



Intimate Care Policy

Key Contact Personnel in School

Nominated Member of Leadership Staff Responsible for the policy: Helen Daniels

Designated Safeguarding Lead(s): Helen Daniels and Sara O'Mahony

Named Governor with lead responsibility: Gaynor Sprules

Date written: April 2020

Date agreed and ratified by Governing Body: November 2020

Date of last review: April 2025

This policy will be reviewed at least every three years, and following any concerns and/or updates to national and local guidance or procedures

All children at Cookham Rise Primary School have the right to be safe and be treated with dignity, respect and privacy.

This policy sets out clear principles and guidelines on supporting intimate care with specific reference to toileting. It should be considered in line with our Safeguarding Policy, Health and Safety Policies and Administering of Medicines policy.

This policy supports the safeguarding and welfare requirements of Early Years Foundation Stage (EYFS) 2012 and the Disability Discrimination Act 2005. We will ensure that:

- No child's physical, mental or sensory impairment will have an adverse effect on their ability to take part in day to day activities.
- No child with a named condition that affects personal development will be discriminated against
- No child who is delayed in achieving continence will be refused admission
- Adjustments will be made for any child who has delayed incontinence

Intimate Care Tasks – cover any tasks that involve the dressing and undressing, washing including intimate parts, helping someone use the toilet, changing nappies or carrying out a procedure that requires direct or indirect contact to an intimate personal area.

Staff will always endeavour to give children as much privacy as possible. Most toilet related accidents are cared for within Elm toilets but at times the KS1 medical room may be used. At some times, due to staff ratios, children may be undressed and dressed discreetly within the classroom environment.

Partnership with Parents/Carers – Staff work in partnership with parents/carers to provide care appropriate to the needs of the individual child and together will produce a care plan which will:

- State what care is required
- State the number of staff needed to carry out the task (if more than one person is required, reason will be documented)
- State any additional equipment required
- Show child's preferred means of communication (e.g. visual, verbal) and agree terminology for parts of the body and bodily functions
- Take note of child's level of ability i.e. what tasks they are able to do by themselves
- acknowledge and respect any cultural or religious sensitivities related to aspects of intimate care
- Be regularly monitored and reviewed in accordance with the child's development

Parents/Carers are asked to supply the following, as appropriate:

- Spare nappies
- Wipes, creams, nappy sacks etc
- Spare Clothes
- Spare underwear

Best Practice – When intimate care is given, the member of staff explains fully each task that is carried out, and the reason for it. Staff encourage children to do as much for themselves as they can, lots of praise and encouragement will be given to the child when they achieve.

Safeguarding – All staff working in the setting have a DBS check.

If a member of staff is concerned about any physical or emotional changes, such as marks, bruises, soreness, distress etc they will inform the Designated Safeguarding Lead (DSL) immediately. The Safeguarding Policy will then be implemented.

If a child makes an allegation against a member of staff, the procedure set out in the Safeguarding Policy will be followed.

Dealing with body fluids – Urine, faeces, blood and vomit will be cleaned up immediately and disposed of safely by using the bins in the medical room. When dealing with with body fluids, staff wear protective clothing (disposal plastic gloves and aprons) and wash themselves thoroughly afterward. Soiled children's clothing will be bagged to go home. Children will be kept away from the affected area until the incident has been completely dealt with.

All staff maintain high standards of personal hygiene and will take all practicable steps to prevent and control the spread of infection.

Special Needs

Children with special needs have the same rights to safety and privacy when receiving intimate care. Additional vulnerabilities that may arise from a physical disability or learning difficulty must be considered with regard to individual teaching and care plans for each child. Regardless of age and ability, the views and/or emotional responses of children with special needs should be actively sought (with advocacy arrangements made for those who can't) in regular reviews of these arrangements.

Guidance to Safeguard Children and Education Staff with Regard to Situations which may lend themselves to Allegations of Abuse

Physical Contact

All staff engaged in the care and education of children need to exercise caution in the use of physical contact.

The expectation is that staff will work in "limited touch" cultures and that when physical contact is made with children this will be in response to the child's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background.

Staff should be aware that even well-intentioned physical contact might be misconstrued differently by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny.

Physical contact which is repeated with an individual child is likely to raise questions unless the justification for this is formally agreed by the child, the organisation and those with parental responsibility.

Children with special needs may require more physical contact to assist their everyday learning. The general culture of "limited touch" will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny. Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported.

Extra caution may be required where a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and leave staff vulnerable to allegations of abuse. Additionally, children may be needy and seek out inappropriate physical contact. In such

circumstances staff should deter the child without causing them a negative experience. Ensuring that a witness is present will help to protect staff from such allegations.

Children in Distress

There may be occasions when a distressed child needs comfort and reassurance, which may include physical touch such as a caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and not subject to misinterpretation.

Judgement will need to take account of the circumstances of a child's distress, their age, the extent and cause of the distress. Unless the child needs an immediate response, staff should consider whether they are the most appropriate person to respond. It may be more suitable to involve the child's parent or carer.

Particular care must be taken in instances which involve the same child over a period of time. Where a member of staff has a particular concern about the need to provide this type of care and reassurance they should seek further advice, from their Designated Safeguarding Lead(s).

Related Policies

This policy should be read in conjunction with the following policies:

- Safeguarding Policy
- Whistleblowing Policy
- Behaviour Policy

Approved by: Governing Body

Date: April 2025

Review Date: April 2025