



Intimate Care/ Continence Policy

Date	Amendment	Approval
24.5.17	Complete revision	SIC
Feb 2022	Policy Review	HT / FGB

Rationale

An intimate care policy is required for several purposes of providing intimate care. In nursery and very young children this may be in relation to nappy changing. However for older children this may be around medical conditions, issues regarding soiling or urinating and the menstrual cycle of girls. In the development of the policy the following needs to be considered.

Definition of Intimate Care

Intimate care may be defined as any activity required to meet the personal care needs of each individual child. Parents must advise the school or setting of the intimate care needs of their child, and staff have a responsibility to work in partnership with children and parents.

Intimate care can include:

- Feeding
- Washing
- Dressing/undressing
- Toileting
- Menstrual Care
- Treatments such as enemas, suppositories, enteral feeds
- Catheter and stoma care
- Supervision of a child involved in intimate self-care

Providing Intimate care

In providing intimate care, the safety, wellbeing and rights of the child must be considered. This includes:

- Their right to be safe and have privacy.
- Their right to be treated with dignity and respect.
- Their right to express their views and contribute to their own self-care.

Key workers

In most circumstances for younger children, they will have designated, deployed staff who should be responsible for the majority of the care (including intimate care). However all staff should be appropriately trained to be able to conduct this aspect of their role. Children may be given some choice of preference in the assigning of the role where it is appropriate to do so.

All staff

All staff working with children will have the appropriate level of enhanced DBS check and will have gone through safer recruitment procedures to ensure their suitability to work with children. Clear processes and guidance in intimate care should be highlighted specifically to staff upon their Induction into the school/setting. New staff should be given the opportunity to discuss any queries or uncertainties they may have in relation to the policy.

Any staff member should be prepared to deal with intimate care circumstances at any point in their job role. They should know and understand the process and policy before undertaking the activity.

Dinner supervisors, supply staff, students, work experience, volunteers and visitors should not be responsible for the intimate care of children in the setting.

Medical conditions

Any child with a medical condition should have a care plan in school, outlining the condition, the need for support and intervention and the process for undertaking the intimate care. This may require additional training for staff. The parents and the child must be part of this process and plan and every one should be in agreement with how the intimate care will be provided. Medical conditions just as any other reason for intimate care must not be allowed to

disguise any risk. For example any cause for concern when providing intimate care must be reported and recorded and not automatically attributed to the medical condition.

Soiling/Urinating incidents

Any child who may have a soiling/urinating incident should be supported consistently and not made to feel embarrassed or ashamed for the incident. Where possible they should be involved in as much responsibility for providing their own self care and supported by a member of staff. Children should be supported with spare changes of clothing or advised to bring them to school with them in the event where there is regularity of incidents.

Regular incidents of this nature from the same child, should be monitored, recorded and reviewed for a medical condition or a safeguarding concern.

Menstrual cycles

Any child who may have an incident during their menstrual cycle should be supported consistently and not made to feel embarrassed or ashamed for the incident. Again where possible they should be involved in as much responsibility for providing their own self-care and supported by a member of staff. Children should be signposted to where spare menstrual products are available or can be purchased and also advised to bring additional changes of clothing with them in the event of a reoccurrence.

Staff should be vigilant of children particularly in regards to incidents of Female Genital Mutilation which may be masked through menstrual cycle as well as any suspicion of concern of a child bleeding from their genitals which may not be a menstrual cycle. All staff must report concerns directly to the Designated Safeguarding leads.

General Information

Changing areas should be clear and visible to other staff members. It is usual for one person to undertake intimate care for the rights and privacy of the child, however where necessary or where risk is involved this may need to be two members of staff.

Any changes to the policy or processes involved in nappy changing or intimate care should be made to meet the needs of the individual child or the whole staff and not for the benefit for one individual member of staff.

There need to be sound processes of recording and documenting the intimate care of children in all settings by all staff.

