

Kirkstall Valley Primary School Intimate Care Policy



Policy agreed: March 2025

Policy review: March 2027

Signed by:

_____ Headteacher

Date: _____

_____ Chair of governors

Date: _____

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Statement of intent

Kirkstall Valley Primary School (KVPS) takes the health and wellbeing of its pupils very seriously. As described in the *Supporting Children with Medical Conditions Policy*, the school aims to support pupils with physical disabilities and illnesses to enable them to have a full and rich academic life whilst at school.

The governing board recognises its duties and responsibilities in relation to the Equality Act 2010, which states that any pupil with an impairment affecting their ability to carry out normal day-to-day activities must not be discriminated against.

Pupils will always be treated with care, sensitivity and respect when intimate care is given, and no pupil will be left feeling embarrassed or as if they have created a problem.

Aims

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, rights and wellbeing of every child are safeguarded
- Pupils who require intimate care are not discriminated against, in line with the Equality Act 2010
- Parents/carers are assured that staff are knowledgeable about intimate care and that the needs of their child are taken into account
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved

1. Legal framework

This policy complies with statutory safeguarding guidance and has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2011
- Health Act 2006
- Equality Act 2010
- DfE (2024) 'Keeping children safe in education 2024'

This policy operates in conjunction with the following school policies:

- Health and Safety Policy
- Supporting Children with Medical Conditions Policy
- First Aid Policy
- Safeguarding and Child Protection Policy
- Guidance for Safer Working Practice
- Whistleblowing Policy

2. Definitions

For the purpose of this policy, **intimate care** is defined as any care which may involve the following:

- Washing
- Touching
- Carrying out an invasive procedure
- Changing a child who has soiled themselves
- Providing oral care
- Feeding
- Assisting in toilet issues
- Providing comfort to an upset or distressed pupil

Intimate care tasks are associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with, or exposure of, the genitals.

Examples of intimate care include support with dressing and undressing (underwear), changing incontinence pads, nappies or medical bags such as colostomy bags, menstrual hygiene, helping someone use the toilet, or washing intimate parts of the body.

Pupils may be unable to meet their own care needs for a variety of reasons and will require regular support.

The provision of personal care will always be deemed to be **regulated activity** regardless of frequency and whether they are supervised or not. (See *Safeguarding* section below).

3. Health and safety

Staff will wear disposable aprons and gloves while assisting a pupil in the toilet or while changing a nappy, incontinence pad or medical bag.

Soiled nappies, incontinence pads and medical bags will be securely wrapped and disposed of in the special bin in the disabled toilet suite. The bin contains a clinical waste bag that is then collected by an external company, currently PHS.

The changing area or toilet will be left clean. Hot water and soap will be available to wash hands. Paper towels will be available to dry hands.

4. Facilities

Staff members who provide intimate care will be suitably trained, and will be made aware of what is considered good practice.

The following equipment will be provided in the school disabled toilet facilities where intimate care procedures will be carried out:

- Adjustable bed

- Changing mat covered with intact waterproof material
- Non-slip step
- Cupboard
- Adapted toilet seat or commode seat
- Hoist
- Disposable protective gloves and aprons
- Nappies, pads and medical/nappy bags
- Tissue rolls (for changing mat/cleansing)
- Washbasin with a supply of hot water
- Soap
- Anti-bacterial hand wash
- Disposable paper towels
- Cleaning supplies including anti-bacterial spray to clean surfaces, changing mats and changing bed.
- Clinical waste bag inside a special bin for the disposal of wet and soiled nappies.

Suitable equipment and facilities will be provided to assist pupils who need special arrangements following assessment from a physiotherapist or occupational therapist.

5. Role of staff

Staff will only be required to administer intimate care if it is listed in their job description or contract of employment. Currently, this includes Breakfast Club staff, SENCO, SEND Support staff, including 1:1s and 1:2s, Early Years staff, Learning Mentor and additional members of teaching staff and support staff.

No other staff members can be required to provide intimate care.

All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history. (See further details in the *Safeguarding* section below).

Staff will receive:

- Training in the specific types of intimate care they undertake
- Regular safeguarding training
- If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as possible

They will be familiar with:

- The control measures set out in risk assessments carried out by the school
- Hygiene and health and safety procedures

They will also be encouraged to seek further advice as needed. Staff will be supported to adapt their practice in relation to the needs of individual pupils, taking into account developmental changes such as the onset of puberty or menstruation.

