



Intimate Care Policy

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1. Aims

At Woodloes Primary School we recognise that 'intimate care' includes attending to toilet accidents/medical conditions causing soiling/menstruation soiling/supervising toileting habits. We will provide a whole school approach which ensures that the needs of the children are paramount and their rights and privacy are respected. In doing so we will adhere to the WCC H & S procedures and ensure that:

- Children are able to express choice and have a positive image of their own body.
- Children feel safe and secure.
- Intimate care procedures minimise any risks associated with intimate care.

2. Equal Opportunities

- To ensure children are respected and valued as individuals.
- To ensure the procedures are non-discriminatory and that parents of children with disabilities are not asked to do more than their peers who do not have children with disabilities.
- To ensure that children are not refused admission who need to receive 'intimate care' support. We have a duty to meet the needs of children with delayed personal development in the same way as a child with delayed language or any other delay.

3. Procedures

All staff carrying out intimate care of children in the school must be aware and follow the procedures and advice outlined below:

- Any adult involved in intimate care should be a member of the school staff, not a volunteer or parent helper.
- The Adult involved should be trained appropriately to manage personal care as part of their duties. This may be done by asking staff volunteers to support children with toilet training or special toileting arrangements. However, staff have no legal or contractual duty to do so, unless these duties are specified in staff contracts.
- Ensure they are aware of the child protection policy and procedures in place within the school. If concerned about a child's actions or comments whilst carrying out intimate care, staff should record this on the appropriate form (Appendix A – Intimate Care Log) and discuss with the schools designated person for child protection.
- Children who need changing during lesson time or lunch and break times due to a toileting accident and/or the child is not toilet trained, he/she should be changed in the nearest appropriate toilet or the disabled toilet to allow for privacy and/or supervision.

- Children still undergoing toilet training should have all necessary materials (e.g. nappies, wipes, change of clothing etc) provided, after discussion with school about appropriateness/need, by the parents.
- Use the nature of the accident/incident and the knowledge of the child to make a judgment on how many adults should be involved in intimate care. In some cases, it can be advisable to have two adults in attendance. This could be in cases where the child is identified as vulnerable, is on the child protection register or where knowledge of the child or family indicates there could be difficulties/allegations could be made.
- It is good practice to always take into consideration the views of the child / young person. This is especially important if they are likely to need support long term. This may include asking which toilet cubicle they prefer, if they are comfortable with the staff supporting them or if they are comfortable going to the toilet at a busy time.
- It is important for the pupil to feel they are in control of their personal care and it is not something that is 'done to' them. To support this, young people should be actively involved in the decision making. Ask the following if relevant:
 - Would you like some help?
 - Would you like me to help you?
 - Would you like me to come with you and wait outside the door in case you need any help

(NB If staff suspect soiling and it is denied by the child the matter should be referred to the parent for advice – usually a telephone call from the office. Forcing the child to 'prove otherwise' is unnecessary and unwise. However, so is allowing children to sit in soiled clothing. If needed an executive decision by the Headteacher (HT) will be made to send the child home or request that parents collect and deal with the child themselves)

- A child's refusal to allow themselves to be changed will result in an immediate telephone call to inform parents. Parents can choose to visit the school to change the child or take them home to change – then return to school
- Ensure another member of staff, preferably the class teacher if during lesson time, knows that you are withdrawing the child and why.
- Speak to the child by name and explain what is happening. Ensure privacy appropriate to the child's age and situation.
- If young children can change themselves, wait outside the door and reassure them you are there. If the child is mature enough, offer the option of going alone without an adult. Professional judgment should be used.
- Be aware and responsive to the child's reactions if assisting with intimate care.
- Ensure any religious and cultural values are taken into account.
- Ensure spare clothing is readily available
- If washing is required, use a disposable cloth. Encourage the child to wash any intimate parts of the body with wipes (held in the cupboard with the First Aid (Internal Entrance Hall))

- Any injuries needing intimate care should be dealt with sensitively. The HT or DHT or First Aider should be called in such circumstances and parents may be requested to attend as appropriate.
- Gloves should be used in assisting in any form of intimate care (kept with wipes).
- Dispose of any used items appropriately.
- If necessary, clean and disinfect any soiled surfaces once the child has returned to the classroom.
- Inform the caretaker if any cleaning is required.
- If a child has need of support or reassurance after the incident, an appropriate space should be used.
- Record all incidents of intimate care on the record sheet and contact parents if the child has been assisted in any way. Confidentiality should be maintained at all times between child, school and parent/carer.
- Staff with concerns over any aspect of intimate care should discuss these with the HT or DHT.

