



King David Primary School

Intimate Care Policy

A policy for all staff and parents

Responsibility for this policy: Headteacher

Responsibility for monitoring/evaluation: Deputy Headteacher and EYFS Leader

Links to other policies: Safeguarding and Child Protection Policy, Complaints Policy, Staff Code of Conduct, Whistleblowing Policy, SEND Policy, EYFS Policy, Medicines in School Policy.

Statement of Intent

Children have the right to live a full life. Governments should ensure that children survive and develop healthily, (Article 6, United Nations Convention on the Rights of the Child).

King David Primary School understands the importance of its responsibility to safeguard and promote the welfare of the children in its care.

Pupils may require assistance with intimate care as a result of their age or due to having special educational needs and disabilities (SEND). In all instances, effective safeguarding procedures are of paramount importance.

King David Primary School ensures that all staff responsible for providing intimate care, undertake their duties in a professional manner at all times and treat children with sensitivity and respect.

1.1 The school is committed to providing intimate care for children in ways that:

- Maintain their dignity.
- Are sensitive to their needs and preferences.
- Maximise their safety and comfort.
- Protect them against intrusion and abuse.
- Respect the child's right to give or withdraw their consent.
- Encourage the child to care for themselves as much as they are able to.
- Protect the rights of all others involved.

2.1 This policy has due regard to statutory legislation, including, but not limited to, the following:

- Equality Act 2010
- Safeguarding Vulnerable Groups Act 2006
- Childcare Act 2006
- Education Act 2002
- Education Act 2011
- Control of Substances Hazardous to Health Regulations 2002 (as amended in 2004)
- Keeping Children Safe in Education 2022

3.1 For the purpose of this policy, “intimate care” is the hands-on, physical care in personal hygiene, as well as physical presence or observation during such activities.

3.2 Intimate care includes the following:

- Body bathing other than to the arms, face and legs below the knee
- Application of medical treatment other than to the arms, face and legs below the knee
- Toileting, wiping and care in the genital and anal areas
- Dressing and undressing

4.1 The Headteacher is responsible for ensuring that intimate care is conducted professionally and sensitively by all appropriate members of staff.

4.2 The Headteacher is responsible for ensuring that the intimate care of all children is carefully planned and included in the Individual Care Plans following discussions with the parent/carer, child and SENCo.

4.3 The Deputy Headteacher (DHT) and EYFS Leader are responsible for communicating with parents/carers in order to establish effective partnerships when providing intimate care to children.

4.4 The Headteacher is responsible for handling any complaints about the provision of intimate care in accordance with procedures outlined in King David Primary School’s Complaints Policy/Whistleblowing Policy/Safeguarding and Child Protection Policy.

4.5 All members of staff who provide intimate care are responsible for undertaking intimate care practice respectfully, sensitively and in line with the guidelines outlined in this policy.

4.6 Parents/carers are responsible for liaising with the school to communicate their wishes in regards to the child’s intimate care.

4.7 Parents/carers are responsible for adhering to their duties and contributions to their child’s Intimate Care Plan, as outlined in this policy.

Procedures for Intimate Care

5.1 Staff providing intimate care do so in twos to safeguard themselves and the child.

5.2 Staff who provide intimate care conduct intimate care procedures in addition to the designated changing times if it is necessary; no child is left in wet/soiled clothing or nappies (unless there is a risk of spreading infectious illnesses).

5.3 If the designated member of staff for a child’s intimate care is absent, a secondary designated member of staff changes the child.

5.4 Each child using nappies has a clearly labelled bag allocated to them in which there are clean nappies, wipes and any other individual changing equipment necessary.

5.5 Before changing a child’s nappy, members of staff wear disposable gloves and aprons, and the changing area is cleaned appropriately.

5.6 There is a changing area in the Nursery and in Reception and it is private from other areas.

5.7 Water and liquid soap are available for staff to wash their hands before and after changing a nappy.

5.8 Soiled items of clothing are placed in a tied plastic bag and returned to parents/carers at the end of the school day.

5.9 Any used nappies or soiled disposables are placed in a tied plastic bag and disposed of appropriately.

5.10 Any bodily fluids that transfer onto the changing area are cleaned appropriately by a member of the site team.

5.11 If a pupil requires cream or other medicine, such as for a nappy rash, this is provided by parents/Carers in accordance with the Medicines in School Policy and full parental consent is gained prior to this.

5.12 Older children and those who are more able are encouraged to use the toilet facilities and are reminded at regular intervals to go to the toilet.

5.13 Members of staff use the Toilet Introduction Procedures, (appendix 3) to get children used to using the toilet and encourage them to be as independent as possible.

5.14 Children are reminded and encouraged to wash their hands after using the toilet, following the correct procedures for using soap and drying their hands.

6.1 The school liaises closely with parents/carers to establish Individual Intimate Care Programmes for each child which sets out the following:

- What care is required
- Number of staff needed to carry out the care
- Any additional equipment needed
- The child's preferred means of communication, e.g. visual/verbal, and the terminology to be used for parts of the body and bodily functions
- The child's level of ability, i.e. what procedures of intimate care the child is able to do themselves
- Any adjustments necessary in respect to cultural or religious views
- The procedure for monitoring and reviewing the intimate care plan

6.2 The information concerning the child's intimate care plan is stored confidentially in their records in the school office and in the child's personal file kept in a locked room in Nursery or Reception.

6.3 The parents/carers of the child are required to sign the Intimate Care Parental Consent Form (appendix 1) to provide their agreement to the plan. No intimate care is carried out without prior parental consent.

