



# POLICY



## POLICY TYPE

MAT Policy to adopted in full across all schools	
LGC Policy to be reviewed and approved locally	X

Approval Date:	SEP25/26 – AUTUMN TERM
Review Date:	SEP 27/28- AUTUMN TERM

**“Called by Christ  
to be agents of change  
and apostles of hope”**

## ST MARY’S CATHOLIC PRIMARY SCHOOL

Part of

**St Oscar Romero Catholic Academy Trust**

[www.OscarRomero.co.uk](http://www.OscarRomero.co.uk)

## INTIMATE CARE POLICY



## **St. Mary's Intimate Care Policy**

This policy is underpinned by our school mission and values:

### **Mission:**

*Nurturing our God-Given Talents*

### **Values:**

*Respect*

*Resilience*

*Truth*

*Faith*

*Love*

*Mercy*

**Person Responsible: Mr Sims**

## **St. Mary's Catholic Primary School**

### **Policy on Intimate Care**

St Mary's Catholic Primary School seeks to provide an inclusive environment where all children feel safe and cared for and staff are able to fulfil their duties with confidence and appropriateness. In light of the COVID-19 pandemic, government guidelines will be followed with regards to additional care with regular cleaning and sanitising surfaces and using PPE where directed.

### **Aims and objectives**

The aims and objectives of this policy are:

- to clarify the term "Intimate Care"
- to create an environment that meets the needs of each child, whether they be the occasional "accident" or a child with long-term incontinence
- to identify the agreed procedures and provisions for dealing with such incidents
- to acknowledge the relationships with parents and professionals and an agreed Intimate Care Plan
- to minimise possible child protection issues

### **Intimate care**

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene including care associated with incontinence and / or children who are not yet toilet trained. Young children may have occasional "accidents" when they fail to reach the toilet in time. However, if incontinence is on-going for a child, the condition may be recognised as a disability under the Special Educational Needs and Disability Act (SENDA) (2001) Schools must not discriminate or provide less favourable treatment for a pupil with a disability.



## **Environment**

All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance. Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them.

St Mary's School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training) and are fully aware of best practice. Staff will be supported to adapt their practice in relation to the needs of individual children.

There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbols, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

## **Agreed procedures and Provisions**

As a basic principle children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves.

## **Occasional 'Accidents'**

In the case of a one off 'accidental' soiling incident a member of staff will follow the procedure outlined below:

- Ensure you have all the equipment you need and access to water before you begin each change.
- Wear latex-free disposable gloves and a disposable apron.
- Encourage the child to remove any soiled clothing by themselves as appropriate. Wash/rinse through if heavily soiled and place these in a plastic bag and seal the bag.
- Give the child clean clothes to put on if necessary.
- Notify the child's parents and return soiled clothes at the end of the day.

## **Hygiene procedures**

### **The hazards**

The main health and safety hazards when caring for children with continence difficulties are:

- Spread of infection
- Skin irritation
- Manual handling



### **Controlling infection**

Refer to the 'Good Hygiene Practice' section on the Guidance on Infection Control in Schools and other Child Care Settings (Health Protection Agency, 2006) poster.

Good hygiene must be used when changing incontinence pads or nappies and/or cleaning a soiled child, to reduce the risk of infection. Surrounding areas must be cleaned according to the Guidance.

### **Good Practice:**

1. Ensure you have all the equipment you need and access to water before you begin each nappy/pad change.
2. Wash hands thoroughly before and after each nappy/pad change (including after disposal of nappy).
3. Wear latex-free disposable gloves and a disposable apron. Use a waterproof changing mat, if the child is unable to stand.
4. Use disposable towels and consider using a hand sanitizer
5. Clean any surface that is soiled or touched during nappy/pad changing with a detergent solution followed by a hypochlorite disinfectant (eg one part household bleach to one hundred parts water) and then dry the surface. (If you wish to avoid using bleach, there are less harmful products containing hypochlorite such as Milton.) Detergents and disinfectants must be labelled clearly and stored securely, in accordance with COSHH regulations. 'Use by' dates must be adhered to as the product effectiveness diminishes over time. Disposable cleaning cloths should be used.
6. Dispose of nappies/pads safely by placing them in an individual plastic bag. Put this into a bin with a second plastic liner.
7. Ensure the changing area is well away from food preparation areas.
8. Store clean nappies/pads away from changing area to prevent cross-contamination.

### **It is not good practice to:**

1. Use changing mats without protecting them with paper towels. Towels should be changed for every child and discarded after use.
2. Use mats that are dirty or have broken or torn waterproof coverings.
3. Share creams and lotions between children.
4. Use fingers to remove cream from containers. (Use a clean disposable spatula each time.)
5. Return soiled waste to parents – this raises a dignity issue for the child and may lead to careless disposal of waste in the school grounds/local area.

### **Appropriate Skincare**

Parents should supply the pads, towelling and nappies, wipes, creams and so on to the establishment. Change nappies/pads often, especially after soiling. It is important to keep the child's skin clean and dry. Rinse any soap away thoroughly because it may over-dry the skin and cause irritation. Be aware that scented wipes can cause irritation. If the pupil uses disposable nappies or pads, it is recommended by the product manufacturer that barrier creams are not used as these reduce the product's absorbency.



### **Manual Handling and Pupil Safety**

Adequate space and equipment is required for changing and cleaning children to avoid manual handling injury. The designated area must have sufficient space so that staff do not have to adopt hazardous postures when attending to a child.

Changing children on the floor should be avoided for staff's health and safety, for hygiene reasons and for the child's dignity. Children may be changed/cleaned in a standing position. Use kneeling pads if appropriate, when changing a child.

### **Relationships with Parents and Professionals**

Staff behaviour is open to scrutiny. Staff at St Marys' work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

Parents/carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

Parents/carers need to provide the school with spare nappies and a change of clothing, if they are likely to be needed.

Parents/carers will be informed if an accident occurs.

The School Nurse should always be asked to advice on the Intimate Care Plan and may also provide support, including a possible referral to the Children's Continence Service.

Where necessary parents will be provided with a written form of the agreed procedures and provisions. They will be asked to notify the school in writing if they do not wish staff to take this action in the event of their child soiling themselves in school. In this situation a parent will then be called to come and clean up their child in school, bringing clean clothes with them and taking home the soiled clothes. Unless the child is unwell, they will not be sent home.

### **Protection of child and adults**

Staff who provide intimate care to children have a high awareness of child protection issues.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many staff members might need to be present when a child needs help with intimate care.

Where possible one child 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. However, when assistance is required, staff should ensure that another appropriate adult is in the vicinity and is aware of the task to be undertaken.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate designated person for child protection. The designated person will contact parents to ask for their consent or informed that it is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm.



If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers 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 child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed.