



# Farsley Westroyd Primary School and Nursery

## INTIMATE CARE POLICY AND PROCEDURES

Reviewed: June 2024 by G.Hollingshead  
Next Review Date: June 2026

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## **CHILDREN'S INTIMATE CARE POLICY AND PROCEDURES**

### **1. INTRODUCTION**

- 1.1** Intimate care is any care which is associated with invasive procedures relating to bodily functions, bodily products and personal hygiene which demands direct or indirect contact with or exposure of intimate parts of the body, such as cleaning up after a child who has soiled themselves. In addition, some children may need help with dressing/undressing or using the toilet. Most children can carry out these functions themselves but it is recognised that some are unable to due to physical disability, learning difficulties, medical needs or needs arising from the child's stage of development.
- 1.2** This Intimate Care Policy has been developed to safeguard children, support staff and ensure good practice is followed. At Westroyd Primary School all staff are checked with the Disclosure and Barring Service (DBS) and we are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We believe that the intimate care of children cannot be separated from other aspects of their learning and development and we believe that every child has the right to feel safe and secure. We do not discriminate against children who have not reached a stage where they can manage their own personal hygiene and as such welcome all children to participate in our school and provide appropriate support for each child on an individual basis. We recognise the need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

We aim to:

- Safeguard the rights and promote the welfare of all children and young people including those who may be more vulnerable to abuse.
- Provide guidance and reassurance to staff whose duties may include intimate care.
- Assure parents and carers that staff are knowledgeable about personal care and that their individual needs and concerns are taken into consideration.
- Remove barriers to learning and participation, protect from discrimination and ensure inclusion for all children and young people within our setting.

### **2. OUR APPROACH TO BEST PRACTICE**

These guidelines should be viewed as expectations upon staff, which are designed to protect both children and staff alike. In situations where a member of staff potentially breaches these expectations, other staff should be able to question this in a constructive manner.

- 2.1** Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.
- 2.2** Any child who requires intimate care is treated with respect at all times; we recognise that the child's welfare and dignity is of paramount importance. We will work with parents and

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children to establish a preferred procedure for supporting the child in our care with their personal and intimate needs.

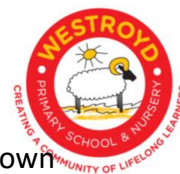
- 2.3** Where these procedures may require specialist training, we will seek out training for the staff who will be involved in a child's care, ensuring that the child's key-person and at least one other member of staff accesses the training.
- 2.4** Where possible the child's key-person is responsible for undertaking their care. When this is not possible, a staff member who is known to the child will take on that responsibility. The staff member who is involved will always ask the child for permission to assist them. The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities and staff will encourage them to do as much for him/herself as he/she can. Children will be cared for with dignity and respect for their privacy. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present.
- 2.5** If staff are not comfortable with any aspect of the agreed guidelines, they should seek advice from the Head of School. For example, if they do not wish to conduct intimate care on a 1:1 basis, this should be discussed, and alternative arrangements considered. For example, it may be possible to have a second member of staff in an adjoining room or nearby so that they are close to hand but do not compromise the child's sense of privacy.

### **3. WORKING WITH PARENTS**

- 3.1** We believe that our partnership with parents is an essential principle in our setting and is particularly necessary in relation to children needing intimate care. We recognise that the information required to carry out intimate care is available from parents and prior permission must be obtained from parents before intimate care procedures are undertaken (see Appendix 1). We acknowledge that cultural and diversity influences may affect what is deemed 'intimate' and ensure we pay regard to social, ethnic and cultural perspectives through open dialogue with parents.
- 3.2** Parents should be encouraged and empowered to work with staff to ensure that their child's needs are identified, understood and met. This may include 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.
- 3.3** When any intimate care is carried out on children with individual care plans, it will be logged via 'Meditracker', an email notification will be sent to contact 1. All information concerning intimate care procedures is recorded and stored securely.

### **4. PROTECTION OF CHILDREN**

- 4.1** Child Protection procedures will be adhered to.