6. School responsibilities

If required, arrangements will be made with a multi-agency to discuss the personal care needs of any pupil prior to them attending the school.

Where possible, pupils who require intimate care will be involved in planning for their own healthcare needs, with input from parents welcomed.

In liaison with the pupil and parents, an individual intimate care plan will be created to ensure that reasonable adjustments are made for any pupil with a health condition or disability.

Regular consultations will be arranged with all parents and pupils regarding toilet facilities.

The privacy and dignity of any pupil who requires intimate care will be respected at all times.

Arrangements will be made for how often the pupil should be routinely changed if the pupil is in school for a full day. A minimum number of changes will be agreed.

Parents will be contacted if the pupil refuses to be changed or becomes distressed during the process and staff decide to stop the intimate care procedure. Parents will also be contacted if a child is needed to be taken home if it is not possible to fully clean them at school.

Excellent standards of hygiene will be maintained at all times when carrying out intimate care.

7. Parental responsibilities and seeking parental permission

Parents will change their child, or assist them in going to the toilet, at the latest possible time before coming to school.

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents/carers will be asked to sign a consent form and are encouraged to read this policy to ensure that they understand the policies and procedures surrounding intimate care. See appendix 2 for a blank consent form.

Parents/carers will be asked to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, nappy bags, wipes, underwear and/or a spare set of clothing.

Parents will inform the school should their child have any marks or rashes.

Parents will come to an agreement with staff in determining how often their child will need to be changed, and who will do the changing.

Where there isn't a consent form or intimate care plan (see below) or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure. However, if the school is unable to get in touch with parents/carers and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents/carers afterwards.

8. Intimate care plans

For children whose needs are more complex or who need particular support outside of what is covered in the consent form, an intimate care plan will be created in discussion between the school, parents/carers, the child (where possible) and any relevant health professionals.

The school will work with parents/carers and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be taken into account. If there is doubt whether the child is able to make an informed choice, their parents/carers will be consulted.

The plan will be reviewed twice a year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

See **appendix 3** for a blank intimate care plan.

The school will share information with parents/carers as needed to ensure a consistent approach. It will expect parents/carers to also share relevant information regarding any intimate matters as needed.

9. How intimate care procedures will happen

A qualified member of staff will change the pupil, or assist them in changing themselves if they become wet, or soil themselves. The member of staff will inform another member of staff prior to taking a pupil to be changed or to use the toilet.

Spare clothing, nappies, pads, etc., provided by the parents will be used

Members of staff will react to accidents in a calm and sympathetic manner.

Intimate care procedures will be carried out in the accessible/disabled toilet or in a cubicle.

The intimate care will be carried out by an adult trained in intimate care who is familiar to the child and has read the child's Intimate Care Plan, when there is one. In Early Years, this is likely to be the child's key person; for children with more complex needs, it is likely to be the child's SEND Support.

As detailed in *The Leeds Safeguarding Children Partnership Intimate Care Guidance*, intimate care tasks are to be carried out by one member of staff unless the task requires two people, for example where a child needs a hoist for lifting and moving.

The adult will explain to the child what is happening before and during a care procedure, using simple clear language and visuals, when necessary, to support the child's understanding of the procedure.

Children's independence will be encouraged and support where possible. Staff should not carry out intimate care for children who are capable of doing this for themselves.

Any soiled clothing will be contained securely and discreetly returned to parents/carers at the end of the day.

Accurate records of times, staff, and any other details of incidents of intimate care will be kept on a *Record of Intimate Care Intervention*, stored securely in the child's classroom. See **appendix 1** for a blank Record of Intimate Care Intervention form.

10. Safeguarding

Staff members working directly with children will receive safeguarding training as part of their mandatory induction, in line with the Safeguarding and Child Protection Policy.

Intimate care is a regulated activity; therefore, only members of staff who have an enhanced DBS certificate with a barred list check are permitted to undertake intimate care duties.

Individual intimate care plans will be drawn up for pupils as appropriate to suit the circumstances of the pupil.

Each pupil's right to privacy will be respected. Careful consideration will be given to each pupil's situation to determine how many carers will need to be present when the pupil requires intimate care.

Special consideration will be taken to ensure that bullying and teasing does not occur.

