



Leigh Academy
Dartford

EDUCATION

Intimate Care and Toileting Policy

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Revision Log (last 6 changes)

Date	Version No	Brief detail of change
June 2020	1.1	Appendix C added for Covid-19 return to school
28/08/21	1.2	Reviewed for accuracy
29/07/22	1.3	End of year review
20/07/23	1.4	End of year review. Updated Appendix A.
11/07/24	1.5	End of year review.

Principles

- 1) The Academy will act in accordance with the Government guidance 'Keeping children Safe in Education' to safeguard and promote the welfare of pupils. Alongside taking into consideration the recommendations made in 'Guidance for safer working practice for those working with children and young people in education settings'.
- 2) We take seriously our responsibility to safeguard and promote the welfare of the children and young people in our care. Meeting a pupil's intimate care needs is one aspect of safeguarding.
- 3) The Academy recognises its duties and responsibilities in relation to the Equalities Act 2010, which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.
- 4) We are committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.
- 5) We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The pupil's welfare is of paramount importance and their experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.
- 6) Staff will work in close partnership with parents/carers and other professionals to share information and provide continuity of care.
- 7) Where pupils with complex and/or long term health conditions have an individual health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this Intimate Care Policy.
- 8) This policy has been developed to safeguard children and staff: it applies to everyone involved in the intimate care.

Child focused principles of intimate care

The following are the fundamental principles upon which the policy and guidelines are based. Every child has the right:

- To be safe
- To personal privacy
- To be valued as an individual
- To be treated with dignity and respect
- To be involved and consulted in their own intimate care and to have such views taken into account
- To have levels of intimate care that are as consistent as possible.

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 pupils 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. It can also include supervision of pupils involved in intimate self care.

Best Practice

- 1) Pupils who require regular assistance with intimate care have an intimate care management plan ([appendix A](#)) agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally, the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips. They should also take into account procedures for educational visits/day trips.
- 2) Where relevant, it is good practice to agree with the pupils and parents/carers appropriate terminology for private parts of the body and functions.
- 3) It is recommended practice that information on intimate care should be treated as confidential and where necessary communicated in person or by telephone. Records of this communication will be logged on the academy's BROMCOM system.
- 4) All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.
- 5) Staff who provide intimate care should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons. Waste products, such as nappies and pads, should be double-bagged and binned in the sanitary disposal bins available. Any soiled items of clothing should be placed in a bag and sent home to parents.
- 6) 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 and menstruation.
- 7) There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic etc) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding, permission should be sought before starting an intimate procedure.
- 8) Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages and developmental understanding.
- 9) Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when they need help with intimate care. Reducing the number of staff involved goes some way to preserving a child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

- 10) An individual member of staff should inform another appropriate adult when they are going to assist a pupil with the toilet. Staff should avoid lone working when providing intimate care to pupils.
- 11) A signed record (see Appendix B) will be kept of all intimate and personal care tasks undertaken and, where these have been carried out in another room, should include times left and returned.
- 12) The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.
- 13) Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.
- 14) Adults who assist pupils with intimate care should be employees of the academy, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.
- 15) Staff have the responsibility to report any safeguarding issues as per the Academy's policy.
- 16) All staff should be aware of the academy's confidentiality policy. Sensitive information will be shared only with those who need to know.
- 17) No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

Appendix A - Management Plan

 Intimate care management plan template Appendix A.docx

Appendix B - Intimate Care Record

Child's Name

Date & Location	Time from and to	Practitioner 1	Practitioner 2	Parent/ Carer

Appendix C - Covid 19

[Use of PPE in education, childcare and children's social care](#)

Government guidance states that:

Staff should follow their normal practice when changing nappies and caring for babies more generally, provided the child is not showing symptoms of coronavirus. This includes continuing to use the PPE that they would normally wear in these situations, for example aprons and gloves. If a child shows symptoms, they should not attend a childcare setting and should be at home.

Therefore, staff will wear aprons and gloves for the purposes of changing a child's nappy or supporting with changing a child in soiled clothing.

Unless coronavirus is suspected

- Nappies will be bagged and binned in the general waste.
- Soiled clothes will be bagged and returned to the child's parents/ carers.

If coronavirus is suspected:

- PPE should be worn if a distance of 2 metres cannot be maintained from any child, young person or other learner displaying coronavirus symptoms.
- A facemask should be worn if a distance of 2 metres cannot be maintained from someone with symptoms of coronavirus.
- If contact is necessary, then gloves, an apron and a facemask should be worn.
- If a risk assessment determines that there is a risk of fluids entering the eye from, for example, coughing, spitting or vomiting, then eye protection should also be worn.

When PPE is used, it is essential that it is used properly. This includes scrupulous hand hygiene and following guidance on how to put PPE on and take it off safely in order to reduce self-contamination. See: [COVID-19: personal protective equipment use for non-aerosol generating procedures](#)

Face masks must:

- cover both nose and mouth
- not be allowed to dangle around the neck
- not be touched once put on, except when carefully removed before disposal
- be changed when they become moist or damaged
- be worn once and then discarded - hands must be cleaned after disposal