



Faith is all around us.

We have to have faith in ourselves in order to be the best that we can be.

We are a small school, with big hearts and together we beat as one.

Sowing seeds of knowledge and faith, with nurture and love;

we thrive, we grow.

INTIMATE CARE PROCEDURE



Wistow Parochial C of E Primary School

Document Status		
Date of Next Review	December 2025	Responsibility – Full Governing Body
Date of Policy Creation	NYES HR Sept 2024	Responsible Governor
Date of Ratification at FGB Meeting	December 2024	Allen Blake
Policy Publication/Communication <input type="checkbox"/> On the school website <input type="checkbox"/> Shared staff network drive <input type="checkbox"/> Updates to staff in staff meetings		<i>Signed off by the above named Governor during the full governing body meeting held on the date stated as ratified.</i>

General Statement

This procedure represents the agreed principles for intimate care throughout our establishment. The purpose of this procedure is:

- To safeguard the rights and promote the best interests of the children
- To ensure children are treated with sensitivity and respect, and in such a way that their experience of intimate care is a positive one
- To safeguard adults required to operate in sensitive situations
- To raise awareness and provide a clear procedure for intimate care
- To inform parents/carers in how intimate care is administered
- To ensure parents/carers are consulted in the intimate of care of their children

Principles

It is essential that every child is treated as an individual and that care is given as gently and as sensitively as possible. As far as possible, the child should be allowed to exercise choice and

should be encouraged to have a positive image of his/her own body. It is important for staff to bear in mind how they would feel in the child's position. Given the right approach, intimate care can provide opportunities to teach children about the value of their own bodies, to develop their safety skills and to enhance their self-esteem. Parents and staff should be aware that matters concerning intimate care will be dealt with confidentially and sensitively and that the young persons' right to privacy and dignity is maintained at all times.

Definition

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 children are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

Best Practice

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 children in Reception). Where children require physical support, staff need to be aware that physical contact must be kept to a minimum and be child initiated. When comforting a child or giving reassurance, the member of staff's hands should always be seen and a child should not be positioned close to a member of staff's body which could be regarded as intimate.

If physical contact is deemed to be appropriate staff must provide care which is suitable to the age, gender and situation of the child. If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable.

Medical procedures (See Policy on Medicines)

If it is necessary for a child to receive medicine during the school day parents must fill out a permission form from the school office and discuss their child's needs with a member of staff before the school agrees to administer medicines or medical care. It must be made clear to parents that staff administration of medicines is voluntary.

Any member of staff giving medicine to a pupil should check:

- The pupil's name
- Written instructions provided by parents or doctor
- Prescribed dose
- Expiry date: Parents/Carers MUST take note of any expiry date and be made aware it is their responsibility to ensure medicines are replaced promptly.

Medicines should be kept in a secure place usually in the office medical cabinet, staff room fridge or classroom medical cabinet, none of which are accessible to pupils: but arrangements must be in place to ensure that any medication that a pupil might need in an emergency is readily available.

Wetting and Soiling

It is generally expected that most children will be toilet trained and out of nappies before they begin in Reception. However, we recognise that children will join Wistow Primary School having reached differing levels of independence and development in toileting and self-care. We ask that

children are wearing appropriate clothes that will not hinder them toileting independently. We aim to support children to ensure that they are independent in their own care.

Reception – If a pupil wets or soils themselves, one of the EYFS team will support them with cleaning themselves and changing into clean clothes. Protective gloves will be worn and an apron if necessary, to help change the child. The child will be dealt with respectfully and in a caring manner, supporting them with the accident. They will go to the disabled changing area and helped to be cleaned or supervised, and changed into clean underwear, and clothes if needed. Soiled items will be bagged up and parents will be notified at the end of the day, or sooner if needed.

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. This will be applicable for the time a child is in KS1 (unless a parent informs us differently in writing).

Key Stage 2 – Any child that soils or wets will not be changed by any member of staff. However, we will provide a private, safe space (disabled toilet) where the child may change on their own. We will supply If children are entering these key stages with intimate/personal care needs which have not be addressed staff are advised to contact the specialist community nursing service for support.

As a school school we:

- Have written care plans in place for any pupil who could be expected to require intimate care;
- Ensure that pupils are actively consulted about their own care plan.

Staff should:

- Adhere to the intimate and personal care policy;
- Make other staff aware of the task being undertaken;
- Always explain to the pupil what is happening before a care procedure begins;
- Consult with colleagues where any variation from agreed procedure/care plan is necessary;
- Record the justification for any variations to the agreed procedure/care plan and share this information with the pupil and their parents/carers;
- Avoid any visually intrusive behaviour;
- Always consider the supervision needs of the pupils and only remain in the room where their needs require this.

This means that adults should not:

- Change or toilet in the presence or sight of other pupils;
- Shower with pupils;
- Assist with intimate or personal care tasks which the pupil is able to undertake independently.

Children wearing Nappies/Pull-ups

In school, we encourage all pupils to be toilet trained prior to starting school. Should the need arise for a pupil to be wearing nappies, parents/carers will be spoken with, procedures explained and asked to sign an intimate care parental agreement. The changing of nappies/pull-ups would be undertaken in the disabled changing area, with 2 members of staff, who are comfortable in this procedure. PPE will be worn whilst changing and the pupil will be changed with care. It will also be noted on a changing record stored confidentially in the classroom of the child.

Restraint

There may be occasions where it is necessary for staff to restrain children physically to prevent them from inflicting damage on either themselves, others or property.

In such cases only the minimum force necessary should be used for the minimum length of time required for the child to regain self-control.

In all cases of restraint the incident must be documented and reported. Staff must be fully aware of the school's/organisation's Physical Intervention/Positive Handling Policy, which should comply with national guidelines.

Under no circumstances would it be permissible to use physical force as a form of punishment, to modify behaviour, or to make a pupil comply with an instruction. Physical force of this nature can, and is likely to, constitute a criminal offence.

Out of school trips, clubs etc.

Employees should take particular care when supervising pupils in the less formal atmosphere of a residential setting or after-school activity. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of staff will be no different from the behaviour expected within school. Staff involved in such activities should also be familiar with their school's/establishment's policy and all Guidance regarding out of school activities.

To ensure pupils' safety, increased vigilance may be required when monitoring their behaviour on field trips, holidays etc. It is important to exercise caution so that a pupil is not compromised and the member of staff does not attract allegations of overly intrusive or abusive behaviour.

On occasions (field trips/days out, etc.) some pupils might be short of funds and would be embarrassed or singled out if this were known. It would be acceptable for a member of staff to subsidise a child, provided that this was disclosed to colleagues.

Meetings with pupils away from the school premises where a chaperone will not be present are not permitted unless specific approval is obtained from the head teacher or other senior colleague with delegated authority. Staff should not place themselves in a position where they are in a vehicle, house or other venue alone with a child.

If staff come into contact with pupils whilst off duty, they must behave as though in their professional role and not give conflicting messages regarding their own conduct.

Protection for staff

Members of staff need to have regard to the danger of allegations being made against them and take precautions to avoid this risk.

These should include:

- Gaining a verbal agreement from another member of staff that the action being taken is necessary
- Allow the child, wherever possible, to express a preference to choose his/her carer and encourage them to say if they find a carer to be unacceptable
- Allow the child a choice in the sequence of care
- Be aware of and responsive to the child's reactions

Safeguards for children

All staff are DBS (Disclosure Barring Service) checked on application and cannot undertake tasks on site until all checks are completed satisfactorily. The DBS's aim is to help organisations in the

public, private and voluntary sectors by identifying candidates who may be unsuitable to work with children or other vulnerable members of society. Personal and professional references are also required and unsuitable candidates are not permitted to work within the organisation. All those working with children should be closely supervised throughout a probationary period and should only be allowed unsupervised access to children once this has been completed to their supervisor's satisfaction.

It is not appropriate for volunteers to carry out intimate care procedures.



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INTIMATE CARE PARENT AGREEMENT

In order to best meet the needs of your child when they are with us, and as part of their specific Individual Education Plan (IEP), we would like to set up an individual agreement between parents and the school with regard to the school’s duty of care and application of the Intimate Care policy.

In accordance with our policy, intimate care is any care which involves toileting, washing, touching or carrying out an invasive procedure (such as cleaning up after a child has soiled him/herself) to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process as part of a staff member’s duty of care. In the cases of specific procedure only staff suitably trained and assessed by the Headteacher and SENDCo as competent should undertake the procedure.

Staff who provide intimate care at Wistow Parochial Primary are trained to do so (all staff undergo Child Protection and Moving and Handling training) and are fully aware of best practice. Processes are monitored daily and your child’s needs will be reviewed with you as part of their half-termly review meetings.

Suitable equipment and facilities will be provided to assist with the care of your child. We will also review your child’s needs annually to ensure we are fully meeting their requirements.

Parent/Carer Intimate Care Agreement

Please read and sign the consent agreement below and return it to the school.

Name of Child: _____

Class Teacher: _____

Designated Care Support Staff: _____

- I give permission for Wistow Primary to provide appropriate intimate care to my child.
- I will contact the school if there are any issues I would like to discuss.

Parent Carer Signature..... Date

Headteacher Signature Date.....