Marshlands Primary School

Intimate Care Policy

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Written By: Mrs Stacey Tang
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1. Intimate and Invasive Care

1.1 Staff who work with young children realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.

1.2 Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence management as well as more ordinary tasks such as help with washing.

1.3 Staff that provide intimate care to pupils have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at Marshlands work in partnership with parents to provide continuity of care to pupils wherever possible.

1.4 Staff deliver a personal safety curriculum, as part of Personal, Social and Health Education, to all pupils as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

1.5 Marshlands is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. Marshlands recognises that there is a need to treat all pupils with respect when intimate care is given. No pupil should be attended to in a way that causes distress or pain.

2 Basic Components of Good Practice

2.1 All pupils who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.

2.2 As a basic principle pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each pupil to do as much for themselves as they can.

2.3 In most cases one pupil will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented.

3 The Protection of Children

3.1 Child Protection Procedures and multi-agency Child Protection procedures will be accessible to staff and adhered to.

3.2 Where appropriate, all students will be taught personal safety skills carefully matched to their level of development and understanding.

3.3 If a member of staff has any concerns about physical changes in a student's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate manager/ designated person for child protection. A clear record of the concern will be completed and referred to social services and/or the Police if necessary. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm.

3.4 If a pupil becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into, outcomes recorded, and the results of any investigation shared with the child and the parent / carers.

3.5 Parents will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the pupil's needs remain paramount. Further advice will be taken from outside agencies if necessary.

3.6 If a child makes an allegation against a member of staff, all necessary procedures will be followed and the Head teacher must be informed. If the allegation is about the Head teacher, then the Chair of Governors should be informed instead.

4 Practice Guidelines

Children have a right to be safe and to be treated with dignity and respect. Intimate care includes washing, and toileting and changing nappies.

4.1 Intimate care of children and young people with disabilities

4.1.1 Children with disabilities can be very vulnerable. They often need adult help with their personal care, including intimate care, long after non-disabled children of similar age have developed the skills to do such tasks for themselves.

4.1.2 Having to depend on someone else to do these things for you may feel embarrassing or humiliating. Anyone involved with a person's intimate care needs to be sensitive to the child's needs and also aware that some care tasks could be open to possible misinterpretation.

4.2 Definition of Intimate care

4.2.1 Intimate care may mean different things to different people but is usually used to describe any or all of the following activities:

- Washing any part of the body
- Dressing/undressing
- Changing nappy
- Assisting to use the toilet

4.3 Treat every child as an Individual

4.3.1 Don't make assumptions about how things are done with a child. Families all have their own way of doing things, their own names for body parts etc. cultural, ethnic and religious differences may affect what is or is not appropriate. Whilst staff are expected to use the correct terminology for body parts , it is something that should be discussed with parents and as much as possible to respect their wishes.

4.4 Involve the children as far as possible in their own Intimate care

4.4.1 Try to avoid doing things for a child that she/he can do alone and if the child is able to help, ensure that they are given the chance to do so.

4.4.2 Support the child in doing all they can for themselves.

4.4.3 If a child is fully dependant on you, talk with them about what you are doing and give them choices wherever possible.

4.5 Be responsive to a child's reactions and make sure that Intimate care is as consistent as possible

4.5.1 You will have had opportunities to talk with parents and learn from them how they undertake intimate care tasks. However, you should also, whenever possible, check things out by asking the child, e.g.:

- "Is it OK to do it this way?"
- "Can you wash there?"
- "How does Mummy do this?"
- "Does that feel comfortable?"

4.6 The following are some basic guidelines to help safeguard both staff and children.

- Be familiar with any special names the child uses for body parts. However, where possible, should use the correct terminology.
- Supply staffs are not permitted to carry out any personal care for the child, unless the supply staff member has worked sufficient hours in the building to have built up a relationship with the child.
- When changing a child's nappy or soiled clothing, the member of staff must always wear protective gloves. Parent must provide a change of clothes. If this has not happened then spare school clothes can be used and parents are requested to wash and return them.

5 Child Protection

5.1 We have no anticipation that the changing of a child either in nappies or otherwise should raise any issues of child protection as all staff have been DBS checked, therefore one staff member is legally sufficient. However, to safeguard staff and pupils, we will have 2 members of staff for basic intimate care. The exception to this may be nappy changing and should 2 staff not be avilable, we will endeavour to have areas which are open and any rooms with doors will, where possible, will remain open. The person attending to a child will always be a member of the school staff. Students on placement will not be involved in supporting children in this area of care. At all times staff will be encouraged to remain highly vigilant for any signs or symptom of improper practice, as they do for all activities within school.

6 Agreeing a procedure for personal care

6.1 Parents will be kept fully informed of the procedures the school will follow should their child need changing during school time. This information will be shared at entry meetings. A copy of the school policy is available on request. Guidelines for staff involved in the process as detailed below will be visibly displayed in the designated changing area. This will ensure they follow the correct procedure.