Regular Occurrences

- If the child has an ongoing problem that requires intimate care prevention, the HT or DHT or SENCO should be informed so arrangement can be made with the parent/carer for long term resolution of the difficulties.
- Involve outside agencies if appropriate such as the school nurse, Integrated Disability Service (IDS)
- Children with special medical needs who need changing on a daily basis will have a separate record where the date and time is noted and the signature of the staff member is kept on record. Parents of these children will be aware of the procedure and will not receive a note every day.
- Write and agree a plan with parents and the Health Visitor or School Nurse, and seek parental/carer support in maintaining routines and strategies at home.
Consider:
 - Cues (see below)
 - Positioning in classroom in relation to access to toilet.
 - Privacy
 - Support required
 - Hazards and implement risk assessments (see appendix 2)
 - Sanitation/hygiene arrangements.

Implementation:

- Implement a routine with the support of a plan:
- Spend time observing patterns/signs related to needing the toilet. Often linking toileting times to cues in daytime routines can help to develop a better pattern of toilet use and control-use of visual timetables, social stories.
- Use agreed cues discreetly to remind e.g. symbols/signs/objects/pictures/code words.

- Allow access to the toilet immediately. Children **should** be allowed to leave the class to visit the toilet.
- Encourage working towards independence and use of self-help skills.
- Manage 'accidents' discreetly, calmly and swiftly.
- Reward successes – use praise, encouragement and confidence building.

Parents and carers

Parents and carers have a key role to play in supporting effective toilet training. Parents may feel anxious and responsible when their child has not yet achieved this developmental stage. It is important to build up their confidence especially if they have already experienced difficulties in trying to toilet train their child. Some parents feel judged or blamed that their child has not reached this milestone, having tried very hard to help their child become continent.

Before the child begins gather information from parents/carers:

- Has toilet training been introduced in the past?
- How has toilet training been introduced in the past?
- What happens at home?
- What established routines does the child have at home/setting, which could inform arrangements in school/setting?
- Are there any particular behaviours, difficulties, anxieties?
- Can parents/carers suggest any strategies?
- Are there any religious/cultural sensitivities related to aspects of intimate personal care that should be taken account of?
- Agree terminology for body parts and bodily functions.
- Gather information from professionals involved (this may include previous settings/IDS Teaching & Learning /Health Visitor/School Nurse/Physiotherapist/Occupational Therapist.
- Consider health and safety implications and undertake a risk assessment (see 'model' example of risk assessment-Appendix 2)
- Arrange for any professional advice required, to be in place before attendance.
- Arrange for any professional training required, to be in place before attendance.
- Arrange for any professional resources required, to be in place before attendance.

Please note, however, delaying admission unnecessarily or unduly may result in parents having a lawful claim of discrimination if the child were unable to start alongside his/her peers.

Ask parent/carer to provide spare clothing. It is the responsibility of parents to then deal with wet or soiled clothes. Please note it is unacceptable to expect parents or carers to be on emergency stand-by to change children during the school day. Potentially this could be unlawful under the Equality Act.

- If the child has been assisted with intimate care, parents will be informed via a standard letter held in the office. Alternatively a telephone call may be more appropriate e.g. periods starting
- Parents will be made aware of the procedures in the school brochure and will be able to view the policy at any time.

4. Monitoring, Evaluation and Review

The Governing Body will review this policy and assess its implementation and effectiveness. The policy will be promoted and implemented throughout the school.

Child's name:

Usual procedure of intimate care:

[illegible]

Appendix B

Model Letter



Deansway
Woodloes Park
Warwick
Warwickshire
CV34 5DF

T 01926 497491

E admin5207@welearn365.com

Date

Dear

Re: Informing parents of an intimate care issue for

This is a courtesy letter to inform you that your child had a toileting accident today at school. The matter was dealt with swiftly and sensitively by: in accordance with our Intimate Care Policy.

We have returned the clothing for washing. Please wash and return any items borrowed from the school at your earliest convenience. If you wish to discuss the matter further please contact Mrs Moore (Health and Safety Manager).

Yours sincerely

Mr. Andy Mitchell

Headteacher