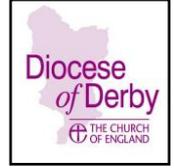




# Langley Mill Church of England (Controlled) Infant School and Nursery



## Intimate and Personal Care Policy

This policy has been impact assessed in the light of all other school policies and the Equality Act 2010.

Written / Reviewed by	Date	Approved by GB	Next review date
Debra Dawson	September 2013	03/12/2013	September 2014
Debra Dawson	September 2014	17/11/2014	September 2015
Debra Dawson	November 2015	TLC 26/05/2016	September 2016
Debra Dawson	September 2016	21/09/2016	September 2017
Debra Dawson	January 2018	TLC 24/05/2018	September 2018
Debra Dawson	September 2018	TLC/2019/07	September 2019
Debra Dawson	September 2019	GB/2019/71	September 2020
Debra Dawson	September 2020	GB/2020/44	September 2021

# Langley Mill Church of England (Controlled) Infant School and Nursery Intimate Care Policy

## Introduction

This policy and its procedures reflect the following local and national guidance documents:

- Derbyshire's Early Years and Childcare Workforce Development Team Guidance Notes for Managing Continence in Schools and Early Years Settings
- Derbyshire's Children's Services Department policy on Intimate and Personal Care Key Stage 1 and Above (October 2016)
- Derbyshire's Children's Services Department Health & Safety Guidance on Intimate and Personal Care for children in the Foundation Stage (September 2017).
- Derbyshire LA Recruitment and Selection policy.

## Links with other policies/Guidance

This policy is written in conjunction with other relevant policies and/or guidance, related to the following aspects:

- Safeguarding and child protection
- Administration of medication
- Moving and Handling
- Health and Safety
- First Aid
- Cleaning of Bodily Fluid Spillages
- Inclusion
- Equality
- Complaints Procedure

Langley Mill Church of England Infant School and Nursery is committed to ensuring that all staff responsible for the intimate and personal care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff that provide intimate and personal care to children will have a high awareness of child protection issues. Staff will work in partnership with parents/carers to provide continuity of care. Parents' permission for staff to provide intimate care, is gained via the online school admission form on point of entry.

## 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 skin care, applying external medication, feeding, administering oral medication, dressing and undressing, washing non-personal body parts, and prompting to go to the toilet.

**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, 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.

All staff who provide intimate care are trained to do so (including child protection and moving and handling) and are aware of the best practice. Suitable equipment and facilities will be provided to assist children who need special arrangements from physiotherapists/occupational therapists.

### **Guiding principles**

**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.

Where a child has significant continence difficulties, disability or defined medical need, an Individual Care Plan will be used and reviewed with the child's parent/carer, to ensure best support towards independence.

Where young children may have "accidents," our school will plan for such eventualities and how they will deal with them. In general, the principal in these circumstances will be that staff 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; careful consideration will need to be given to whether the school 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. Parents/carers will be expected to be committed to engaging with specialist support, such as the Children's Continence Service, to ensure their child receives the best possible support towards becoming continent. Consideration might also need to be given to the layout of the site, and ensuring the pupils dignity, so that they are not victimised or stigmatised.

#### **Ensuring carer competency**

- Staff will be given information during the recruitment process about the types of intimate and personal care they may be required to carry out.
- All staff working with children and young people have been through an appropriate safer recruitment process.
- Staff are 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 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 (see appendices 1, 2 and 3).
- Staff will attend other relevant training, as necessary, including safeguarding disabled children (where appropriate), moving and handling and administration of medication.

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

- The number of adults involved with giving intimate and personal care will be indicated in the pupil's ICP, and should be based on individual need. In cases of occasional care, where need for an ICP is not necessary, the classroom staff will use their best judgement. 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.
- Careful consideration will be given to how many adults might be involved in providing intimate and personal care for a particular child. It would be inappropriate for one adult to have the sole responsibility of providing care for a child. This could create difficulties if the adult was absent from work or lead the child to become over reliant on one particular adult.
- 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.
- Adults will not provide intimate or personal care for a child in an isolated part of a building and doors to changing areas should never be locked.
- The child's preferences about gender of carer should be respected wherever possible.
- Staff provision will be made for emergencies such as a member of staff on sick leave.

