

Bilsthorpe Flying High Academy

INTIMATE CARE AND TOILETING (INCLUDING NAPPY CHANGING) POLICY

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Review frequency: Annually

REVISION HISTORY

Version	Revision Date	Next review due	Summary of Changes (and author)
1.0	Autumn 2023	Spring 2023	New policy

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 children are safeguarded
- Pupils with intimate care difficulties are not discriminated against, in line with the Equalities Act 2010
- Parents are assured that staff are knowledgeable about intimate care and that the needs of their children are considered
- 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

Intimate care refers to any care which involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

Legislation and statutory guidance

This policy complies with statutory safeguarding guidance.

Role of parents

Seeking parental permission

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents and nappy changing), parents will be asked to sign a consent form.

For children whose needs are more complex or who need particular support outside of routine intimate care (if used), an intimate care plan will be created in discussion with parents using the appendices in this policy.

Where there isn't an intimate care plan or parental consent for routine care in place, parents will be informed if their child has had a toileting accident and needed to be changed.

If the school is unable to get in touch with parents 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 afterwards.

Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents, the child (when possible) and any relevant health professionals.

The school will work with parents 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's doubt whether the child is able to make an informed choice, their parents 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.

Sharing information

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

Role of staff

Which staff will be responsible

Wherever possible, a familiar adult will be responsible for the intimate care of a child. Where this is not possible (such as in the event of staff absence), the child's immediate needs will be prioritised.

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.

How staff will be trained

Staff will receive:

- Briefing 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 is 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

Intimate care procedures

Communication with Children

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Depending on their maturity and levels of stress children may communicate using different methods - words, signs, symbols, body movements, eye pointing, etc. To ensure effective communication:

- Make eye contact at the child's level
- Use simple language and repeat if necessary
- Wait for response
- Continue to explain to the child what is happening even if there is no response
- Treat the child as an individual with dignity and respect

How procedures will happen

One member of staff can support a child with intimate care as long as they have remote supervision by another member of staff. This may include one member of staff changing a child in a room with a door pushed to, while another member of staff is close by completing a different task.

The intimate care can be carried out by a member of staff of either gender with the following provisions:

- When intimate care is being carried out, all children have the right to dignity and privacy, i.e. they should be appropriately covered, the door closed or screens/curtains put in place
- If the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance
- Always ask the child's permission before carrying out a task
- Report any concerns to the designated safeguarding lead and make a written record, in line with safeguarding procedures
- All staff have an enhanced DBS with barred list check.

When carrying out procedures, the school will provide staff with protective gloves and aprons, cleaning supplies, changing mats and bins.

For pupils needing routine intimate care, the school expects parents to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and/or a spare set of clothing. Any soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents at the end of the day.

Changing a child who has soiled him/herself (Nappy changing procedure)

We will follow the Nappy changing procedure below:

- Parents should provide nappies, wipes and sacks (and creams if needed).
- Nappies will be checked regularly (around every 2 and a half hours).
- Gather all the necessary items needed before each nappy change, for example, nappy, wipes, nappy sack, cream if necessary (where cream is used the child should have their own named cream and written permission obtained from the parent).
- Ensure the nappy changing area is clean.
- Put on PPE including gloves and apron. You should use a new set of PPE for each nappy change.
- Approach the child and say or sign that it's time for a nappy change
- Support the child on to the nappy changing mat
- Remove the child's clothing to access the nappy. Remove the nappy and place it inside the nappy sack.
- If the child's clothes are soiled, they should be bagged separately and sent home, they should not be rinsed by hand.
- Using the wipes, clean the child from front to back and place the used wipes in the nappy sack. Tie the nappy sack and put it in a pedal operated bin.

- Put on a clean nappy and apply cream if necessary (see above).
- Take off the gloves and apron and place them in the appropriate bin.
- Dress the child.
- Always help the child to wash their hands using liquid soap, warm water and paper towels.
- Wash your hands using soap and warm water
- Take the child back to the room
- Return to the nappy changing area, clean the changing mat, surrounding area and underneath the mat before leaving to dry. Then wash and dry your hands.

Assisting a child to change his / her clothes in the event of a toileting accident

On occasions an individual child may require some assistance with changing if, for example they have an accident at the toilet, gets wet outside, or has vomit on their clothes etc. Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given. Staff will always ensure that the child is given the opportunity to change in private, unless the child is in such distress that it is not possible to do so.

Providing comfort or support to a child

There are situations and circumstances where children seek physical comfort from staff (particularly children in early years). Where this happens, staff need to be aware that any physical contact must be kept to a minimum. When comforting a child or giving reassurance, staff must ensure that at no time can the act be considered intimate. If physical contact is deemed to be appropriate, staff must provide care which is professionally appropriate to the age and context. If a child touches a member of staff in a way that makes them feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable. If a child touches a member of staff, as noted above, this should be discussed, in confidence with the Designated Safeguarding Lead, Adam Butterworth-Drury (Headteacher). Further details about safeguarding children are in the section below and our Child Protection and Safeguarding policy.

Concerns about safeguarding

If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this 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 the Early Years Lead and DSL.

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.

Links with other policies

This policy links with other school policies and procedures including:

- Accessibility plan
- Child protection and safeguarding
- Health and safety
- SEND
- Supporting pupils with medical conditions

Appendix 1 - Parental Permission for Intimate Care

	to receive intimate care (e.g. help with nate Care and Toileting (including Nappy changing) policy.	
I understand that staff will endeavour to encourage discretely should the occasion arise.	my child to be independent. I understand that I will be informed	
Childs Name:	Class:	
Relationship to Child:		
Signed Parent/Carer:	Date:	

Appendix 2 – Intimate Care Plan (following discussion)

PARENTS/CARERS	
Name of child	
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	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	
CHILD	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
Signature of child	
Date	

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

To be reviewed by:

Appendix 3 - Toileting Discussion with Parents/Carers and child (if appropriate)

Planning for Intimate Care		
Pupil's name:	D.O.B:	
Meeting date:		

	Discussion	Actions
Working towards independence		
E.g. taking pupil to toilet at timed		
intervals, rewards		
Arrangements for nappy changing		
E.g. who, where, privacy		
Level of assistance needed		
E.g. undressing, hand washing, dressing		
Moving and handling needs		
E.g. equipment, training needs,		
hoisting equipment		
Infection control		
E.g. wearing gloves, nappy disposal		
Sharing information		
E.g. nappy rash, infection,		
family/cultural customs		
Resources needed		
E.g. toilet seat, step, nappies, creams, nappy sacks, change of		
clothes, gloves		
Facilities		
Changing table/bed		
Suitable toilet identified?		
Grab rails		
Step		
Adaptions required?		
Locker for supplies		
Hot and cold water		
Lever taps Mirror at suitable height		
Disposal unit/bin		
Hoist		
Other moving and handling		
equipment		
Emergency alarm		
Other		
Family and ideal as a 12		
Family provided supplies		
Nappies/pads Catheters		
Wipes		
Spare clothes		
Other		

School provided supplies Toilet rolls Antiseptic cleanser Cloths/paper towels Soap Disposable gloves/aprons Disposal sacks Urine bottles Bowl/bucket Milton/sterilising fluid Other	
Good practice Advice sought from Health professionals? Moving and Handling Co-ordinator? Parent/carer views Pupil's views How does child communicate? Agree use of language to be used Preferences for gender of carer Training required for staff? Awareness raising for all staff Other	
PE issues Discreet clothing required? Privacy for changing? Other	
Support Designated staff Back-up staff Training for back-up staff Transport School visits After school clubs Toilet management/intimate care plan to be prepared By whom When To be reviewed when	