If any member of staff has concerns about physical changes to a pupil's presentation, such as marks, bruises or soreness, they will report the concerns to either Phil Robertson (Designated Safeguarding Lead) or Sarah Wigglesworth (Deputy Safeguarding Lead) immediately using the school's safeguarding procedures.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to either Phil Robertson (Designated Safeguarding Lead) or Sarah Wigglesworth (Deputy Safeguarding Lead).

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures.

11. Swimming

Pupils in Years 3 and 4 regularly participate in swimming lessons at Bramley Baths. During these lessons, pupils are entitled to privacy when changing; however, some pupils will need to be supervised during changing.

Parental consent will be obtained if any pupil requires assistance in changing clothing before and after swimming lessons.

Details of any additional arrangements will be recorded in the pupil's individual intimate care plan.

12. Offsite visits

Before offsite visits, including residential trips, the pupil's individual intimate plan will be amended to include procedures for intimate care whilst off the school premises.

Staff will apply all the procedures described in this policy during residential and off-site visits.

Consent from a parent will be obtained and recorded prior to any offsite visit.

13. Toilet training

Where potties are used, they will be emptied immediately and cleaned with an anti-bacterial spray. The potty or toilet is checked to assess whether it is clean before use and toilet paper is well stocked.

Gloves and aprons will be worn and the area should be prepared to ensure it is clean and suitable for use. Gloves must be worn at all times when changing nappies, and during any instances where the member of staff could come into contact with bodily fluids.

All pupils will be appropriately supervised and supported during the toilet training stage. Staff will be sensitive and sympathetic when changing pupils and will not make negative facial expressions or negative comments. Pupils' efforts will be reinforced by praise where appropriate.

Staff are required to ensure that soiled/wet nappies are changed as soon as possible.

Pupils will be encouraged to wash their hands with soap and warm water, with assistance provided where necessary.

If a pupil has a toileting accident, they will be offered assistance to change or be changed by a member of staff regardless of their age.

To build independence, pupils will be encouraged to replace their own clothes and flush the toilet, if they are capable of doing so.

Parents are consulted on the approach to toilet training their pupil to ensure there is consistency with the approach at home. Pupils' progress is discussed at handover with parents. If any pupil is struggling with toilet training techniques or has any issues, e.g. a rash, this will be discussed with the headteacher and the pupil's parents.

14. Monitoring and review

This policy is reviewed every two years by Phil Robertson (Headteacher and Designated Safeguarding Lead). At every review, the policy will be approved by the governing board.

All changes are communicated to relevant stakeholders.

The scheduled review date for this policy is March 2027.

Appendix A – Record of Intimate Care Intervention

Child's name: Date of birth

[illegible]

Appendix B – Parent/carer consent form

| PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE | |
|--|--------------------------|
| Name of child | |
| Date of birth | |
| Name of parent/carer | |
| Address | |
| I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting) | <input type="checkbox"/> |
| I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or my child has an infection) | <input type="checkbox"/> |
| I understand the procedures that will be carried out and I will contact the school immediately if I have any concerns | <input type="checkbox"/> |
| <p>I do not give consent for my child to be washed and changed in case of a toileting accident.</p> <p>Instead, the school will contact me or my emergency contact and I/they will organise for my child to be washed and changed.</p> <p>I understand that if the school cannot reach me or my emergency contact, staff will need to wash and change my child, following the school's intimate care policy, to ensure comfort and remove barriers to learning.</p> | <input type="checkbox"/> |
| Parent/carer signature | |
| Name of parent/carer | |
| Relationship to child | |
| Date | |

Appendix C – Template intimate care plan

| PARENTS/CARERS | |
|---|--------------|
| Name of child and date of birth | |
| Type of intimate care needed | |
| How often care will be given | |
| What training staff will be given | |
| Where care will take place | |
| What resources and equipment will be used, and who will provide them | |
| Level of assistance needed, such as undressing/dressing, hand washing, using visuals, objects of reference or signing to communicate with the child. Any key language to be used. | |
| Name of senior member of staff responsible for making sure care is carried out according to the intimate care plan | |
| Who to contact if school staff are unable to provide intimate care or the child needs to go home to be cleaned | 1. 2. |
| Name and role of professionals involved, e.g. GP, Health Visitor, Continence Adviser | |
| Agreed plan to support the child towards independence and being toilet trained | |
| Name of parent or carer | |
| Relationship to child | |
| Signature of parent or carer | |
| Date | |

This plan will be reviewed twice a year. Next review date:

To be reviewed by: