**

Members of staff need to have regard to the danger of allegations being made against them and take precautions to avoid this risk. These should include:

- Gaining a verbal agreement from another member of staff that the action being taken is necessary.
- Children should be included as far as possible in the development of personal and intimate care plans.
- Parents/carers must be consulted, and their views respected regarding personal and intimate care needs.
- Parents/carers are expected to provide services with information about their child/young person's intimate care needs. This information will be sought as part of the assessment process, and forms the basis of the care plan.
- Parents/carers will be expected as part of the plan to supply the establishment with a sufficient supply of clean clothing and nappies/pull ups etc. relevant to their child's needs as identified in the plan. Parents/carers will need to supply an emergency contact who can attend the school/setting should the need arise (eg if spare clothes/nappies run out and the child needs changing).
- If applicable, relevant members of the multi-professional team should be consulted as plans are developed; this may include nursing professionals and therapists.
- Information about how to meet intimate and personal care needs must be documented as part of the care plan, which should be developed in partnership with parents/carers and involving the child; this plan must be made available to the staff giving assistance.
- All care plans should detail not only how to carry out the intimate or personal care activities, but should detail the universal precautions to be applied to the particular tasks in terms of infection control and protection of staff from contamination. They should also detail how to dispose of any bodily fluids and contaminated items and the safe storage of contaminated clothing.
- Where a personal and intimate care plan exists, this information must be shared with all relevant services on request.
- Staff should be aware of and responsive to the child's reactions.
- Care plans must be regularly reviewed and amended in the light of changes in the child/young person's needs.
- Planning for outings and trips must take into account how the child's intimate and personal care needs will be met when away from the setting.
- Personal and intimate care plans should include opportunities to promote independence skills.

## **Monitoring and reviewing**

*Personal and intimate care plans should be reviewed as a minimum annually or when there are any significant changes in a child or young person's needs.*

## **Guidance for personal and intimate care procedures**

### **Supporting dressing/undressing**

Sometimes it will be necessary for staff to aid a child in getting dressed or undressed particularly in Early Years. Staff will always encourage children to attempt undressing and dressing unaided.

### **Providing comfort or support Children may seek physical comfort from staff (particularly children in FS2)**

Where children require physical support, staff need to be aware that physical contact must be kept to a minimum and be child initiated. When comforting a child or giving reassurance, the member of staff's hands should always be seen. If physical contact is deemed to be appropriate, staff must provide care which is suitable to the age, gender and situation of the child.

### **Medical procedures (See Policy on Medicines)**

If it is necessary for a child to receive medicine during the school day parents must fill out a permission form and discuss their child's needs with a member of staff before the school agrees to administer medicines or medical care. Any member of staff giving medicine to a pupil should check:

- The pupil's name
- Written instructions provided by parents or doctor
- Prescribed dose
- Expiry date

Particular attention should be paid to the safe storage, handling and disposal of medicines. The Head Teacher has prime responsibility for the safe management of medicines kept at school. This duty derives from the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

School staff are also responsible for making sure that anyone in school is safe. Medicines should be kept in a secure place, not accessible to pupils but arrangements must be in place to ensure that any medication that a pupil might need in an emergency is readily available.

### **Soiling**

Intimate care for soiling should only be given to a child after the parents have given permission for staff to clean and change the child. Parents who have children in the Early Years may sign a permission form so that the staff can clean and change their child in the event of the child soiling themselves (*Appendix 2*).

If a parent does not give consent, the school will contact the parents or other emergency contact giving specific details about the necessity for cleaning the child. If the parents/carers or emergency contact is able to come within a few minutes, the child is comforted and kept away from the other children to preserve dignity until the parent arrives. Children are not left on their own whilst waiting for a parent to arrive, an adult will stay with them, giving comfort and reassurance. The child will be dressed at all times and never left partially clothed.

If a parent/carers or emergency contact cannot attend, the school seeks to gain verbal consent from parents/carers for staff to clean and change the child. This permission will be sought on each occasion that the child soils themselves. If the parents and emergency contacts cannot be contacted the

Principal will be consulted. If put in an impossible situation where the child is at risk, staff will act appropriately and may need to come into some level of physical contact in order to aid the child.