- 4.2** All children will be taught personal safety skills carefully matched to their level of development and understanding to build their confidence and assertiveness about their own body and its worth. Confident and assertive children who feel their body belongs to them are less vulnerable to abuse.
- 4.3** If a member of staff has a concern about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate designated person for child protection.
- 4.4** If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution.
- 4.5** If a child makes an allegation against a member of staff, all necessary procedures will be followed. (See Child Protection Policy)

## **5. Allegations of Abuse**

**5.1** Personnel working in intimate situations with children can feel particularly vulnerable. This school policy can help to reassure both staff involved and the parents of vulnerable children. Action will be taken immediately should there be a discrepancy of reports between a child and the personal assistant. Where there is an allegation of abuse, the guidelines in the Child Protection procedures will be followed. If staff are concerned about a child's demeanour during or following intimate care, or has responded to or said something that has caused concern during the intimate care, they will report such incidents immediately to one of the Designated Safeguarding Leads who will follow the correct safeguarding procedures.

## **6. Health and Safety**

- 6.1** Staff should always wear gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy. (The school will provide gloves, a bin and liners to dispose of any waste)
- 6.2** Any soiled waste should be placed in a polythene waste disposal bag which can be sealed. This bag should then be placed in a bin (complete with liner) which is specifically designated for the disposal of such waste. The bin should be emptied on a daily basis and it can be collected as part of the usual refuse collection service as this is not classed as clinical waste.

### **6.3 FACILITIES**

- Facilities are to be easily accessed by the child and designed with the appropriate advice from relevant professionals where necessary, for example, Occupation Therapist, Physiotherapist, School Nurse, or appropriately trained professionals.
- Hand washing facilities are to be provided within the room for the child/young person and staff. Liquid soap and paper hand towels are to be available.

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- Main toilet facilities are separate from bathrooms/showers.
- All waste bins are to be fitted with a lid to be foot operated.
- A secure area for clinical waste awaiting collection must be available.
- The importance of privacy is maintained by ensuring the room can be seen to be in use and be secured from intrusion.
- All equipment is to be stored safely but easily accessible to the child where this is necessary. It is important to take into consideration the privacy of the individual children/young people and the safety of others.
- Facilities must be regularly inspected and maintained.

#### **6.4 EQUIPMENT**

The list of equipment detailed below is not exhaustive but gives examples of types of equipment available for use.

1. Rise and fall bed, with suitable sides.
2. Changing mat, suitable for younger child, covered with intact waterproof material.
3. Moving and handling equipment.
4. Gloves – if direct contact with blood or body fluids is anticipated, staff to wear seamless, non-sterile gloves (e.g. latex and non-latex which are powder free)
5. Aprons – disposable plastic aprons. The use of cotton is not recommended.
6. Disposable paper towels.
7. Disposable wipes – the product as agreed in the 'Care Plan'.
8. Cleansing agent – appropriate for use and as agreed on the 'Care Plan'.
9. Continence care products.
10. Yellow Clinical Waste Bags for waste that has come into contact with body fluids. Large amount of waste to be disposed of using yellow plastic bags.

#### **7. RECORDING**

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**7.1** Any intimate care tasks must be recorded. The details of what to record are set out in Appendix 2. This information should be logged on 'Meditracker' including any comments or observations; e.g – skin impairment – changed bowel or urinary pattern

## **8. GUIDELINES FOR STAFF**

**8.1** If you are concerned that during the intimate care of the child:-

- You accidentally hurt the child
- The child seems sore or unusually tender in the genital area
- The child appears to be sexually aroused by your actions
- The child misunderstands or misinterprets something
- The child has a very emotional reaction without apparent cause (sudden crying or shouting)

Report any incident as soon as possible to another person working with you and make a brief written note of it. **Then please discuss immediately with a senior member of staff or designated safe-guarding lead.**

This is for two reasons: first, because some of these could be cause for concern, and secondly, because the child or another adult might possibly misconstrue something you have done. Additionally, if you are a member of staff who has noticed that a child's demeanour has changed directly following intimate care e.g. sudden distress or withdrawal, this should be noted in writing and discussed with your designated person for child protection.

**8.2** Be responsive to a child's reactions. It is appropriate to 'check' your practise by asking the child – particularly a child you have not previously cared for – "Is it OK to do it this way?"; "Can you wash there?"; If a child expresses dislike of a certain person carrying out her or his intimate care, try and find out why. Conversely, if a child has a 'grudge' against you or dislikes you for some reason, ensure your head of school is aware of this.

**8.3** Never do something unless you know how to do it. If you are not sure how to do something, ask. If you need to be shown more than once, ask again. Certain intimate care or treatment procedures, such as rectal examinations, must only be carried out by nursing or medical staff. Other procedures, such as giving rectal valium, suppositories, or intermittent catheterisation, must only be carried out by staff who have been formally trained and assessed as competent.