There need to be clear processes for whistleblowing and there should be an open culture of challenge within the setting where appropriate so that staff feel confident to alert/inform senior members of staff to any concerns raised.

Parents should be aware of the setting's intimate care policy and have a copy of the child's care plan. Parents should be clear about who works with their child and the processes of intimate care for that setting.

Best Practice

Delivering intimate care of a high quality that maintains a child's dignity requires careful planning that reflects each child's individual needs. Whilst this policy covers our general procedures, specific care will always be planned and agreed with parents and carers. This will usually be in the form of a Health Care Plan.

All staff have received safeguarding training and, where required, training in lifting and handling. In the event that a child has specific care needs, staff will be appropriately trained.

Efforts should be made to ensure that the child is comfortable and relaxed by discussing the procedure with them in a friendly and reassuring way throughout the process.

Suitable equipment and facilities will be provided to assist with children who need special arrangements following assessment from physiotherapist/occupational therapist.

The child will be supported to achieve the highest level of autonomy that is possible given their ages and abilities. Staff will encourage each child to do as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the individual.

Each child's right to privacy will be respected. 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/changed. Where possible a child will be catered for by one adult unless there is sound reason for having more than one adult present. If this is the case, the reasons should be clearly documented.

Early Years Foundation Stage (EYFS)

Many children in the early years are not yet toilet trained when they join the setting. There is no expectation that this must happen prior to admission and staff will work closely with parents and carers to support the process of toilet training. Even children who are toilet trained may have the occasional accident when they are engrossed in their learning and play.

Children who are still wearing nappies or pull ups must have their own supplies, including wipes, in school. Parents are asked to sign a Continence Parental Agreement consent form prior to admission giving staff the permission to deal with all of a child's care needs.

If a parent does not give consent, the school will contact them in the event of a need. The child will be comforted and kept away from other children to preserve their dignity until their parent arrives. They will not be left alone and will remain fully clothed. If a parent is unable to attend school, verbal consent to change may be given. This must happen on each occasion that the child soils.

In the event that a parent or other emergency contact cannot be contacted, the head teacher should be consulted and a decision made whether to provide the care needed.

Pre school children are changed in the designated changing area.

Nursery Children are changed in their nursery changing area.

In Reception, children may be changed in the toilet area or if a changing mat is needed, the nursery toilet or pre-school area may be used

Beyond the Early Years

Some children may still require intimate care in Key Stage 1 and 2. This may be as a result of some form of disability or long term health problem. Consideration is given to the different needs of these children.

Where possible, care will be planned and negotiated with the child to ensure that their wishes are heard as part of a Health Care Plan.

Where possible, the child should be able to express a preference over which member of staff provides or assists with their care.

Where possible, the child should be able to lead the sequence of care to ensure that the pace and pattern is comfortable to them.

For older children in school, who are required to be changed, the pre-school area will predominantly be encouraged as preferred area for changing in order to ensure highest levels of hygiene, privacy and dignity for the child.

Hygiene

Hygiene procedures are important in protecting children and staff from the spread of infection and the necessary equipment will be provided to ensure that this happens.

All staff are aware of the procedures for avoiding infection and must follow basic hygiene procedures.

Protective gloves should be worn at all times and disposed of in the appropriate bin after use.

Changing mats and tables will be cleaned thoroughly between each use with the appropriate cleaning materials.

Any spillages or leakages should be cleaned immediately using the appropriate cleaning materials.

Where possible soils and spills should be disposed of down the toilet.

Nappies and pull ups should be bagged and disposed of in the appropriate bin.
Soiled clothing should be bagged, unwashed, and sent home with the child.
Any damaged or torn equipment such as changing mats should be immediately discarded.

Safeguarding

Safeguarding children has the highest priority in our school and it is the responsibility of all staff to ensure that our practice reflects this.