When touching a child, staff should always be aware of the possibility of invading a child's privacy and will respect the child's wishes and feelings. If a child needs to be cleaned, staff will make sure that:

- Protective gloves are worn.
- The procedure is discussed in a friendly and reassuring way with the child throughout the process.
- The child is encouraged to care for him/herself as far as possible.
- Physical contact is kept to the minimum possible to carry out the necessary cleaning.
- Privacy is given appropriate to the child's age and the situation.
- All spills of excrement are wiped up and flushed down the toilet or double-bagged in a nappy sack and put straight into the main bins.
- Soiled clothing is put in a plastic bag, unwashed, and sent home with the child.
- Any bloodied items go into clinical waste bags and in the clinical waste bin.
- Vomit should be double-bagged and go in main bins.

## **Hygiene**

All staff must be familiar with normal precautions for avoiding infection, must follow basic hygiene procedures and have access to protective, disposable gloves.

## **General guidance**

The following general guidance should be followed:

- Opportunities to develop and use social skills should be integrated within intimate and personal care routines.
- Children/young people should be enabled to communicate their needs and preferences during personal and intimate care activities.
- When referring to care routines or body parts, care should be taken to use appropriate language.
- Intimate care procedures must only be carried out in line with the guidance/information and training given for the procedures to be carried out.
- Where staff are uncertain how to carry out an activity, guidance should be sought from their line manager.
- The intimate and personal care plan must be checked before assistance is given.
- Care must be taken to communicate with the child/young person throughout the activity; in particular look for signs of assent/dissent.
- Children should be encouraged to do as much as they can for themselves.
- The utmost care must be taken to ensure dignity and privacy. This includes ensuring that doors are closed, or screens are used if 2 young people are sharing the use of a bathroom area. Carers should also keep the body and genital area covered as much as possible.
- The Personal Handling Risk Assessment and Handling Plan should be referred to for information about transfer methods to be used during care routines, for those young people who require assistance with moving and handling.
- For pupils who present with challenging behaviour who require intimate care, this must be included within their behaviour plan and individual risk assessment.

- Personal protective equipment as appropriate and as indicated on the care plan should be used during intimate care procedures.
- All soiled waste and protective equipment used should be bagged as clinical waste and disposed of appropriately.
- The young person's own toiletries should be used, where these are available.

**Written by P. Chandhoke:** April 2020

**Review:** September 2022



**Personal and Intimate Care Plan for (name/ DOB)**

**The Rosecliffe Spencer Academy**

<b>Date of plan:</b>	
<b>Proposed review date:</b>	
<b>Personal and intimate care required (inc times):</b>	
<b>Procedures of personal and intimate care:</b>	
<b>Location(s) of appropriate care facilities:</b>	
<b>Equipment required (and who will provide it):</b>	
<b>Infection control and disposal procedure:</b>	
<b>Other professionals involved in care / advisory role:</b>	
<b>Any other relevant information:</b>	

**Member(s) of staff who will carry out the personal and intimate care tasks:**

<b>Name</b>	<b>Signature</b>	<b>Date</b>

I/We have read the Intimate Care/Toileting Policy provided by Hilton Primary School. I/We give permission for the staff member(s) named above to attend to the care needs of my/our child and are in agreement with the procedures proposed.

Name of Parent/Carer.....Signature: .....Date.....

Name of Parent/Carer.....Signature: .....Date.....

Principal/SENCO .....Signature: .....Date.....



## PERMISSION FORM FOR THE PROVISION OF CARE

### To be completed by all parents/carers

If a child wets or soils themselves while they are in Reception (or above), it is important that measures are taken to have them changed (and if necessary cleaned) as quickly as possible.

Our team are experienced at carrying out this task if you wish them to do so or, if preferred, the school can contact you or other emergency contacts on your child's record who will be contacted to attend without delay.

The Rosecliffe Spencer Academy has an Intimate Care Policy which is available to view on our website.

Please complete and return the slip below stating your preference.

Yours sincerely

P. Chandhoke  
Principal

### INTIMATE CARE PREFERENCE

Name of Child: \_\_\_\_\_

#### Please tick as appropriate

I give consent for my child to be changed and cleaned by school staff if they wet/soil themselves while in the care of The Rosecliffe Spencer Academy

**OR**

I do not give my consent for my child to be changed and cleaned if they wet/soil themselves.

The school will contact me or other emergency contacts on my child's school record to organise for my child to be cleaned and changed. I understand that in the event that I (or any other emergency contact) cannot be contacted, staff will act appropriately and may need some level of physical contact in order to aid your child.

Name:

Signed:

Date:

~~Intimate and Personal Care Policy~~

9

The Rosecliffe Spencer Academy, November 2021

ASPIRATION | PARTNERSHIP | RESPONSIBILITY

Rosecliffe Spencer Academy is part of the Spencer Academies Trust

