



Intimate Care Policy

Early Years and Primary

Last reviewed: July 2021

## **Introduction:**

All children at Laude Newton College have the right to be safe and be treated with dignity, respect and privacy at all times.

This policy sets out clear principles and guidelines on supporting intimate care, with specific reference to toileting. It should be considered in line with our Safeguarding Policy and Health and Safety Policy.

## **Aims**

At Newton College we aim to provide the utmost care for our students and staff. The aims of the school are to provide a safe environment for all students who may require intimate care in line with the following:

- 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.

## **Definition of Intimate Care**

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs.

## **Intimate care can include:**

- Feeding
- Oral care
- Washing
- Dressing/undressing - Supporting a pupil with dressing/undressing
- Toileting - Assisting a pupil who has soiled him/herself, has vomited or feels
- Unwell
- Changing Nappies
- Supervision of a child involved in intimate self-care.

Providing comfort or support for a distressed pupil and assisting a pupil requiring medical care, who is not able to carry this out unaided are also considered as

intimate care.

## **Procedures**

- Safeguarding – All staff working with children at Laude Newton College must have an up to date Police Check (DBS or equivalent). Staff are regularly trained on safeguarding and will immediately report any concerns to the Designated Safeguarding Lead (DSL). If a member of staff is concerned about any physical or emotional changes, such as marks, bruises, soreness, distress etc. they will inform the DSL immediately. The Safeguarding Policy will then be implemented. If a child makes an allegation against a member of staff, the procedure set out in the Safeguarding Policy will be followed
- Health and Safety Coordinator, Designated Safeguarding Officer and the Head of Stage ensure that all staff undertaking the intimate care of children are familiar with, and understand the Intimate Care Policy and Guidelines.
- All staff must have an awareness of the specific types of intimate care that they carry out and fully understand the Intimate Care Policy and Guidelines within the context of their work
- Intimate care arrangements must be agreed by the school, parents/guardian and child (if appropriate) through the distribution of the school policy and by the parents through a verbal contract (if their child is in Early Years)
- If a staff member has concerns about an intimate care practice they must report this to their Head of Stage

## **Intimate Care Arrangements 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 in Early Years. If physical contact is deemed to be appropriate staff must provide care which is suitable to the age and situation of the child.

**Dealing with body fluids** - Urine, faeces, blood and vomit will be cleaned up immediately and disposed of safely. (Disposal of nappies in dedicated nappy bins and double bagging of any soiled clothing etc).

**\*\*\* COVID 19 EDIT** When dealing with body fluids, staff wear protective clothing (disposal plastic gloves and aprons, goggles to protect eyes and a lab coat) and wash themselves thoroughly afterward. Soiled children's clothing will be bagged

to go home – staff will not rinse it. Parents/carers will be informed of any soiled clothing at the end of the day. Children will be kept away from the affected area until the incident has been completely dealt with.

All staff maintain high standards of personal hygiene, and will take all practicable steps to prevent and control the spread of infection.

This policy aims to manage risks associated with toileting and intimate care needs and ensures that employees do not work outside the remit of their responsibilities set out in this policy.

This policy should be read in conjunction with our document entitled: **Intimate Care questions and answers for guidance and to promote discussion.** (Appendix 1)

### **Soiling**

Staff at Laude Newton College will work together in partnership with parents to support each child towards independent use of the toilet. If tending to a child who has soiled themselves during the school day staff will respond sensitively and professionally. If 'accidents' occur the child will change themselves into dry clothing, and wet items will be sent home for washing. The child's independence will be encouraged as far as possible in his/her intimate care and reassurance given. A record of the incident will be kept in school and the parent will be informed (by a note home, verbally at home collection time or phone call) and requested to return the borrowed items of clothing when laundered.

If there is an occurrence of heavier soiling or vomiting, this may require staff to provide care at a more personal level. Staff will follow set procedures for this intimate care:

- If possible, the child will be removed to a less public place to maintain dignity and avoid a feeling of humiliation
- If appropriate, the child will be encouraged, through guidance and assistance, to clean themselves to make them more comfortable
- Parents should be contacted as soon as possible

Signed: S.Moran (Head of Early Years and KS1 Coordinator)

Dated: 15.7.2020

Review date: July 2021

## **Appendix 1:**

### **Intimate Care questions and answers for guidance and to promote discussion.**

It is apparent that there is an increase in the numbers of children arriving at early years providers not yet toilet trained. This may be for a variety of reasons -age, awareness, medical needs, special educational needs and disabilities.

This document aims to provide some answers or possible solutions to questions that are commonly raised by staff. The intention is that this will help you to find a way forward to include all children with toileting needs.

It contains:

- An ethical introduction as to why all children should have the same entitlement.
- A legal framework in relation to child protection and antidiscrimination
- Some practical guidance in making the correct adjustments and arrangements to ensure good practice.

### **Ethical Question: "Why do we need to admit children who are not yet toilet trained?"**

It is important to have a protocol for working with children with additional toileting needs to ensure that these needs can be fully met and that no child should be excluded. We believe in the inclusion of all children and that equality of opportunity is paramount.

