



Intimate Care Policy

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Headteacher:	Mrs Macey
Chair of Governors:	Mr Griffiths

Intimate Care Policy

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1. Introduction

This Intimate Care Guidance has been developed to safeguard learners and staff in Wrexham schools.

Definition: *Intimate care can be defined as any care which involves washing or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some learners are unable to do because of their young age, physical difficulties, disabilities or other special educational needs such as developmental delay.*

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 can include support with dressing and undressing (underwear), changing of incontinence pads and nappies, helping an individual use the toilet, or washing intimate parts of the body. Intimate care can be undertaken on a regular basis or during a one-off incident. Support may be required with catheterisation and colostomy bags. Guidance on these medical interventions should be sought from relevant Health professionals and included in the child's Individual Healthcare Plan (IHP).

With an increase in recent years in the number of three year olds starting in school who are not toilet trained, the greater the need for clear procedures for providing intimate care and defined roles. In some cases there may be a lack of training or a developmental delay, however, other children may have an underlying medical need. In either case, it is not permissible to refuse a child admission to school on the basis that the child is not toilet trained or to request that a parent/carer attends school to change their child.

2. Legal Context

The Welsh Government issued 'Supporting Learners with Healthcare Needs' Guidance for schools in March 2017. Many learners have a short-term healthcare need at some point, which may affect their participation in educational activities. Other learners may have significant or long-term healthcare needs affecting their cognitive or physical abilities, their

behaviour or emotional needs. The guidance emphasises the need for a collaborative approach from education and health professionals, placing the learner at the centre of decision making. The guidance states that:

‘The education setting should have an intimate care policy. It should be followed, unless alternative arrangements have been agreed, and recorded in the learner’s Individual Healthcare Plan’.

The Governing Body at Madras Primary School will act in accordance with Welsh Government Guidance ‘Supporting Learners with Healthcare Needs’ (2017) alongside ‘Keeping Learners Safe’ (2015) and the All Wales Child Protection Procedures (2008) to safeguard and promote the welfare of all learners and staff.

The Governing Body also recognises its duties and responsibilities in relation to the Equalities Act (2010) and the need to treat all learners, regardless of their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given.

In order to meet their responsibilities under the Equality Act 2010, the school must make ‘reasonable adjustments’ to accommodate learners with disabilities, which may include the provision of personal and intimate care. The learner’s welfare is of paramount importance and their experience of intimate and personal care should be a positive one.

3. Related Policies

This Intimate Care Policy should be read in conjunction with the following school policies:

- Healthcare Needs Policy
- Safeguarding & Child Protection Policy
- Health and Safety Policy – including Manual Handling
- Special Educational Needs Policy
- Staff Code of Conduct

4. Key Principles

The following are the fundamental principles upon which this Guidance is based:

- every child has the right to be safe
- every child has the right to personal privacy
- every child has the right to be valued as an individual
- every child has the right to be treated with dignity and respect
- all children have the right to be involved and consulted in their own intimate care to the best of their abilities
- all children have the right to express their views on their own intimate care and to have such views taken into account; and
- every child has the right to have levels of intimate care that are appropriate and consistent.

5. Roles and Responsibilities

5.1. Head teacher

Staff at Madras Primary School that provide intimate care, are in a position of great trust and responsibility and the importance of their role in promoting personal development of learners is invaluable. The head teacher will ensure that any adults assisting with intimate care will be employees of the school and the learner will be supported to achieve the highest level of autonomy that is possible given their age and ability.

Where intimate care is not detailed in a Job Description, then only staff members who have indicated a willingness to do so, should be required to provide intimate care. The head teacher will ensure that all staff will be appropriately trained and supported. Only those members of staff who are familiar with the Intimate Care Policy and other pastoral care policies of Madras School are to be involved in the intimate care of learners.

5.2 Staff

It is the responsibility of all staff caring for a learner to ensure that they are aware of the learner'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. Staff attitude to a learner's intimate care is also important. Keeping in mind the learner's age, the routine care should be both efficient and relaxed. To ensure effective communication, staff will:

- 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.

Staff will encourage each learner to do as much for the learner as they are able to. This may mean, for example, giving the child the responsibility for washing themselves. Where a situation renders a learner fully dependent; the member of staff should talk about what is going to be done and provide choices where possible. The member of staff should ensure they are aware of any preferences for the intimate care from the learner and/or parent.

Young children and children and young people with special educational needs (SEN)/ additional learning needs (ALN) can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs.