- The school's Safeguarding Policy and Procedures will be adhered to at all times.
- All children will be taught personal safety skills carefully matched to their age and level of understanding.
- Staff carrying out intimate care procedures should inform another member of staff when taking a child out of a classroom for this purpose.
- Children should not be left alone or unattended during toileting or changing procedures. Care should be taken if using a changing table.
- If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises or soreness, they should report these concerns to a member of the school safeguarding team.
- All concerns should be recorded on our internal monitoring system.
- If a child becomes distressed whilst care is being given, it should be stopped and advice sought from a senior member of staff. Attempts will be made to calm and reassure the child and continue the care.
- If a child becomes distressed while being cared for by a particular member of staff, this will be investigated by a senior member of staff and an alternative staff member provided.
- The normal procedure of providing intimate care should not raise safeguarding concerns and there is no requirement to have two members of staff present. The exceptions to this are when a specific medical condition exists that requires a complex procedure and where there is a known risk of false allegation by a child.
- If a child makes an allegation against a member of staff, the necessary procedures will be followed in line with the school's Safeguarding Policy.
- We have an equal opportunities policy and safeguards in place for all staff to follow. A male employee must be treated equally and should carry out the same tasks as any other employee in that role - this includes changing nappies or taking children to the toilet.

Intimate care away from school premises

Visits and activities outside of the school building are a normal and exciting part of our curriculum and children requiring some form of intimate care should have the same access to these opportunities as other children.

All activities must be carefully planned to ensure that the same high standards of care are provided outside of school as inside of school.

Consideration should be given to intimate care needs as part of the risk assessment process for educational visits and activities out of school and in line with their Health Care Plan.

Staff should ensure that any location has the necessary facilities before planning any visit.

Home-setting/school agreement

Definition of responsibilities that each partner has, and the expectations each has for the other. These include:

Parent/carer:

- Agreeing to ensure that their child is changed at the latest possible time before being brought to the setting/school
- Providing the setting/school with spare nappies and a change of clothing
- Understanding and agreeing the procedures that will be followed when their child is changed at school
- Agreeing to inform the setting/school should their child have any marks/rash
- Agreeing to a 'minimum change' policy i.e. the setting/school would not undertake to change the child more frequently than if s/he were at home.
- Agreeing to review arrangements should this be necessary

School:

- Agreeing to change the child during a single session should the child soil themselves or become uncomfortably wet
- Agreeing how often the child would be changed should the child be staying for the full day
- Agreeing to monitor the number of times the child is changed in order to identify progress made
- Agreeing to follow appropriate procedures should the child be distressed or if marks/rashes are seen- follow Safeguarding Policy
- Agreeing to review arrangements should this be necessary

Continence Policy Parental Agreement

Child's Name: _____

As a Parent/carer I:

- Agree to ensure that my child is changed at the latest possible time before being brought to school
- Will providing school with spare nappies and a change of clothing
- Understand and agree the procedures that will be followed when my child is changed at school
- Agree to inform school should my child have any marks/rash
- Agree to a 'minimum change' policy i.e. the setting/school would not undertake to change the child more frequently than if s/he were at home

School will:

- Change your child during a single session should the they soil themselves or become uncomfortably wet
- Agree with parent/carer how often their child will be changed should the child be staying for the full day
- Monitor the number of times your child is changed in order to identify progress made
- Follow the appropriate procedures for safeguarding

I am fully aware of the School's Continence Policy and procedures and my right to choose whether to allow the setting staff to change my child using the agreed policy or to be contacted by the school to change my own child whenever required.

Please tick all that apply;

☐

I give permission for my child's personal care needs to be undertaken by a member of staff.

☐

I wish to be contacted by the school whenever my child needs changing and will collect my child.

☐

I understand it is my responsibility to provide the setting with my child's own bag containing nappies/pull ups, spare pants/clothes. I will take responsibility to supply these daily.

Parent/carer's name: _____

Signed _____

Date: _____