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

- Children should be included as far as possible in developing Individual 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 and personal care needs. This information will be sought as part of the assessment process, and forms the basis of the Individual 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 a minimum of 2 emergency contacts who can attend the school/setting should the need arise (eg if spare clothes/nappies run out and the child needs changing).
- Relevant members of multi-professional teams supporting the child must 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.
- 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 consider 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.
- 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.

### **Personal and intimate care procedures: 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 and personal 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 manager.
- If there is an individual care plan, this must be referred to 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.
- For pupils who present with challenging behaviour who require intimate or personal 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.

### **Intimate Care (children using nappies/pull-ups)**

Our school is fully committed to ensuring all pupils, regardless of their continence needs, will have full access to the curriculum, and be able to learn and develop alongside their peers. To ensure our provision is fully inclusive, the following care is provided for pupils who are still using nappies/pull-ups.

#### **School responsibilities**

- Wet nappies will be changed at least every 3 hours or more regularly if the teacher deems this necessary to ensure the child's comfort.
- Soiled nappies are changed immediately as they are detected.
- Discussion will be held between parents, teachers, pastoral manager and school health professionals if appropriate to agree when the child is ready for toilet training. Advice, information and support on toilet training will be provided to parents who request it.
- In the event of a child refusing or becoming overly distressed regarding a nappy/pull-up change staff will utilise their training and behaviour management strategies to reassure and gain the child's permission. If this is not successful, the parent will be contacted at the earliest convenience to avoid discomfort to the child.
- The parent/carer will be provided with written information regarding school and parent/carer responsibilities.

#### **Parent/Carer responsibilities**

- All parents/carers of children who use nappies/pull-ups, are provided with school policy information specific to this need. The parent/carer is required to read the school policy in relation to nappy/pull-up changing. The parent/carer must discuss immediately with the teacher or pastoral manager, any concern that the school policy does not meet their child's needs. In this instance school staff will listen to the parent/carer's concerns and will work with them, making reasonable adjustments if necessary to agree an appropriate routine.
- The parent/carer will provide a drawstring 'PE type' bag with nappies, wipes, nappy bags and spare clothes necessary for changing. Ruck sacks are not permitted as they cause obstruction and are a health and safety hazard.

- The parent/carer will ensure their child is changed at the latest possible time before arriving at school.
- If agreed between school, health professionals (where appropriate) and parents that the child is ready for toilet training, the parent will work in partnership with the school to provide a consistent toilet training routine.
- The 'Ready for school in Derbyshire' policy, September 2019, describes core skills that children should have mastered, before they begin in Reception. One of the expectations is that before starting in Reception, children should be able to go to the toilet on their own and wash their hands. Schools are not expected to routinely teach children how to use the toilet. Therefore, unless a child has a disability or defined medical condition it is expected that parents/carers will have helped their children to be clean and dry by the time they start in Reception.

### **Health and Safety**

The following precautions will apply for nappy/underwear changes:

- Staff will wear fresh aprons and disposable gloves while changing a child
- The changing area/toilet will be left clean
- Soiled nappies will be securely wrapped and disposed of appropriately
- Hot water and soap will be available for hand washing
- Paper towels will be available for drying hands

For one child nappies can be disposed of in the usual bins. Any more than one child and the school will use specified nappy disposal bins.

Procedure for providing intimate and personal care will be displayed in all toilet areas (see appendices 1,2 and 3).

### **Facilities**

Mobile children are changed standing up. Foundation Stage children may be changed on a changing mat on the floor if it is not possible to change them standing up. Children in year 1 or above should only be changed either on a changing bed or in a toilet cubicle standing up.

Staff should consider the child's preference for changing and details of any risk assessment that applies.

### **Disability Discrimination Act (DDA) (1995)**

In accordance with the DDA our school will endeavour to meet the needs of children with delayed personal development in the same way as they meet the individual needs of children with delayed language, or any other kind of delayed development. Children will not be excluded from normal activities solely because of incontinence.

### **The Equality Act (2010)**

The Equality Act in relation to disability and additional needs provides protection for anyone who has a physical, sensory or mental impairment that has an adverse effect on his or her ability to carry out normal day to day activities. The effect must be substantial and long-term. It is clear therefore that anyone with a named condition that affects aspects of personal

development will not be discriminated against. In line with this legislation our school will meet the needs of children with delayed personal development in the same way as they meet the individual needs of children with delayed language, or any other kind of delayed development. Children will not be excluded from normal activities because of incontinence.