Some procedures must only be carried out by members of staff who have been formally trained and assessed. There should be more than one member of staff assigned within a plan to allow for any illness absence or leave.

Only in the event of an emergency would staff undertake any aspect of intimate care that has not been agreed by parents and school. Parents would then be contacted immediately.

5.3 Parents & Carers

Parents / Carers have a responsibility to advise the school of any known intimate care needs relating to their child. Madras Primary School will ensure that there is an effective transition system in place between schools / settings, and that parents are given the opportunity to discuss any intimate care needs during planned admission's meeting.

Parents / carer will work in partnership with school staff and other professionals to share information and provide continuity of care. Parents / Carers are required to provide changes of clothes / wipes / nappies on a daily basis.

6. Safeguarding

6.1 Head teacher / Designated Lead for Child Protection

It is essential that the head teacher ensures all staff are familiar with the Safeguarding & Child Protection Policy and Procedures, and if there are any concerns, they should be recorded and discussed with the school's Designated Person for Child Protection: Mrs K Macey and in her absence Miss L Mira

The number of staff required to undertake procedures will depend upon individual circumstances and should be discussed with all concerned with the learner's privacy and dignity at the forefront. Knowledge of the child should be used to help assess the risk; a Risk Assessment should determine if one or two members of staff (or more) are required. Where there are concerns around child protection, previous allegations, or moving and handling issues, it would be appropriate for a minimum of two adults to provide care.

6.2 Staff

If a member of staff has any concerns about physical changes in a learner's presentation, e.g. marks, bruises, soreness etc, they will immediately report concerns to the Designated Person for Child Protection.

If a staff member has concerns about a colleague's intimate care practice he or she must report this to the Designated Person for Child Protection immediately.

If a staff member is accidentally hurt, they should report the incident to their manager immediately, seek medical assistance if needed and ensure an accurate record is recorded.

6.3 Working with a Learner of the Opposite Sex

Ideally, every child should have the choice for intimate care but the current ratio of female to male staff in many schools, means that assistance will more often be given by a female.

As stated in 'Supporting learners with healthcare Needs (2017)' *'certain medical procedures may require administration by an adult of the same gender as the learner, and may need to be witnessed by a second adult. The learner's thoughts and feelings regarding the number*

and gender of those assisting must be considered when providing intimate care. There is no requirement in law for there to be more than one person assisting. This should be agreed and reflected in the Individual Healthcare Plan (IHP) and risk assessment’.

6.4 Learner

If a learner becomes distressed or unhappy about being cared for by a particular member of staff, parents / carers will be contacted at the earliest opportunity in order to reach a resolution and outcomes recorded. Staffing schedules may be altered until the issue(s) are resolved. Further advice will be taken from outside agencies if necessary.

If a learner is accidentally hurt during the intimate care or misunderstands or misinterprets something, staff should reassure the learner’s safety and report the incident immediately to the Designated Person for Child Protection. Staff will also report and record any unusual emotional or behavioural response by the learner.

If a learner or parent / carer makes an allegation against a member of staff, the school’s Designated Person for Child Protection must be informed and procedure must be followed in line with the schools Safeguarding and Child Protection Policy.

A written record of concerns must be made available to parents and kept in the learner’s personal file. Further advice will be taken from outside agencies as necessary.

6.5 Vulnerability to Abuse

Disabled learners are particularly vulnerable to abuse and discrimination because:

- They often have less control over their lives than their peers
- They may have multiple carers through residential, foster or hospital placements
- Changes in appearance, mood or behaviour may be attributed to the child’s disability rather than abuse.
- They may not be able to communicate what is happening to them
- They do not always receive appropriate sex and relationships education, or if they do may not understand it, so are less able to recognise abuse.

It is vitally important that all staff members are familiar with the school’s Safeguarding and Child Protection Policy and Procedures. It is unrealistic to eliminate all risk, but the vulnerability places an important responsibility on staff to work in accordance with agreed procedures.

7 Environment

Every school should be planning to have a fully accessible changing area (detailed in the school’s Accessibility Plan) if one is not already available. As required on admittance of a learner with intimate care needs, school should contact the Assets Department on 01978 315630 to plan to meet the needs of the learner.

Madras School will identify a suitable changing area for learners with healthcare needs, to enable the privacy of learners to be maintained and to provide sufficient staff to safeguard the child.

