

EYFS Intimate Care Policy



Scientia Academy
September 2021

LGB – to review September
2021

Review date Annually or as
required

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Statement of Intent

Scientia Academy:

At Scientia Academy, we recognise that all children have different rates of development and differing needs during their time at school and some children may remain dependent on long-term support for person care, while others progress slowly towards independence.

- Understands the importance of its responsibility to safeguard and promote the welfare of children.
- Pupils may require assistance with intimate care as a result of their age or due to having SEND.
- In all instances, effective safeguarding procedures are of paramount importance.

This policy has been developed to ensure that all staff responsible for providing intimate care undertake their duties in a professional manner at all times and treat children with sensitivity and respect.

The school is committed to providing intimate care for children in ways that:

- Maintain their dignity.
- Are sensitive to their needs and preferences.
- Maximise their safety and comfort.
- Protect them against intrusion and abuse.
- Respect the child's right to give or withdraw their consent.
- Encourage the child to care for themselves as much as they can.
- Protect the rights of all others involved.

Signed by:

_____ Headteacher

Date: _____

_____ Chair of Governors

Date: _____

Review date: _____

1. Legal Framework

- 1.1. This policy has due regard to the relevant legislation, including, but not limited to, the following:
 - Equality Act 2010
 - Safeguarding Vulnerable Groups Act 2006
 - Childcare Act 2006
 - Education Act 2002
 - Education Act 2011
 - The Control of Substances Hazardous to Health Regulations 2002 (as amended in 2004)
- 1.2. This policy has due regard to the relevant statutory guidance, including, but not limited to, the following:
 - DfE (2020) 'Keeping children safe in education'

2. What is Intimate Care?

- 2.1. For the purpose of this policy, “**intimate care**” is the hands-on, physical care in personal hygiene, as well as physical presence or observation during such activities.
- 2.2. Intimate care includes the following:
 - Helping a child with eating and drinking for reasons of illness or disability
 - Washing other than to the arms and face, and to the legs below the knee
 - Application of medical treatment other than to the arms and face, and to the legs below the knee
 - Toileting, wiping and care in the genital and anal areas
 - Dressing and undressing
 - First aid and medical assistance
 - The supervision of a child involved in intimate self-care

Pupils' Needs

- The staff work hard to build effective relationships with the parents and carers of the children at Scientia Academy.

- Any needs that a child may have will be dealt with sensitively and appropriately, working with parents/carers to ensure that each child can access the curriculum.
- Any child who has personal care or continence needs will be attended to in a designated area within school which allows the child privacy but ensures staff assisting them are not isolated and within view and/or earshot of other staff (see risk assessment for details).
- Parents will be contacted in extreme cases where soiling is severe and/or linked to illness e.g. sickness and diarrhoea, or when a child refuses to let a member of staff help change their clothing and cannot manage this themselves.
- Risk assessments are in place for staff to support all children with toileting and changing as required; this can be common requirement in the early years. Irregular accidents will be dealt with using the standard toileting and intimate care risk assessment and parents will be informed on collection by a staff member.
- Children with complex, long term or regular intimate care needs will have a health care plan/care plan in place.

3. Roles and Responsibilities

3.1. The Headteacher is responsible for:

- Ensuring that intimate care is conducted professionally and sensitively.
- Communicating with parents in order to establish effective partnerships when providing intimate care to children.
- Handling any complaints about the provision of intimate care in line with the school's Complaints Procedures Policy.

3.2. All members of staff who provide intimate care are responsible for:

- Undertaking intimate care practice respectfully, sensitively and in line with the guidelines outlined in this policy.

3.3. Parents are responsible for:

- Liaising with the school to communicate their wishes regarding their child's intimate care.
- Providing their consent to the school's provision of their child's intimate care.
- Adhering to their duties and contributions to their child's intimate care plan, as outlined in this policy.

3.4 School Admin Officer is responsible for:

- Ensuring that the intimate care of all children is carefully planned, including the creation of individual plans following discussions with the parent and the child, with input from the SENCO.
- Ensuring any changes needed to be made to the intimate care plan is done in a timely manner, sharing all changes with those that are needed.
- Liaise with the EYFS lead to see if plans can be ceased due to the independence of toileting.

