



**The Dales School**  
*North Yorkshire*

# **Health & Safety**

# **Intimate Care Policy**

# **Appendix 5**

Person responsible: Ann Marie Ellis

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Review Date: May 2023

Signed by the Chair:

## 1. Introduction

This policy represents the agreed principles for intimate care throughout the school. The purpose of this policy is:

- To safeguard the rights and promote the best interests of the children
- To ensure children are treated with sensitivity and respect, and in such a way that their experience of intimate care is a positive one
- To safeguard adults required to operate in sensitive situations
- To raise awareness and provide a clear procedure for intimate care
- To inform parents/carers in how intimate care is administered
- To ensure parents/carers are consulted in the intimate of care of their children

## 2. Principles

It is essential that every child is treated as an individual and that care is given as gently and as sensitively as possible. As far as possible, the child should be allowed to exercise choice and should be encouraged to have a positive image of his/her own body. It is important for staff to bear in mind how they would feel in the child's position. Given the right approach, intimate care can provide opportunities to teach children about the value of their own bodies, to develop their safety skills and to enhance their self-esteem. Parents and staff should be aware that matters concerning intimate care will be dealt with confidentially and sensitively and that the young persons' right to privacy and dignity is maintained at all times.

## 3. Definition

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some children are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

## 4. Best Practice

### **Supporting dressing/undressing**

Sometimes it will be necessary for staff to aid a child in getting dressed or undressed particularly in Early Years. Staff will always encourage children to attempt undressing and dressing unaided.

### **Providing comfort or support**

Children may seek physical comfort from staff (particularly children in Reception). Where children require physical support, staff need to be aware that physical contact must be kept to a minimum and be child initiated. When comforting a child, or giving reassurance, the member of staff's hands should always be seen and a child should not be positioned close to a member of staff's body which could be regarded as intimate.

If physical contact is deemed to be appropriate staff must provide care which is suitable to the age, gender and situation of the child. If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable.

## **Wetting and Soiling**

If a child wets him/herself, where appropriate, the child is encouraged to wash him/herself and change into a spare pair of pants. Appropriate support and guidance is given at all times.

## **Promotion of Personal Care Relating to Continence**

Promoting continence in children is important not only from a social but from a health point of view. Factors when considering personal care;

- Children may have to wear clothes that are easy to pull up and down, as well as being age appropriate. eg. fastenings may have to be adapted.
- Parents should provide school with enough spare clothes for their child.
- Toilet facilities should be accessible when required.
- Toilets should provide privacy.
- Toilets should be clean.
- Toilets should be provided with toilet paper
- Toilets should be provided with adequate hand washing facilities, soap and hand towels.
- Toilets should have facilities for disposal of sanitary products.
- Hoist facilities and personal equipment should be provided for if appropriate

When a child has a known continence difficulty the school staff, in liaison with parents, schools health and the child if appropriate should discuss options. Depending on the outcome of these discussions could be recorded in pupil profiles, behaviour support or moving and handling. The following should be considered:

- A full assessment of the child's difficulties should be undertaken, and a monitoring system put in place, so the child's progress can be measured.
- Everyone should support the child to achieve the highest level of autonomy that is possible for their age and ability. It should give staff guidance on ways to encourage the child to do as much for him/herself as he /she can.
- Consideration should be given to each child's situation to establish how many carers need to be present when a child is toileted.
- Staff should have received training in Health and Safety and Safeguarding Children.
- Arrangements should be made for offsite activities.
- An assessment of the suitability for the child of toilet facilities at school and at home may be necessary, with the advice of the occupational therapy service.
- Targets for improving continence can include:
  - Increasing the child's awareness that there is a problem.
  - Going to the toilet at regular intervals or at specific times. Sensitive arrangements should be in place to allow children to toilet themselves at intervals to suit their needs and not at the demands of school routine.
  - Going to the toilet independently.
  - Ability to clean him/herself after using the toilet. Agreement should be obtained from the pupil and the pupils parents/carers and procedures established (including the level of supervision required)
  - Ability to tell an adult if he/she has had an accident.
  - Ability to wash hands after using the toilet.
  - Ability to undress/dress self.
- Consideration may be given to include a jointly agreed toilet training programme  
Children should be encouraged to drink regular amounts of fluid during the school

day; minimum recommendation is 3-4 full drinks per school day. This should be increased when children are exercising or during spells of hot weather.

- Members of staff who are involved in changing and /or cleaning children with continence difficulties should wear protective plastic aprons and protective gloves.
- Changing beds should be cleaned with antibac after each use.

Please refer to the Dales Schools guidelines on Infection Control & Moving and Handling

### **Protection for staff**

Members of staff need to have regard to the danger of allegations being made against them and take precautions to avoid this risk.

These should include:

- Gaining a verbal agreement from another member of staff that the action being taken is necessary
- Allow the child, wherever possible, to express a preference to choose his/her carer and encourage them to say if they find a carer to be unacceptable
- Allow the child a choice in the sequence of care
- Be aware of and responsive to the child's reactions

### **Safeguards for children**

All staff at The Dales School are DBS (Disclosing and Barring Service) checked on application and cannot undertake tasks within school until all checks are completed satisfactorily. The DRB's aim is to help organisations in the public, private and voluntary sectors by identifying candidates who may be unsuitable to work with children or other vulnerable members of society. Personal and professional references are also required and unsuitable candidates are not permitted to work within the school. All those working with children should be closely supervised throughout a probationary period and should only be allowed unsupervised access to children once this has been completed to their supervisor's satisfaction.

**It is not appropriate for volunteers to carry out intimate care procedures.**