In addition the school will also consider:

- The availability of hot and cold running water
- Nappy disposal bags
- Supplies of nappies (provided by family – often from the Health Authority)
- Wipes and cleaning cloths
- Labelled bins for the disposal nappies. (Soiled items should be double-bagged.)
- Special arrangements for the disposal of any contaminated or clinical materials including sharps and catheters
- Supplies of suitable cleaning materials - anti-bacterial sprays and hand wash
- Appropriate clean clothing (preferably the child's own)
- Effective staff alert system for help in an emergency
- Arrangements for menstruation when working with adolescent girls

7.1 Personal Protective Equipment (PPE)

Madras School is responsible for providing Personal Protective Equipment (PPE) which should include: Nitrile disposable gloves, disposable aprons, bin and liners to dispose of waste. Staff should always wear PPE when dealing with any child who is bleeding, wet or when changing a soiled nappy / clothing. Refer to Appendix 8.

7.2 Waste Disposal

Madras School is responsible for the disposal of all nappies / pads used by pupils on their premises. It would not be appropriate for the school to send used nappies / pads home at the end of the school session.

Parents / carers should provide a clean change of clothing, nappies, disposal bags, wipes etc. and parents must be made aware of this responsibility.

Disposal of soiled nappies / pads / clothing should be discussed during admission meetings and noted on the Individual Healthcare Plan. Specialist provision / equipment i.e. catheterisation / diabetes / menstrual management / or any other intimate healthcare needs should be disposed of as agreed in the learners Individual Healthcare Plan.

8 Record Keeping

Where it is identified that intimate care will be required for a learner, an agreement between parents /carers and the school will be completed. This agreement will detail what care is to be provided and by whom. There should be more than one named person (Appendix 1). It

is vital that this is prepared prior to admission, and where possible opportunities are made for the pupil and family to meet the staff who will be providing intimate care.

Whole school and classroom management considerations should be taken into account, for example:

- The importance of working towards independence
- Arrangements for home/school transport, sports days, school visits, swimming etc.
- Substitutes in case of staff absence
- Strategies for dealing with bullying/harassment (if the child has an odour for example)
- Seating arrangements in class (ease of exit)
- A system to leave class with minimum disruption
- Avoiding missing the same lesson for medical routines
- Awareness of discomfort that may disrupt learning
- Implications for PE (changing, discreet clothing etc.)

For each use of intimate care, staff will record using the Personal Care Intervention Log (Appendix 2).

Where there are particular difficulties which might indicate a need for the intimate care to be delivered by two members of staff; a risk assessment must be completed and retained on the learner's record e.g. manual handling, safeguarding issues.

9 Complaints Procedure

If the learner or parent is not satisfied with Madras school's health care arrangements they are entitled to make a complaint. Please refer to the Complaints Procedure / Policy for further information.

10 Insurance

School staff are covered by Wrexham County Borough Council Public Liability Insurance to provide Intimate Care for learners.

11 Monitoring

Intimate Care Agreements must be reviewed on a regular basis according to the developing needs of the child. This should take place at least on a termly basis with all relevant parties to consider future arrangements.

This policy will be reviewed annually alongside the Healthcare Needs Policy by the head teacher, staff and governors, or if any amendments occur in legislation, or in consideration of changes in working practices.

12 References

Welsh Government: Statutory Guidance: Supporting Learners with Healthcare Needs. Guidance. Welsh Government 215/2017.

<http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en>

Public Health Wales: All Wales Guidance Infection Prevention and Control for Childcare Settings (0-5 years) Nurseries Child Minders and Playgroups (2014)

<http://www.wales.nhs.uk/sitesplus/documents/888/Infection%20Prevention%20and%20Control%20for%20Childcare%20Settings%20Final%202014%20%282%29.output.pdf>

Public Health Wales: All Wales Infection Prevention and Control Guidance for Education Settings (2017)

http://www.wales.nhs.uk/sitesplus/documents/888/All%20Wales%20Infection%20Prevention%20and%20Control%20Guidance%20for%20Educational%20Settings_FINALMay%202017x.pdf

School toilets: Good practice guidance for schools in Wales. Guidance document No: 053/2011 Date of issue: January 2012

<https://gov.wales/topics/educationandskills/publications/guidance/schooltoilets/?lang=en>

Flintshire County Borough Council Intimate Care Policy

Ceredigion County Borough Council: Intimate Care Guidance for Schools and Resourced Centres - September 2016

13 Appendix

Appendix 1 Intimate Care Agreement and Consent Form

Appendix 2 Record of Intimate Care Provided

Appendix 3 Changing Procedure

Appendix 4 Personal Protective Equipment (PPE)