4. Procedures for Intimate Care

- 4.1. Staff who provide intimate care will conduct intimate care procedures; no child will be left in wet/soiled clothing or nappies.
- 4.2. Each child using nappies will have a clearly labelled bag allocated to them in which there will be clean nappies, wipes and any other individual changing equipment necessary.
- 4.3. Before changing a child's nappy, members of staff will put on a face mask / shield, disposable gloves and aprons, and the changing area will be cleaned appropriately using appropriate cleaning products.
- 4.4. The changing area for the children is private from the other children.
- 4.5. Hot water and liquid soap are available for staff to wash their hands before and after changing a nappy; the changing area will also be cleaned appropriately after use using appropriate cleaning products.
- 4.6. Always explain or seek the permission of the pupil before starting an intimate care procedure, according to the pupil's age and level of understanding.
- 4.7. Any soiled clothing will be placed in a tied plastic bag in the child's personal box and will be returned to parents at the end of the school day. Unless parents have given consent for these to be disposed of.
- 4.8. Any used nappies will be placed in a tied plastic bag and disposed of in the nappy bin which is in the shower room in the reception classroom.
- 4.9. Any bodily fluids that transfer onto the changing area will be cleaned appropriately.
- 4.10. If a pupil requires cream or other medicine, such as for a nappy rash, this will be provided if full parental consent (written) has been gained prior to this.
- 4.11. Older children and those who are more able will be encouraged to use the toilet facilities and will be reminded at regular intervals to go to the toilet.

- 4.12. Members of staff will use the Toilet Introduction Procedures (appendix 2) to get children used to using the toilet and encourage them to be as independent as possible.
- 4.13. Children will be reminded and encouraged to wash their hands after using the toilet, following the correct procedures for using soap and drying their hands.
- 4.14. All intimate care carried out will be recorded on an intimate care record (appendix 3)
- 4.15. If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness, etc, they must immediately report these to the DSL.
- 4.16. Children with SEND 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 when planning for meeting a child's needs.
- 4.17. Inform parents / carers at the end of each day of the number of times intimate care has been provided.
- 4.18. Contact a parent / carer only where soiling is severe and/or linked to illness e.g. sickness or diarrhoea, or when a child refuses to let a member of staff help change their clothing and cannot do it alone.
- 4.19. Where the child is able to act independently, one adult should stand outside the designated area whilst the child is cleaning or changing and then make sure the toilet area is left in an appropriate condition
- 4.20. Do not isolate yourself when assisting with intimate care. Always alert another member of staff to what you are doing and make sure there is 2 members of staff present.
- 4.21. Only employees of the school will support pupils with intimate care (not students or volunteers)

5. Parental Engagement

- 5.1. The school will liaise closely with parents to establish individual intimate care plans for each child which will set out the following:
 - What care is required and when
 - Number of staff needed to carry out the care
 - Any additional equipment needed
 - The child's preferred means of communication, e.g. visual/verbal, and the terminology to be used for parts of the body and bodily functions

- The child's level of ability, i.e. what procedures of intimate care the child can do themselves
 - Any adjustments necessary in respect to cultural or religious views
 - The procedure for monitoring and reviewing the intimate care plan
- 5.2. The information concerning the child's intimate care plan (appendix 1) will be stored confidentially in the school office and on medical tracker, and only the parents and the designated members of staff responsible for carrying out the child's intimate care will have access to the information.
- 5.3. The parents of the child are required to sign the Child's intimate care plan (appendix 1) to provide their agreement to the plan; no intimate care will be carried out without prior parental consent.
- 5.4. In respect of the above, if no parental consent has been given and the child does not have an intimate care plan, but the child requires intimate care, parents will be contacted by phone in order to gain consent.
- 5.5. Any changes that may need to be made to a child's intimate care plan will be discussed with the parents to gain consent and will then be recorded in the written intimate care plan.
- 5.6. Parents will be asked to supply the following items for their child's in a named bag:
- Spare nappies
 - Wipes, creams, nappy sacks, etc.
 - Spare clothing
 - Spare underwear

6. Safeguarding Procedures

- 6.1. The school adopts rigorous safeguarding procedures in accordance with the Safeguarding Policy and will apply these requirements to the intimate care procedures.
- 6.2. Intimate care is classified as regulated activity; therefore, the school will ensure that all adults providing intimate care have undergone an enhanced DBS check (which includes barred list information) enabling them to work with children.
- 6.3. All members of staff will receive safeguarding training on an annual basis, and receive child protection and safeguarding updates as required, but at least annually.