**8.4** Staff should be trained to be alert to the potential indications of abuse or neglect in children and be aware of how to act upon their concerns in line with the Leeds Child Protection procedures.

**8.5** Encourage the child to have a positive image of her or his own body. Confident, assertive children who feel their body belongs to them are less vulnerable to abuse. As well as the basics like privacy, the approach you take to a child's intimate care can convey lots of messages about what her or his body is 'worth'. Your attitude to the child's intimate care is important. As far as appropriate and keeping in mind the child's age, routine care of a child should be enjoyable, relaxed and fun.

**8.6** The above is taken largely from the publication Abuse and Children who are disabled; a training and resource pack for trainers in child protection and disability, 1993.



- 8.7** When out of the usual environment it is good practice to maintain the same standards of privacy and dignity. Prior knowledge of location, for example, layout of toilets is to be sought wherever possible.
- 8.8** Consideration is to be taken when disposing of children's/young persons soiled clothing. Prior agreement with parents/carers is to be sought wherever possible. Soiled clothing should be placed in a plastic laundry bag for the parent/carer to take home to wash. Machine wash is recommended. No soaking of soiled clothing should take place. Any faecal matter should be disposed of down the toilet before placing clothing in a plastic bag.



**(Appendix 1)**  
**INTIMATE CARE PLAN**

<b>Name</b>	
<b>Date</b>	
<b>Date of Birth</b>	
<b>Assessor</b>	
<b>Relevant Background Information</b>	
<b>Setting</b>	Hygiene Suite Toilet
<b>Consent given</b>	
<b>Identified need – specific individual requirement e.g. cream applied</b>	
<b>Communication</b>	Use of symbols? Signs? Verbal prompts? Object of reference etc?
<b>Self care skills</b>	Fully dependent/aided Supported/independent
<b>Mobility</b>	Independent/steady/grab rail Unsteady/wheelchair user
<b>Fine motor skills</b>	Can do – tapes/zips/buttons/taps/towels/adjust own clothing
<b>Moving and handling Assessment Step by step guide to what happens</b>	Tracking/mobile hoist or S, M, L or own sling in chair transfer using mobile hoist. Walking frame/support to table/physical turntable
<b>Facilities</b>	Environment to provide dignity safety Curtain Handwashing
<b>Equipment</b>	Gloves, wipes, aprons, waste bins foot operated Rise and fall bed. Changing mat/moving and handling equipment. Continence produce/nappy size/paper towels/liquid soap/spray cleaner
<b>The disposal of soiled articles of clothing as agreed with parents/carers</b>	Solid waste into the toilet. Clothes sent home in tied plastic bag. Indicate in bag or in diary contents of bag.
<b>Frequency of procedure required</b>	On arrival/mid morning/lunchtime/mid afternoon/ whenever necessary/on request
<b>Review date</b>	Whenever needs change

**ADVICE ONLY**

If your child needs cleaning, plain water will be used with a few drops of liquid cleanser added to the water.

Name of liquid cleanser –

Please advise if this is not suitable for your child and send in an alternative.

**I/we have read, understood and agree to the plan for Intimate Care**

Signed .....

Name .....

Relation to child .....

Date .....





### Appendix 3

#### Intimate Care Letter to Parents

Dear Parents / Carers,

In line with our Intimate Care Policy we seek permission from parents and carers to meet the needs of your child's personal and intimate needs when required.

With permission, we will change children who have a toileting or other accident, e.g. from mud play. Children will be changed in classroom toilets unless the accident requires the shower which is located in the disabled toilet. Changing will only ever be carried out by a member of the teaching staff who is DBS checked.

We also recognise that some children need additional support when going to the toilet e.g. wiping. We encourage children to be as independent as possible, however we will also support with this when required.

Please bring a small bag with a spare change of clothes that can be kept on site. We do have spare clothes for when needed.

Staff keep a secure record of who has been changed and when. If your child has been changed you will be notified. If your child is in nappies or pull ups we will discuss arrangements with you.

Please note, if you do not give permission for your child to be changed by a member of teaching staff then you will be contacted by school to come in and change your child.

If you would like to read our Intimate Care policy please contact the Early Years office. Please fill in and return the slip below to the Early Years office ASAP.

Thank you for your continued support.

Mrs G Hollingshead  
Assistant Headteacher

.....

Name of child: .....

Class:.....

Please circle as appropriate

- I do / do not give permission for my child to be changed
- I do / do not give permission for my child to have support with toileting when required

Signed:.....

Print Name:.....

Date:.....