Appendix 5 Laundry

Appendix 6 Continence Pad Change Procedure

Appendix 1

Intimate Care Agreement & Consent Form

The purpose of the Agreement and Consent form is to ensure that parents/carers and professionals are in agreement with what care is to be given and that staff have received any appropriate training that may be relevant. Teaching of certain care procedures may need to be carried out by the professional experienced in that procedure. When the parent/carer and/or professionals are agreed that the procedure has been learned or where routine intimate care is to be provided, the details will be recorded fully below and all parties must sign this record and be provided a copy; an additional copy is to be retained on the learners file in school and a copy is to be provided for the child's medical record (if appropriate).

Child's Name	DOB	Date Agreed

Reasons why intimate care is to be provided: (e.g. lack of training / development delay / medical need)	
Who will provide this care: (staff names and roles)	
Details of care to be provided:	
Consent provided by:	
Parent/carer Name (please print)	
Parent/carer Signature	
Agreement signed by:	
Parent/carer signature	
School:	
Name of Staff Member	
Role	
Signature	
Date Agreement to be reviewed:	
Review Date	
Outcome of Review	

Appendix 2**Record of Intimate Care Provided**

Name	DOB	Date I.C. Agreed

Date	Time	Care Provided	Staff involved	Comments	Signature of staff	Print name

Changing Procedure

1. Equipment required

- Hand wash basin, hot and cold running water, liquid soap, disposable paper towels
- Waterproof change mat
- Disposable sheet (paper blue roll) for change mat / changing area
- Disposable apron and gloves (PPE)
- Child's own personal cream / nappies / pull ups / wipes
- Nappy bags for soiled nappies / pullups / Sealed plastic bags for soiled clothing
- Lidded foot operated waste bin
- Disposable cloths
- Detergent
- Disinfectant (1000 parts per million available chlorine) [Combined detergent and disinfectant acceptable in place of separate detergent and disinfectant]

2. Guidance

Assisting a learner to change his / her clothes:

On occasions an individual child may require some assistance with changing if, for example, he / she has an accident at the toilet, gets wet outside, or has vomit on his / her clothes etc. This is more common in Foundation Phase classes.

- A Risk Assessment should determine if one or two members of staff (or more) are required.
- Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given (e.g. to take off their socks, pull shirt over their head).
- Staff will always ensure that the child has the opportunity to change in private, unless the child is in such distress that it is not possible to do so.
- Parents will be informed if the child becomes distressed.

Changing a learner who has soiled him/herself:

- Staff will always wear PPE
- The staff will ensure the child is happy with who is changing him / her.
- The child will be given the opportunity to change his / her underwear in private and carry out this process themselves.
- Staff will not assist in the wiping or intimate procedures, only provide support, reassurance and resources to the child.
- There will have a supply of wipes, clean underwear and spare uniform at the school should the child not have their own change of clothes.
- Staff who have assisted a pupil with intimate care will complete Appendix 6.
- The staff will be responsive to any distress shown.

- Staff will seal any soiled clothing in a plastic bag and store in a sealed lidded container (tub) for collection by parents / carers.

Assisting a child who requires additional support due to medical or disability need

Learners with healthcare / disability needs may 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 their IHP and will only be carried out by staff who have been trained to do so. It is particularly important that staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

3. Procedure

1. Wash hands and put on disposable apron and gloves (PPE)
2. If a change mat is required, place a clean disposable sheet over the change mat (e.g. paper blue roll)
3. Remove the soiled nappy / pull up / clothing and clean the child with wet wipes or equivalent (preferred method to be clarified in the IHP or Intimate Care Agreement)
4. Place soiled nappy / pull up and used baby wipes into nappy bag / or place soiled clothing in sealed plastic bag and used wet wipes into separate nappy bag for disposal in agreed bin
5. Apply cream (if agreed in the IHP) – change gloves or use a clean spatula to dispense the cream
6. Place nappy sack containing soiled nappy or pullup in agreed bin **OR**
Place nappy sack containing soiled clothing in designated sealed lidded container / tub (you may need to label the clothing if there is more than one item)
7. Replace with clean nappy / pull up / clothing
8. Remove disposable sheet, place into agreed bin
9. **Clean** and **disinfect** change mat and any other areas that may have been touched during the change:
 - Clean - use warm water and detergent
 - Disinfect – use disinfectant solution of 1000 parts per million available chlorine (if using a combined detergent and disinfectant this additional stage is not required)
10. Thoroughly dry the change mat and surrounding area with disposable paper towels
11. Dispose of PPE and wash hands thoroughly