- 6.4. All members of staff are instructed to report any concerns about the safety and welfare of children with regards to intimate care, including any unusual marks, bruises or injuries, to the DSL in accordance with the school's Whistleblowing Policy.
- 6.5. Any concerns about the correct safeguarding of children will be dealt with in accordance with the Safeguarding Policy and the Allegations of Abuse Against Staff Policy.
- 6.6. If a pupil becomes unusually distressed or unhappy about being cared for by a particular member of staff, the whistleblowing policy must be used, and this will be reported to the Headteacher.
- 6.7. The matter will be investigated at an appropriate level and outcomes recorded. Parents / carers will be contacted as soon as possible. Staffing schedules will be altered until the issue is resolved
- 6.8. The child's needs will remain of utmost importance

7. Intimate Care Plans (appendix 1)

- 7.1. This is a written document that explains what will be done, when and by whom.
- 7.2. It will be written with input for the pupil (where possible), parents / carers, school staff and other professionals. Ideally, this will take the form of a meeting.
- 7.3. The plan will include:
 - Where changing will take place
 - What resources and equipment will be used (i.e. cleansing agents used, or cream to be applied) and clarification of who is responsible (parent or school) for the provision of the resources and equipment. Apparatus will be provided to assist with children who need special arrangements following assessment a physiotherapist or occupational therapist as required
 - How the product, if used, will be disposed of, or how wet or soiled clothes will be kept until they can be returned to the parent / carer
 - What infection control measures are in place
 - Training requirements for staff
 - Arrangements for school trips and outings
 - If needed, we will agree appropriate terminology for private parts of the body and functions and note this in the plan

- The religious views, beliefs and cultural values of pupils and their families will be considered.

7.4 The child's right to privacy and modesty will be respected.

7.5 The meeting will consider carefully who will support the pupil with intimate care.

Medical Care Plans

Pupils who have complex or long-term conditions might need help with medical procedures such as the administration of rectal medication, managing catheters or colostomy bags.

These procedures will be discussed with parents/carers, the school nursing team and documented in the pupil's individual healthcare plan.

They will only be carried out by staff who have been trained to do so.

Staff will follow infection control guidelines and ensure that any medical items are disposed of correctly.

8. Monitoring and Review

- 8.1. This policy will be reviewed annually by the headteacher, who will make any changes necessary and communicate these to all members of staff.
- 8.2. The next scheduled review date is September 2022.
- 8.3. All members of staff are required to familiarise themselves with this policy as part of their induction programme.

Intimate Care Plan – Appendix 1

This form is to be completed by the School Admin Officer, EYFS lead and signed by parents along with the headteacher.

Child's Name:		Photo
Group/class/form:		
Date of birth:		
Child's address:		
Medical diagnosis/condition:		
Date:		
Review date (Year 1):		
Review date (Year 2):		

Parent / Carer Contact details	
Parent / carer 1:	
Phone No. (Work):	
Phone No. (Home):	
Mobile No :	
Relationship to child:	
Parent / carer 2:	
Phone No. (Work):	
Phone No. (Home):	
Mobile No :	
Relationship to child:	

Clinic/Hospital Contact	
Name:	
Phone No:	

G.P.	
Name:	
Phone No:	

Who is responsible for providing support in school	
Name of staff members to provide Intimate Care	
Name of staff members (in the above staff member's absence)	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

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Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

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What do parents need to provide?

--

Daily care requirements, including frequency, where will the intimate care be carried out?

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What infection control procedures are in place? What disposal procedures are in place?

What actions will be taken if any concerns arise?

What are the reporting procedures for parents?

Arrangements for school visits / trips etc.

Specific support for the pupil's educational, social and emotional needs

Describe what constitutes an emergency, and the action to take if this occurs? Who is responsible in an emergency?

--

Specific staff training needed / undertaken – who / what / when?

--

Any other information to be included

--

I have read the Early Years Intimate Care Policy provided by Scientia Academy and I agree to the intimate care plan outlined above:

Name	Date	Relationship / Position	Signature

Form Copied and Stored:

Whom given a copy	Date	Where Stored	Signature

Toilet Introduction Procedures – Appendix 2

As children develop bladder control, they will pass through the following three stages:

1. The child becomes aware of having wet and/or soiled pants
2. The child knows that urination/defecation is taking place and can alert a member of staff
3. The child realises that they need to urinate/defecate and alerts a member of staff in advance

During these stages, members of staff will assess the child over a period of two weeks to determine:

- If there is a pattern to when the child is soiled/wet.
- The indicators that the child displays when they need the toilet, e.g. facial expressions.

Staff will implement the following strategies to get children used to using the toilet and being independent:

- Familiarise the child with the toilet, washing their hands, flushing the toilet and referencing other children as good role-models for this practice
- Encourage the child to use the toilet when they are using their personal indicators to show that they may need the toilet
- Take the child to the toilet at a time when monitoring has indicated that this is when they would usually need the toilet
- Ensure that the child can reach the toilet and is comfortable doing so
- Stay with the child and talk to them to make them more relaxed about using the toilet
- Don't force the child to use the toilet if they don't want to, but still encourage them to do so using positive language and praise
- Deal with any accidents discreetly, sensitively and without any unnecessary attention
- Be patient with children when they are using the toilet, and use positive language and praise to encourage them