### **Transition and Partnership Working**

Issues regarding continence will be discussed with the parent/carer prior to school/nursery admission at a transition meeting with the pastoral manager. Procedures for intimate and personal care in school will be explained and parental consent to this care will be recorded. This meeting will also provide an opportunity to involve other agencies as appropriate, such as the Health Visitor, School Nurse or Children's Continence Team.

## **COVID-19 Addendum**

The above policy will be followed with the following amendments:

### **PPE and Intimate/Personal Care**

Staff will put on sufficient PPE prior to providing personal or intimate care. PPE comprises of, a disposable apron, disposable gloves, face mask and visor (if deemed necessary). A visor will be deemed necessary if the staff member is at risk of being contaminated by bodily fluid.

Staff will refer to guidance on how to safely put on and take off PPE, this guidance is displayed in the toilet area.

### **Best Practice**

Intimate/personal care will be provided by the class bubble teaching assistant or adult supervising over lunchtime. The care will be given by one adult unless there is a specific reason for having more adults present.

Nappies will be changed in the Nursery toilet on a changing mat for F1 children. All F1 toilet accidents will also be dealt with in the Nursery toilets.

Nappies and significant toilet accidents for children in F2 upwards will be changed in the toilet designated to that class bubble.

After providing intimate care, all changing equipment (mats etc) will be given a thorough clean by the member of staff providing the intimate care.

If there is soiling to the toilet or toilet area, this will be cleaned using appropriate equipment and solutions (guidance is displayed within the toilet area). If it is not possible to clean this area immediately, the toilet will be closed for use, until it can be cleaned later by the cleaning staff. There will be a log on the wall of the toilet area to record additional cleaning measures. Staff must complete this log to record toilet cleaning.

In the event of a child requiring a more thorough wash than school can provide, the parent/carer will be called and asked to take their child home to be bathed.

Staff must notify the business manager if cleaning products need replenishing.

### **Dealing with bodily fluids**

Soiled children's clothing will be double bagged to go home. Staff will not attempt to rinse or clean it.

## **Langley Mill CE (Controlled) Infant School & Nursery** **Procedure for providing Intimate Care**

Persons undertaking intimate care must be qualified  
Teaching and Learning Assistants.

### **General Guidance**

- ❖ When undertaking intimate care 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.
- ❖ Opportunities to develop and use social skills should be integrated within intimate and personal care routines.
- ❖ Children 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.
- ❖ If the child has an Individual Care Plan, this must be referred to before assistance is given.
- ❖ Children should be encouraged to do as much as they can for themselves.
- ❖ The utmost care must be taken to ensure dignity and privacy.
- ❖ Where a staff member has reason to believe that a child may be subject to, or at risk of abuse, this must be reported immediately to the Designated Safeguarding Lead (detailed at the school office and Helping Hand's Room).

## **Practical Procedure**

1. Consider whether the child can be supported/changed in the toilet cubicle standing up; endeavour to ascertain the child's preferences if appropriate. Ensure privacy.
2. Wash your hands using soap and water.
3. Assemble the equipment.
4. Put on gloves and apron.
5. Remove wet/soiled nappy or clothes.
6. Fold nappy inwards and double bag it, then place in the designated nappy bin. Place clothes into a nappy/plastic bag and seal by tying a knot at the top.
7. Assist the child with personal/intimate hygiene; ensuring the child has as much independence as possible taking into account age/capability.
8. Dispose of gloves and wipes in the designated nappy bin.
9. The bin will be emptied as required by specialist contractors.
10. Once the child has been changed/assisted and returned safely to the classroom, clean the area with detergent spray / soap and water as necessary.
11. Wash hands again thoroughly.

# Personal and Intimate Care

## 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 skin care, applying external medication, feeding, administering oral medication, dressing and undressing, washing non-personal body parts, and prompting to go to the toilet.

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## Intimate Care Resource Check List

- Hot running water and soap
- Paper towels
- Aprons and disposable gloves
- Nappy/plastic bags
- Cleaning equipment
- Bin
- Supply of spare nappies and wipes  
(provided by the child's parent/carer)
- Spare clothes

Ensure that items on this checklist are constantly replenished.