6.4 Parents/carers are asked to supply the following items for their child's individual storage box/bag:

- Spare nappies
- Wipes, creams, nappy sacks, etc.
- Spare clothing
- Spare underwear

7.1 The school adopts rigorous safeguarding procedures in accordance with the Child Protection and Safeguarding Policy and applies these requirements to the intimate care procedures.

7.2 The school ensures that all adults providing intimate care have undergone an enhanced Disclosure and Barring Service (DBS) check enabling them to work with children.

7.3 All members of staff receive safeguarding training and receive further training and support where necessary.

7.4 All members of staff are instructed to report any concerns about the safety and welfare of children with regards to intimate care, including any unusual marks, bruises or injuries, to the lead designated safeguarding lead (DSL) or a member of the DST, in accordance with the procedures outlined in the school's Staff Code of Conduct/Whistleblowing/Safeguarding and Child Protection Policy.

7.5 Any concerns about the correct safeguarding of children are dealt with in accordance with the Safeguarding and Child Protection Policy.

8.1 This policy is reviewed annually by the Deputy Headteacher (Deputy DSL and SENCo) and the EYFS Leader, who make any changes necessary and communicate these to all members of staff.

8.2 All members of staff are required to familiarise themselves with this policy as part of their induction programme.

Appendices:

Appendix 1: Intimate Care Parental Letter

Appendix 2: Intimate Care Plan for pupils with SEND needs (including medical needs)

Appendix 3: Toilet Introduction Procedures

KING DAVID SCHOOL

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We are writing to seek permission from the parents of our children with SEND needs where their needs involve intimate care.

Intimate care is any assistance that involves touching a child while carrying out a procedure that most children are able to do for themselves but some are unable to manage without help. This may involve help with eating, drinking, dressing, and matters of personal hygiene such as washing and toileting. In some instances more specialised intimate assistance may be needed for children with physical or medical difficulties.

King David Primary Schools aims to:

- Safeguard the dignity, rights and well-being of children;
- Provide guidance, support and protection to staff; and
- Reassure parents that their children are cared for and protected.

All of our staff are experienced in assisting children with their intimate care. They undertake this with sensitivity and respect for the dignity of each child.

We will continue to work in close partnership with our parents to assist and enable the children to manage their own intimate care as soon as they are able to do so. There may be medical reasons why this is difficult for some children and we will draw up a health care plan for children in these circumstances in full consultation with parents and any other health care providers (please see health care plan pro forma on the reverse of this letter).

We would be grateful if you could complete the section below giving consent for our staff to carry out intimate care procedures when necessary after completion of the care plan.

- I give permission for school to provide intimate care to my child
- I will advise the school of anything that may affect issues of personal care (if medication is changed or my child has an infection for example)
- I understand the procedures that will be carried out and will contact the school immediately if there are any concerns.

I have read the Intimate Care Policy provided by King David Primary School and I agree to the intimate care plan discussed with staff.

Name of pupil: _____ Class: _____

Parent: _____ Date: _____

Consent:

I/we agree to this plan and it being shared with the Class Teacher and support staff and stored in electronic and/or paperwork format.

This plan is not to be shared with anyone outside of the home/setting other than the people listed, without the consent of the parents/carers.

Parent / carer name: _____ Relationship to child: _____

Signature: _____ Date: _____

Parent / carer name: _____ Relationship to child: _____

Signature: _____ Date: _____

Signed (the pupil, if appropriate) _____ Date: _____

Signed (Headteacher) _____ Date: _____

Signed (DHT/EYFS teacher) _____ Date: _____

Signed (SENco) _____ Date: _____

Signed (support staff) _____ Date: _____

Signed (support staff) _____ Date: _____

Signed (support staff) _____ Date: _____

Intimate care plan for Pupils with SEND needs (including medical needs)

This form is to be completed by the DHT/SENCO/ and Class Teacher and parents/carers.

Name of child: _____ **Date of birth:** _____

Name of class teacher: _____ **Class:** _____

Start date of care plan:	
To be reviewed annually (or in line with SEND reviews)	
Diagnosis:	
Assistance, including preferred method of communication:	
Terminology for body parts:	
Adjustments for religious or cultural beliefs:	
Timetable:	
Persons assisting:	
Location/ frequency and equipment:	
What do parents/carers need to provide?	
Alternative arrangements:	
What actions will be taken if any concerns arise?	

Toilet Introduction Procedures

As children develop bladder control, they pass through the following three stages:

1. The child becomes aware of having wet and/or soiled their pants
2. The child knows that urination and/or defecation is taking place and is able to alert a member of staff
3. The child realises that they need to urinate or defecate and alerts a member of staff in advance.

During these stages, members of staff assess the child over a period of two weeks to determine:

- If there is a pattern to when the child is soiling or wetting.
- The indicators that the child displays when they need the toilet, e.g. facial expressions.

Staff implement the following strategies to get children used to using the toilet and becoming independent:

- Familiarise the child with the toilet and healthy procedures such as washing their hands, flushing the toilet. Reference other children as good role-models for this practice.
- Encourage the child to use the toilet when they use their personal indicators to show that they may need the toilet.
- Take the child to the toilet at a time when monitoring has indicated that this is when they would usually need the toilet.
- Ensure that the child is able to reach the toilet and is comfortable doing so.
- Stay with the child and talk to them to make them more relaxed about using the toilet.
- Don't force the child to use the toilet if they don't want to, but still encourage them to do so using positive language and praise.
- Deal with any accidents discreetly, sensitively and without any unnecessary attention.
- Be patient with children when they are using the toilet, and use positive language and praise to encourage them.