We will provide a consistent and positive approach to helping all children to achieve their full potential in every aspect of their development. We would wish at all times to promote the good practice of making arrangements "additional to or different from" for children who may need additional support to achieve independent toileting.

### **Legal Question: "Are we discriminating against children if we do not admit them into early years provider?"**

The Disability Discrimination Act (DDA 2005) states that no child should receive "Less favourable treatment" than someone else for a reason related to the child's disability that cannot be justified. The child's disability relates to a "Physical or mental impairment with a substantial or long term adverse effect on the ability to carry out normal day to day activities." Where this is the case, the DDA states that "reasonable adjustments" should be made to the environment or practice and barriers to inclusion anticipated. Whilst it may not always be apparent that a child's delay in independent toileting is due to a medical need or delayed development, it is important to make reasonable adjustments for all children, given that later identification or disability may occur.

Therefore, it is important not to make blanket admissions policies stating that you will only take children who are toilet trained. If you do so, you may be

discriminating against admission of a child who is not trained due to a medical or special educational need.

**Safeguarding Question 1: "Is it true that for child protection you have to have two adults changing a child?"**

We need to ensure that there are x2 adults in attendance, in the vicinity. All staff must have a Police Check (DBS or equivalent) check. It is recommended that particular staff members are identified to change a child with known needs and that they plan and record their work with that child. It is essential to ensure privacy of the child (i.e. not changing in a completely open area) alongside the safety of the staff and child (i.e. perhaps changing in an area with the door ajar and other staff knowing where you are and your work recorded).

**Safeguarding Question 2: "Can we release adults to change pupils as it may then make the ratios are then lower than is allowed?"**

Ratios stipulated relate to the whole early years' provider and, therefore, providing the number of adults on site is as per ratio, adults may be released where necessary to change a child or support as the additional adult as necessary.

**Recording Intimate Care Question: What systems of recording should we use when taking a child to the toilet during training or when being changed?**

Ideally you should record whether the child was wet/dry/soiled. This can help with the overall patterns of progress a child is making and can act also as a general care record. This should be shared with parents/carers daily at the end of each session, to ensure that communication is open and any changes in planning can be made. You should also make a note of any bruises or nappy rash; see your providers safeguarding policy.

**Hygiene Question: What hygiene procedures should be in place?**

All staff should be following good hygiene practice already and you will have systems in place to deal with spillages etc. Remember:

- Staff to wear gloves (for use of latex gloves, a risk assessment will need to be undertaken regarding latex) and ideally a disposable apron whilst changing/toileting.
- Staff to wash hands with hot water and soap after changing/toileting, disposal and cleaning is completed.
- Child also to wash hands or have hands wiped if appropriate.
- All areas and spillages to be cleaned up immediately after changing/toileting.
- Please cross reference to any other Health and Safety/ Hygiene policies.

**Where do we dispose of the waste? (If disposable nappies/pull ups are being used.)**

- cleaners will take nappy bins away on a regular basis

· Nappies and wipes are disposed of in a special bin

**Do changes need to be made to staff job descriptions?** You should consider if you are advertising for new members of staff, that meeting the personal needs of some children is an essential requirement of the job. If staff are fully aware of the wide range of tasks they may be required to carry out when working with children this does make it far easier for schools to ensure children's needs can be fully met.

### **How can parents/carers help?**

Remember that parents/carers are the best source of information relating to their child. By working together, you will be ensuring a consistent approach for the child and progress is therefore likely to be quicker.

Share information on:

- what the child's current needs are both at home and at school
- what words the child and adults use
- what equipment the parents use at home
- any particular likes or dislikes the child has (e.g. holding a favourite book helps keep the child calmer when being changed, singing whilst on the potty etc.)
- what rewards you will be using with the child to reinforce achievements
- an appropriate toileting routine for the child if they are unable to ask for their needs to be met e.g. on arrival and after snack.
- the most appropriate clothing for a child to wear during this period and any arrangements for spare clothing and labelling of clothing

Plan:

- which staff will assist the child and which staff need to know the information in case they need to cover
- where the child will be changed
- where the waste will be disposed

Record your plans together and ensure that these plans are regularly reviewed and that two-way communication is good. It is not good practice to ask a parent/carer to stay with their child, come to the provider to change their child or to take them home to do so. Similarly, it is not good practice to reduce a child's hours or sessions due to toileting needs unless all involved agree that the child is not yet ready for that length of session i.e. it is in the child's best interests.

**When should a child start toilet training?** All children develop at different rates and this includes toilet training, early years' providers need to be aware of the child's development, so they are able to start toilet training, at a time that is appropriate to the child. The timing of when to start toilet training needs to be

agreed with the parents and carers, as part of planning for the child's continuing development. It would be good practice for early year's providers to be aware of cultural differences that may have an impact on a child's toilet training.

**Who else can we ask for help?** A. The parents/carers are your first source of information. If the child has involvement of known medical services e.g. a community nurse or Paediatrician, why not ask them? It may be the case that a child is already undergoing a treatment programme for toileting which would need to be continued whilst attending school.