Adapted from:-Public Health Wales: Infection Prevention and Control for Childcare Settings (0-5 years) (2014)

Appendix 4

Personal Protective Equipment (PPE)

Health and Safety Legislation requires employers to ensure adequate provision of personal protective equipment (PPE) for staff. To provide clarity, the term PPE will be used to describe single-use, disposable gloves and disposable plastic aprons. PPE is required when carrying out tasks where contact with blood and/or other body fluids is anticipated. Contact can be through contaminated clothing, toys, equipment or surfaces.

Key Points

Single-use, disposable gloves and disposable plastic aprons should be worn for tasks where there is a risk of contact with blood or other body fluids. They should:

- Comply with the European Community Standards (CE marked), to ensure they are fit for purpose
- Not be used for more than one individual
- Changed if undertaking one or more task with the same person.

Before putting on and taking off PPE, hands must be thoroughly washed with liquid soap and hand-hot running water.

Level of contact with blood and body fluids	PPE required
No contact anticipated (for example, social contact)	None
Possible contact e.g. cleaning equipment	Household (marigolds) or disposable gloves and plastic disposable apron
Likely contact e.g. assisting toileting	disposable gloves and plastic disposable apron
Risk of splashing to face (for example, nose bleeds, cleaning up spillages of body fluids e.g. blood, vomit, urine)	disposable gloves and plastic disposable apron consider eye and facial protection i.e. goggles /face mask
Cleaning up blood and bodily fluid spillages	disposable gloves and disposable plastic aprons Blood present: disposable gloves

Adapted from:-Public Health Wales: All Wales Infection Prevention and Control Guidance for Education Settings (2017)

Appendix 5

Laundry

Soiled clothing can potentially be sources of cross-infection. Appropriate handling of soiled clothing is an extremely important infection prevention and control measure. In the majority of education settings, laundry services will not be available and foul/ soiled linen should be handled appropriately:

- PPE (disposable gloves and disposable plastic aprons) should be worn at all times
- Hands should always be washed after handling foul/ soiled clothing
- Foul/ soiled clothing should not be soaked, rinsed or sluiced by hand as the operator is at risk of inhaling fine contaminated aerosol droplets.
- Any solid waste (vomit, faeces etc.) should be carefully disposed of into the toilet, and the linen placed in a sealed water proof bag, and stored in a designated area (lidded container) to prevent cross infection, ready for collection.
- Ensure that learners and parents are informed of practice of sending soiled clothing home in sealed plastic bags.
- Ensure soiled clothing is not stored in communal areas.

Adapted from: - **Public Health Wales: All Wales Infection Prevention and Control Guidance for Education Settings (2017)**

Appendix 6

Continence Pad Change Procedure

1. Equipment required

- Hand Wash basin hot and cold running water, liquid soap, disposable paper towels
- Waterproof change mat/changing area that is able to be decontaminated
- Disposable sheets for change mat/changing area
- Disposable plastic apron and disposable gloves
- Individuals own personal creams/pads/wipes
- Bags for soiled pads lidded
- Foot operated, lidded waste bin
- Disposable cloth
- Detergent
- Disinfectant (1000 parts per million available chlorine)
- Combined detergent and disinfectant acceptable in place of separate detergent and disinfectant

2. Procedure

1. Wash hands and put on disposable plastic apron and disposable gloves
2. Place a clean disposable sheet over the change mat / area
3. Remove the soiled continence pad and clean the skin
4. Place soiled pad and wipes into plastic bag
5. Apply cream if needed – change disposable gloves or use a clean spatula to dispense the cream
6. Place plastic bag into waste bin
7. Change pad
8. Remove disposable sheet, place into waste bin
9. **Clean** and **disinfect** change mat and any other areas that may have been touched during the procedure:
 - Clean - use hand hot water and detergent
 - Disinfect – use disinfectant solution of 1000 parts per million available chlorine (if using a combined detergent and disinfectant this additional stage is not required)
10. Thoroughly dry change mat and surrounding area/change area with disposable paper towels
11. Dispose of PPE and wash hands thoroughly
12. Clean and disinfect after each pad change even if there is no visible contamination.

Adapted from: - **Public Health Wales: All Wales Infection Prevention and Control Guidance for Education Settings (2017)**