1. If at all possible children should be changed standing up.
2. The child's skin should be cleaned with wet wipes provided by parents.
3. Nappy creams/lotions should be labelled with the child's name and only if prescribed for that child - they must not be shared. A medical form will be completed by parents for any prescribed cream/lotion.
4. Any creams should be used sparingly as if applied too thickly they can reduce the absorbency of the nappy.
5. Disposable gloves and aprons should be worn when changing children. The nappy should be folded inward to cover faecal material and double-wrapped in a nappy bag. Soiled nappies should be disposed of into the nappy bin provided. The nappy bin should be lined with a disposable liner and emptied daily, replacing the used liner. These bins should be stored away from the reach of children.
6. Any soiled or damp clothing should be placed in a plastic carrier bag and stored for a temporary basis in the changing area and given to parents at the end of the session.
7. Once the child has been changed and removed from the changing area, the surface should be cleaned with a detergent spray, wiped with a paper towel and left to dry.
8. Gloves and aprons and any items used for cleaning the changing area will be disposed of in the swing bin in the change area and emptied daily.
9. Hands should be thoroughly washed afterwards

Should a child with particularly complex needs be admitted the school will work closely with the health care professionals involved in any forward planning activity

7 Transition

7.1 A successful transition to independence in this area of self-care is more likely to be achieved when we, as practitioners work closely with parents with a positive approach to supporting the child in this aspect of their development. We will not assume that the child has failed to achieve full continence because this has not been attempted in the home. However, where this is the case we will have a positive and structured approach developed, in partnership with parents and carers, to ensure a successful outcome for a child. If there is further concern that delayed continence may be linked with delays in other aspects of the child's development this will be sensitively discussed with parents and carers and a specifically planned programme be jointly developed and agreed.

7.2 There are other professionals who can help with advice and support. The Family Health Visitor or Children's Centre will have knowledge of who can be contacted to offer support and advice in this area. Health care professionals can also carry out a full health assessment in order to rule out any medical cause of continence problems.

8. Partnership Working

8.1 In order to achieve a clear understanding of the shared responsibilities of both parents and school this mutual agreement defines each other's expectations. This agreement should help to avoid misunderstandings that might otherwise arise and help parents feel confident that the school is taking a holistic view of the child's needs. Outlined below is the expectation that both the parent and school will adhere to in relation to children in nappies/pull ups.

The parent:
• Agrees to ensure that the child is changed at the latest possible time before being brought to school
• Provides the school with spare nappies/pull ups/underwear, wet wipes, a change of clothing and any prescribed creams
• Understands and agrees to the procedures that will be followed when their child is changed at school – including application of any prescribed cream
• Agrees to inform the school should the child have any marks/rash
• Agrees to a 'minimum change' policy i.e., the school will change the child during a single 3 hour should the child soil themselves or become uncomfortably wet.

The School:
• Agrees to change the child during a single 3 hour session should the child soil themselves or become uncomfortably wet.
• Agrees to monitor the number of times the child is changed in order to identify progress made.
• Agrees to discuss any marks or rashes seen

Appendix 1-Changing Procedure Promoting Personal Development - Continence

Achieving continence is one of the many developmental milestones usually reached within the context of learning before a child transfers to nursery. However, we acknowledge that there may be children with longer term continence issues for whom an individual health care plan may need to be put in place. In addition, there may be children joining us in school who are at various points of developing their independence in toileting who may well need short term support in this important area of self-care. No child with a medical need will be refused a place in school in relation to continence issues. Marshlands Primary School is committed wholeheartedly to working with children , parents and any support agencies deemed necessary to ensure appropriate provision is made for all children with needs in this specific area of personal development and in so doing fulfil a commitment to the promotion of our inclusive school ethos . We accept our responsibility to meet the needs of children with delayed personal development in the same way we aim to meet the needs of children with delayed language or any other kind of delayed development. We aim to make reasonable adjustments to meet the needs of each child.

Health and Safety

In the Foundation Stage Unit there is a designated changing area providing a suitable place for the changing of children who may be wearing pull ups, nappies or needing changing due to soiling/wetting in underwear. This area will have appropriate resources provided by school:

1. Disposable gloves and aprons
2. Changing bed /mat
3. Nappy sacks
4. Plastic bags for wet/soiled clothing
5. Antibacterial cleanser
6. Air Freshener
7. Separate bin for disposal of nappies/pull ups

If a child accidentally wets or soils him/herself they will be attended to in the designated areas referred to above.

Staff involved in this procedure will be expected to wear disposable gloves and an apron. Wet or soiled nappies will be double wrapped in a nappy bag and disposed of in the nappy change bin. Wet or soiled underwear/clothing will be returned to parents. Temporary storage of these will be in the designated changing area prior to the child being collected at the end of the session. The changing area will be cleaned after use with anti-bacterial cleaner and paper towels. Hot water and liquid soap will be available to wash hands as soon as the task is complete. Paper towels will be available for drying hands. Hand sanitizer at adult height will be available in a dispenser in both the Nursery change area and Nursery children's toilets.

For pupils outside the FSU stage, including those with medical conditions. The designated area for nappy changing is the school's wet room, with the same procedures as above being followed.

It is appreciated that changing a child may take up to ten minutes, maybe longer in certain circumstances. In the school context of the Early Years changing will be undertaken by either the EYFS teacher, an early years Nursery Nurse or foundation stage TA or a midday supervisor at lunchtime. In KS1 and above a TA will be involved. Within the context of the

nursery setting when operating at maximum ratios If, at any time, supervision of the children is deemed to be compromised in any way telephone or radio contact will be made to ensure that additional staff are deployed immediately to enable the personal needs of any child to be addressed as quickly as possible . This may mean that a school TA will provide emergency cover. Where a child has a longer term need the SENCO will ensure that plans are put in place to enable the children's individual needs to be met.

We appreciate that at times, some pupils may on occasion have accidents. In these instances, children will be offered baby wipes to try and clean themselves as best they can. When possible this is best placed in the correct age toilet area or wet room. Spare uniform or PE kit, alongside underwear will be offered for the remainder of the day. Wet clothes will be placed in a bag and sent home with the child. Parents will be informed at the time of the incident and if they chose to bring spare clothes and underwear, then they are able to do so but this is not an expectation.