Woodford Church of England Primary School

INTIMATE CARE & TOILETING POLICY

Date policy written: February 2019

Date approved by the full Governing body: May 2021

Next review date: May 2023

1. Introduction

Woodford Church of England Primary School is committed to safeguarding and promoting the welfare of children and young people. We are committed to ensuring that all staff responsible for intimate care of children will undertake their duties in a professional manner at all times. The Intimate Care Policy and Guidelines regarding children have been developed to safeguard children and staff. They apply to everyone involved in the intimate care of children.

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up after a child has soiled him/herself), that most children can carry out for themselves, but with which some are unable to do due to age, physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.

2. Aims and Objectives

This policy aims:

- To provide guidance and reassurance to staff and parent/s.
- To safeguard the dignity, rights and well being of children
- To assure parents that staff are knowledgeable about intimate care and that their individual needs and concerns are taken into account

3. Early Years Foundation Stage

Curriculum guidance for the Foundation Stage is clear that the role of the adult involves supporting the child's whole development, particularly their Personal, Social and Emotional development including supporting the transition between settings. One of

the Early Learning Goals for children to achieve by the end of the Foundation Stage is to "manage their own basic hygiene and personal needs successfully, including dressing and undressing and going to the toilet independently".

Nappy changing procedure

Intimate care procedures will be carried out by one of the EYFS staff members. A child will never be supported in intimate care routines by an adult who is not familiar to them. The member of staff changing the child will inform another member of staff that they are going to do this.

- A child will always be consulted before an intimate care routine takes place. This gives the child time to process what is going to happen next.
- Staff will use the cloakroom for changing. It is enclosed enough to respect the children's privacy, yet not beyond sight of other staff. Mobile children can be changed standing up. The child's preference/needs will be considered, together with any assessed risks involved.
- Staff will wash their hands and wear fresh aprons and disposable gloves while changing a child.
- Soiled nappies, wipes and gloves will be securely wrapped and disposed of appropriately in the designated covered bin with a disposable liner. The bin will be emptied at least once a day and the liner replaced.
- The changing area will be cleaned with a detergent spray or soap and water.
- Hot water and soap is available for staff to wash hands as soon as changing is finished

4. Intimate Care in Key Stage 1 and Key Stage 2

Key Stage 1 - We will inform all parents of Reception children prior to them starting school of the current toileting policy highlighting that we will change children for odd 'accidents' but not routinely as part of day to day personal care. This will be applicable for the time a child is in Key Stage One (unless a parent informs us differently.)

Key Stage 2 – Any child that soils or wets will not be changed by any member of staff. However, we will provide a private, safe space (KS2 toilets) where the child may change on their own, with some guidance from an adult if needed or requested. We will supply clean clothes (to the best of our ability out of the 'spares box') and a carrier bag.

5. Parental responsibility

Partnership with parents is an important principle in any educational setting and is particularly necessary in relation to children needing intimate care. Much of the information required to make the process of intimate care as comfortable as possible is available from parents. Parents should be encouraged and empowered to work with

staff to ensure their child's needs are identified, understood and met. This will include involvement with Individual Education Plans (I.E.Ps), Health Care plans, Pupil Profiles and any other plans which identify the support of intimate care where appropriate. Exchanging information with parents is essential through personal contact, telephone or correspondence.

6. Staff responsibilities

Anyone caring for children, including teachers and other school staff, has a duty to care and act like any reasonably prudent parents. Intimate care routines should always take place in an area which protects the child's privacy and dignity. Children's intimate care routines should always be carried out by an assigned member of staff. Appropriate support and training should be provided when necessary.

The following steps will be taken to ensure health and safety of both staff and children:

- 1. Inform another member of staff
- 2. Escort the child to a changing area i.e. designated toilet areas
- 3. Collect equipment and clothes
- 4. Adult to wear gloves
- 6. Child to undress as appropriate and clean themselves as much as possible under the verbal guidance of an adult, or with hands on support for younger children if needed.
- 7. Soiled clothes to be placed inside carrier bags (double wrapped) and to be given to parents at the end of the day. Plastic aprons and gloves should be disposed of in the designated bin.
- 8. Children are expected to dress themselves in clean clothing, wash their hands and return to class
- 9. Adult should wash their hands thoroughly after the procedure.
- 10. Area to be cleaned and disinfected by adult before returning to class.

Parents/Carers are to be informed as soon as possible either verbally (for children in Early Years or Key Stage 1).

8. Special educational needs

The school recognises that some children with SEN and other children's home circumstances may result in children arriving at school with under developed toilet

training skills. If a child is not toilet trained because of a disability his/her rights to inclusion are additionally supported by the SEN & Disability Act 2001 & Part 1V of the disability Discrimination Act 1995.

If a child's toileting needs are substantially different than those expected of a child his age, then the child's needs may be managed through involvement of health professionals. A toileting programme would be agreed with parents as advised by a health professional. Intimate care arrangements will be discussed with parents/carers on a regular basis and, if required, recorded on the toileting plan. If there is no progress over a long period of time, e.g. half a term, the SEN Co-ordinator, teaching staff and parents would seek further support, e.g. G.P's referral of child for specialist assessment.

Where specialist equipment and facilities above that are not 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.

9. Child Protection

Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. If a toilet management plan has been agreed and signed by parents, children and staff involved, it is acceptable for only one member of staff to assist unless there is an implication for safe moving and handling of the child. The needs and wishes of children and parents will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation.

If a member of staff has any concerns about physical changes in a child's presentation (unexplained marks, bruises or soreness for example) the recognised child protection procedures should be followed. If a member of staff notices any changes to a child either physically or emotionally following an episode of intimate care, the matter will be investigated at an appropriate level and outcomes recorded. Parents/carers will be contacted at the earliest opportunity. Local Child Protection procedures will be adhered to at all times.