



St Vincent's VC Academy  
**Intimate Care Procedures**  
**(including EYFS Nappy changing)**



**Date policy produced:** May 2021

**Produced by:** St Cuthbert's RC Academy Trust

**Date policy reviewed:** March 2024

Other related academy policies that support this Intimate Care procedure include:- Attendance, Child Protection, Compliers, Health & Safety, Medical Needs, Physical Intervention, Special Educational Needs & Disability, Staff Code of Conduct & Whistle Blowing.

Our Trust recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects their ability to carry out day-to-day activities must not be discriminated against, and that we will treat all pupils with respect and dignity when intimate care is given.

### **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 medical need. Examples include care associated with continence and menstrual management, as well as washing, toileting or dressing.

All our schools 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.

### **Principles of intimate care**

The following are the fundamental principles upon which the Policy and Guidelines are based:

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

### **Best Practice**

Pupils who require regular assistance with intimate care will have written Health Care Plans or Intimate Care Plans agreed by staff, parents/carers and any other professional involved in the care of the child, such as school nurse or physiotherapist. Ideally, the plan should be agreed at a meeting at which all key staff and pupil should also be present wherever possible/appropriate. Plans should be reviewed at least annually, or at any time of change of circumstances eg educational visit or residential trip.

Where a plan is not in place, parents/carers will be informed the same day of their child has needed help with meeting their intimate needs (has had an accident and wet/soiled themselves).

When assistance is required with intimate care, this should normally be undertaken by one member of staff, however, they should try to ensure that another appropriate adult is in the vicinity who is aware of the task to be undertaken and that, wherever possible, they are visible and/or audible. Intimate or personal care procedures should not involve more than one member of staff unless the pupil's health care plan specifies the reason for this. Any intimate care procedure should take place in the most appropriate area (toilet/medical room) in order to support the pupil's needs. Only employed staff (not supply or volunteers) will assist with intimate care and will have undergone all the safer recruitment checks, including an enhanced DBS. Staff must be willing to undertake intimate care, and the role be included in their job description. Access to child protection training, as well as in moving and handling, plus infection control will be provided where appropriate.

Wherever possible staff should provide verbal support and guidance in order for the child to manage their own intimate care. Only in exceptional circumstances should there be the need for any physical contact between the adult and child. If physical contact is necessary, the adult should explain to the child what needs to be done.

### **Health & Safety**

Sufficient PPE should always be to hand (disposable gloves; latex powder-free gloves; bedding roll; wipes for changing mat/plinth).

Infection Control is essential therefore, all surfaces must be wiped down after each procedure and hands washed thoroughly. All equipment will to be left in a safe and clean condition ready for the next use.

Safe disposal of any waste is paramount. All waste should be placed in double black bin liners or in a bag supplied by a disposal company. Soiled clothing should be securely bagged and returned to the parents/carers at the end of the school day.

Any equipment necessary for assisting with safe Intimate Care will be identified and resourced by the appropriate agency (e.g. School/Health Agencies). If required, staff will receive training and a comprehensive risk assessment will be undertaken.

Staff should not attempt to carry out any procedure for which they have not received training and/or advice. The school should ensure that sufficient staff have the necessary training to cover for staff absence.

It is expected that sufficient personal articles e.g. nappies/pads/ clean clothing is provided by the by the parents/carers. The school should inform the parents/carers in advance, if supplies are becoming low.

### **Recording**

Accurate records should be logged on CPOMS when a child requires assistance with intimate care; these can be brief but should, as a minimum include the date, time and any comments such as changes in the pupils behaviour. All recordings must also clearly identify who was present.

### **Safeguarding**

From a child protection perspective it is acknowledged that intimate care involves risks for both pupils and adults as it may involve staff touching private parts of a pupil's body. 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.

If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc they will immediately report concerns to the Designated Safeguarding Lead. A clear written record of the concern will be completed (and logged on CPOMS) and a referral made to Children's Services Social Care if appropriate, in accordance with the school's child protection procedures. 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.

If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the CEO if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's Child Protection policy. 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 Headteacher or to the CEO, in accordance with the child protection procedures and 'whistle-blowing' policy.

No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care. If the nature of the site requires being able to contact someone in an emergency, a walkie talkie or school mobile, without a camera function will be provided.

**All pupils personal care and privacy**

Every pupil is entitled to respect and privacy at all times and especially when in a state of undress, including, for example, when changing, toileting and showering. However, there needs to be an appropriate level of supervision in order to safeguard pupils, satisfy health and safety considerations and ensure that bullying or teasing does not occur. This supervision should be appropriate to the needs and age of the children concerned and sensitive to the potential for embarrassment.

**Monitoring and Review**

The SENCO will take responsibility for monitoring that agreed procedures are being followed and are meeting the needs of child. It is also their responsibility to ensure that all staff follow the policy. Any concerns that staff have about child protection issues will be, reported to the Designated Safeguarding Lead (DSL) and subsequently the Headteacher for further referral if appropriate.



### **EYFS Nappy Changing Procedures**

No child is excluded from participating in our EYFS provision who may, for any reason, not yet be toilet trained and who may still be wearing nappies, or equivalent. Our schools work with parents/carers towards toilet training, unless there are medical or other developmental reasons why this may not be appropriate at the time.

Our schools see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgemental concern of staff.

#### **Procedures**

- All staff are responsible where possible for changing nappies and toileting accidents in their designated class.
- Children's nappies/pull-ups/clothing are to be placed in a central base that is accessible to staff only.
- Necessary PPE should always be to hand (disposable gloves; latex powder-free gloves; bedding roll; anti-bacterial spray/wipes for cleaning mat/plinth after each use).
- All staff to ensure that nappy changing is relaxed and a time to promote independence in young children.
- All staff to be gentle when changing; they should avoid pulling faces or making negative comments about nappy content.
- Children and staff must wash their hands thoroughly in the designated area.
- Children are not to be left on the changing mat whilst staff dispose of equipment or obtain equipment.
- Older children accessing the toilet, when they have the need to, should be encouraged to be independent.
- Nappies/pull-ups should be disposed of hygienically. Any soiled clothing should be securely bagged and returned to the parents/carers at the end of the school day.
- No child should knowingly be left in wet or soiled nappies/pull-up/clothing whilst in the provision, as this may constitute neglect.
- If staff have any safeguarding concerns, these should be reported to the DSL and recorded on CPOMS as soon as practically possible.
- Parent/carers should be informed at the end of the day/session if their child has had to be changed.
- A brief record of any intimate care procedure should be recorded, and include the name/s of the member/s of staff who carried it out.

Please note that Health Care Plans are not necessary for children requiring support with toilet training, unless there is an underlying medical condition or SEND need.