



Intimate Care and Toileting Policy

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Reviewed by	QKA Academy Committee
Last Updated/Reviewed & Approved by Academy Committee	December 2023
Date of next scheduled review	December 2024
Responsible Officer / Member of Staff	Jo Hammond SENCO

Queen Katharine Academy Intimate Care and Toileting Policy

1. Principles

- 1.1. At Queen Katharine Academy we are committed to safeguarding and promoting the welfare of children and young people. We are committed to ensuring that all staff responsible for the intimate care of children and young people will always undertake their duties in a professional manner at all times and we are committed to ensuring that children are treated with sensitivity and respect.
- 1.2. The Academy Committee 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.
- 1.3. 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.
- 1.4. The child's welfare is of paramount importance and his/her 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.
- 1.5. Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.
- 1.6. Where pupils with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.
- 1.7. All staff undertaking intimate care must be given appropriate training.
- 1.8. This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.



2. Child focused principles of intimate care

- 2.1. The following are the fundamental principles upon which the Policy and Guidelines are based:
 - 2.1.1. Every child has the right to be safe.
 - 2.1.2. Every child has the right to personal privacy.
 - 2.1.3. Every child has the right to be valued as an individual.
 - 2.1.4. Every child has the right to be treated with dignity and respect.
 - 2.1.5. Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
 - 2.1.6. Every child has the right to express their views on their own intimate care and to have such views taken into account.
 - 2.1.7. Every child has the right to have levels of intimate care that are as consistent as possible.

3. What is “Intimate Care?”

- 3.1. Intimate care is defined as any care which involves washing, touching, or carrying out an invasive procedure that most children and young people carry out for themselves, but which some are too young or unable to do.
- 3.2. Intimate care tasks are associated with bodily functions, body products, and personal hygiene that demands direct or indirect contact with intimate personal areas.
- 3.3. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.
- 3.4. It is also associated with other accidents that may require a child to remove their clothes. These include changes required as a result of water play, messy play, sickness, and weather. Young or disabled learners may be unable to meet their own care needs for a variety of reasons and will require regular support.
- 3.5. It also includes supervision of pupils involved in intimate self-care.

4. Best Practice

- 4.1. Pupils who require regular assistance with intimate care have written Medical Health Care Plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists.
- 4.2. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate.
- 4.3. Any historical concerns (such as past abuse) should be taken into account.
- 4.4. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.
- 4.5. Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.



- 4.6. Where a care plan is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter, not through the planner.
- 4.7. In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage.
- 4.8. Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.
- 4.9. These records will be kept in the child's file and available to parents/carers on request.
- 4.10. 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.
- 4.11. Staff who provide intimate care are trained in personal care (eg health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.
- 4.12. 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.
- 4.13. 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.
- 4.14. 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.
- 4.15. 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 s/he needs help with intimate care.
- 4.16. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.
- 4.17. An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.
- 4.18. Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.
- 4.19. All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.



- 4.20. Health & Safety guidelines should be adhered to regarding waste products, if necessary, advice should be taken from the DCC Procurement Department regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.
- 4.21. No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

5. Child Protection

- 5.1. The Academy Committee and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.
- 5.2. The school's child protection procedures will be adhered to.
- 5.3. From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.
- 5.4. Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.
- 5.5. If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Safeguarding Lead or Principal. A clear written record of the concern will be completed and the school's child protection procedures will be followed.
- 5.6. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.
- 5.7. If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the SENCO or Principal. The matter will be investigated at an appropriate level (usually the Headteacher) and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- 5.8. If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Principal (or to the Chair of the Academy Committee if the concern is about the Principal) who will consult the Local Authority Designated Officer in accordance with the school's policy: Dealing with Allegations of Abuse against Members of Staff and Volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to.
- 5.9. Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Principal or to the



Chair of the Academy Committee, in accordance with the child protection procedures and 'whistle-blowing' policy.

6. Medical Procedures

- 6.1. Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the Medical Health Care Plan and will only be carried out by staff who have been trained to do so.
- 6.2. It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.
- 6.3. Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

7. Toileting Accidents

- 7.1. Staff have access to a bathroom area with a toilet and hand basin with access to warm water. There is also a stock of baby wipes, plastic bags, and disposable protective gloves for staff to use.
- 7.2. If a child soils themselves during school time, one member of the staff (teacher, TA, etc) will help the child:
 - Remove their soiled clothes.
 - Clean skin (this usually includes bottom, genitalia, legs, feet).
 - Dress in the child's own clothes or those provided by the school.
 - Wrap soiled clothes in plastic bags and give to parents to take home.
- 7.3. At all times, the member of staff pays attention to the level of distress and comfort of the child.
- 7.4. If the child is ill the member of staff will telephone the parent/carer. In the event a child is reluctant and finally refuses, the parent/carer will be contacted immediately.
- 7.5. Our intention is that the child will never be left in soiled clothing, but as soon as a member of staff is aware of the situation, they will clean the child. The member of staff responsible will check the child regularly and ensure that they are clean before leaving to go home.
- 7.6. It is intended that the child will receive positive encouragement and praise for their endeavours to master this necessary skill. It is always our intention to avoid drawing attention to such events and positively to encourage the child in their efforts to gain these skills.
- 7.7. Where specialist equipment and facilities above that currently available in the school are required, every effort will be made to provide appropriate facilities in a timely fashion, following assessment by a Physiotherapist and/or Occupational Therapist.



8. Role of Parents/Carers

- 8.1. Parents/carers should give permission for intimate care as their children enter the Queen Katharine Academy (Appendix A).
- 8.2. The permission slips are kept on record.
- 8.3. All staff are informed of those children where no permission is given.
- 8.4. Where a child has continuing incontinence problems, parents are expected to provide a complete set of spare clothes and baby wipes.



Appendix A

Permission form for Intimate Care

Dear Parent/Carer,

If a child wets or soils themselves whilst they are in school, it is important that measures are taken to have them changed and, if necessary, cleaned, as quickly as possible. Our staff are experienced at carrying out this task if you wish them to do so or, if preferred, the school can contact you or your emergency contact who will be asked to attend without delay.

Queen Katharine Academy has an Intimate Care Policy which is available to view on our website, or a copy can be obtained from the school office.

Please fill out the permission slip below stating your preference.

Yours sincerely,

Philip Masterson
Principal.

Name of
Child:.....

Class:.....

Please tick as appropriate

I give consent for my child to be changed and cleaned if they wet/soil themselves whilst in the care of the Queen Katharine Academy.

I do not give consent for my child to be changed and cleaned if they wet or soil themselves. The school will contact me, or my emergency contact, and I will organise for my child to be cleaned and changed. I understand that if I, or my emergency contact, cannot be contacted, the staff will act appropriately, and may need to come into some level of physical contact in order to aid my child.

Signature of Parent/Carer:.....

Date:.....