

Intimate Care and Toileting Policy

1. Introduction

Overton CE Primary School is committed to safeguarding and promoting the welfare of children and young people. We are committed to ensuring that all staff responsible for intimate care of children will undertake their duties in a professional manner at all times. The Intimate Care Policy and Guidelines regarding children have been developed to safeguard children and staff. They apply to everyone involved in the intimate care of children. Intimate care is any care which involves washing, touching or carrying out an invasive procedure, (such as personal care for toileting, cleaning or changing). Whilst many children can carry out these processes for themselves, others may require additional support due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.

2. Aims and Objectives

This policy aims:

- To provide guidance and reassurance to staff and parent/s.
- To safeguard the dignity, rights and wellbeing of children
- To assure parents that staff are knowledgeable about intimate care and that their individual needs and concerns are taken into account

3. Toileting and the Foundation Stage Profile

Curriculum guidance for the Foundation Stage is clear that the role of the adult involves supporting the child's whole development, particularly their Personal, Social and Emotional development including supporting the transition between settings. One of the Early Learning Goals for children to achieve by the end of the Foundation Stage is to "manage their own basic hygiene and personal needs successfully, including dressing and undressing and going to the toilet independently".

4. Intimate Care in Key Stage 1

We will inform all parents of Reception children prior to them starting school of the current toileting policy highlighting that we will change children for odd 'accidents' but not routinely as part of day-to-day personal care. There may be exceptions when agreed by the Head Teacher or where individual SEND needs are present.

5. Parental responsibility

Partnership with parents is an important principle in any educational setting and is particularly necessary in relation to children needing intimate care. Much of the information required to make the process of intimate care as comfortable as possible is available from parents. Prior permission must be obtained from parents before Intimate care procedures are carried out. (See **Appendix 1**) Parents should be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met. This will include involvement with individual Learning Plans, Health Care plans

and any other plans which identify the support of intimate care where appropriate. Exchanging information with parents is essential through personal contact, telephone or correspondence.

What the school expects of parents:

- Parents/carers will endeavour to ensure that their child is continent before admission to school (unless the child has additional needs).
- Parents/carers will discuss any specific concerns with staff about their child's toileting needs.
- Parents/carers must inform the school if a child is not fully toilet trained before starting school, after which a meeting will then be arranged to discuss the child's needs.
- Parents accept that on occasions their child may need to be collected from school.

6. Staff responsibilities

Anyone caring for children, including teachers and other school staff, has a duty to care and to act as a reasonable and prudent parent. Intimate care routines should always take place in an area that protects the child's privacy and dignity. An assigned member of staff should always carry out children's intimate care routines. Appropriate support and training should be provided when necessary.

The following steps will be taken to ensure health and safety of both staff and children in dealing with a child who has wet/soiled themselves:

1. Alert another member of staff
2. Escort the child to a changing area i.e. designated toilet areas
3. Collect equipment and clothes
4. Adult to wear gloves
6. Child to undress as appropriate and clean themselves as much as possible under the verbal guidance of an adult.
7. Soiled clothes to be placed inside carrier bags (double wrapped) and to be given to parents at the end of the day. Plastic aprons and gloves should be disposed of in the designated bin.
8. Children are expected to dress themselves in clean clothing, wash their hands and return to class
9. Adult should wash their hands thoroughly after the procedure.
10. Area to be cleaned and disinfected by adult before returning to class.

If a child complains they are hurt in a genital area, then the following procedures are to be adhered to:

1. Ensure privacy before procedure
2. Ask child how they were hurt and ask the child if they he/she would like you to have a look at the area where they are hurt.
3. If child does not want you to look – don't, but instead phone parent to notify them that child has been hurt in genital area
4. If child is happy for you to look - encourage child to remove clothing from lower body, providing help or assistance only if requested,
5. Check if area is bruised, red or swollen
6. Encourage the child to dress themselves. Provide help and assistance as appropriate/required.
7. Phone parent to notify them that you have checked genital area.
8. Record the care given in the Link Book
9. Record any injury on CPOMS [our computer system]

In the interests of Health and Safety, it is unreasonable for staff to be expected to change a child who regularly soils unless the child has a medical condition as an underlying cause. School does not have staffing levels to accommodate support teachers regularly leaving the class to attend to an individual's hygiene.

8. Special educational needs and child protection issues

The school recognises that some children with SEND and other children's home circumstances may result in children arriving at school with under developed toilet training skills. If a child is not toilet trained because of a disability his/her rights to inclusion are additionally supported by the SEN & Disability Act 2001 & Part 1V of the disability Discrimination Act 1995.

If a child's toileting needs are substantially different than those expected of a child his age, then the child's needs may be managed through an Individual Health Plan or alternatively they may be considered to require SEND support. A toileting program would be agreed with parents as advised by a Health Professional. Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the toileting plan. If there is no progress over a long period of time, e.g. half a term, the school in consultation with the parents would seek further support, e.g. G.P's referral of child for specialist assessment.

Some children may have an Education, Health and Care Plan (EHCP). The EHCP will outline the child's needs, outcomes, and the educational provision to meet these needs and outcomes. The statement will identify delayed self-help skills and recommend a program to develop these skills. The management of all children with intimate care needs will be carefully planned. Where specialist equipment and facilities above that currently available in the school are required, every effort will be made to provide appropriate facilities in a timely fashion, following assessment by a Physiotherapist and/or Occupational Therapist.

9. Child Protection

Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. The needs and wishes of children and parents will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation.

If a member of staff has any concerns about physical changes in a child's presentation (unexplained marks, bruises or soreness for example) the recognised child protection procedures should be followed. If a member of staff notices any changes to a child either physically or emotionally following an episode of intimate care, the matter will be investigated at an appropriate level and outcomes recorded. Parents/carers will be contacted at the earliest opportunity. Local Child Protection procedures will be adhered to at all times.

Policy reviewed September 2022

Review date September 2025

APPENDIX 1

PERMISSION FOR SCHOOLS TO PROVIDE INTIMATE CARE

I give permission to the school to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting.

I will advise the Head Teacher of any medical issues my child may have which affects issues of intimate care.

Name _____

Signature _____

Relationship to child _____

Date _____

Child's Surname _____

Child's Forename _____

Male/Female _____

Date of birth _____

Parent/carers name _____

Address _____
