Breadsall Hill Top Primary School
'Achieving Together'
Intimate care policy including guidance for toileting & continence.

Intimate Care Policy
inc Guidance for Toileting & Continence

Review frequency: Annual – August 2025
Medical First Aid Lead - Mr. Ryan Madeley

Approval –

Recommended associated documents:
First Aid Policy
Administration of Medication Policy
SEND Policy
Drug Awareness section from the PHSE Jigsaw
Transform Trust –Supporting Pupils with Medical Conditions

Review date: August 2026

Introduction

We are 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 and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff that provide intimate care to children have a high awareness of child protection issues. Staff will work in partnership with parents/carers to provide continuity of care.

Definition

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of associated equipment as part of the staff member's duty of care. In the case of specific procedures only the staff suitably trained and assessed as competent should undertake the procedure (e.g. the administration of rectal diazepam).

Our Approach to Best Practice

The management of all children with intimate care needs will be carefully planned. The child who requires care will be treated with respect at all times; the child's welfare and dignity are of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection and Moving and Handling) and are fully aware of best practice. (Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from physiotherapist/ occupational therapist.)

Staff will be supported to adapt their practice in relation to the needs of individual children considering developmental changes such as the onset of puberty or menstruation. Wherever possible staff involved in intimate care will not be involved in the delivery of sex education to the children in their care as an extra safeguard to both staff and children involved.

The child 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 him/herself as they are able.

Individual intimate care plans will be drawn up for children as appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers will need to be present when the child is toileted.

Wherever possible the child should be cared for by an adult of the same sex. However, in certain circumstances this principle may need to be waived where the failure to provide appropriate care would result in negligence for example, female staff supporting boys in our school, if no male staff are available.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's personal care plan. The needs and wishes of children and parents will be considered wherever possible within the constraints of staffing and equal opportunities legislation.

We follow the recommended DCC guidance (2009 revised 2011) when changing children:

1. Mobile children are changed standing up
2. If this is not possible the next best alternative is to change the child on the purpose-built changing bed (green zone)
3. Children in FS1 may be changed on a mat on a suitable surface if it is not possible to change them standing up or on a changing bed.
4. If facilities described above are not available, then children in FS1 and FS2 may be changed on a changing mat on the floor.

Children in year 1 and above will be changed either on a changing bed or in a toilet cubicle standing up. A disabled toilet may be an alternative for older children who are physically able to use a toilet but do not have bladder and/ or bowel control.
Staff should consider the child's preferences for changing and the outcome of any risk assessments.

Health and safety
Breadsall Hill Top Primary school already has procedures in place for dealing with spillages of bodily fluids such as the process to be followed when a child is accidently wets or soils themselves, or is sick while on school premises. The same precautions will apply for nappy changing. This should include:

- Staff to wear fresh disposable aprons and disposable gloves while changing a child
- Soiled nappies are securely wrapped and disposed of appropriately
- Changing areas/disabled toilets are to be left clean. Caretaking/ cleaning staff to be informed
- Hot water and soap available to wash hands as soon as changing is done
- Paper towels to be available to dry hands

The disposal of equipment and bodily waste will be disposed of by using the yellow incinerator bags.

Resources
We aim for staff take around ten minutes to change an individual child. This is not dissimilar to the amount of time allocated to work with a child on an individual learning target. Changing time can be a positive learning time and an opportunity to promote independence and self-worth. The Head Teacher will need to ensure that, where necessary, additional resources from funding delegated to the school to support SEN are allocated so that children's individual toileting needs are met.
Schools will need to ensure that they have:

- hot running water and soap
- paper towels
- aprons and gloves
- nappy bags
- cleaning equipment
- bin
- a supply of spare nappies and wipes (provided by the child's parent/ carer)
- spare clothes (provided by the child's parent/ carer)

The Protection of Children

Child Protection Procedures and Multi-Agency Protection procedures will be adhered to.
If any member of staff has concerns about physical changes to a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to any member of the safeguarding team or the appropriate designated person for child protection.

Breadsall Hill Top Primary School has several members of staff who are part of the safeguarding team.

Mrs Raine Hart	Senior Designated Safeguarding Lead, Designated Safeguarding Lead for Mental Health & Pupil and Family Support Manager
Mrs Ruth McNeil	Head teacher & Safeguarding Lead
Mrs Gemma Fisher	SENDCO, Designated Teacher for LAC children Deputy Safeguarding Lead
Mr Ryan Madeley	Deputy Safeguarding Lead & Medical First Aid Lead

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 the process in order to reach a resolution; staffing schedules will be altered until the issue(s) are resolved.

All staff will be required to confirm that they have read the Derby City Council 'Toileting and Continence Policy and Guidance' document. This document is attached at the bottom of this document.

Partnership Working

Issues around toileting should be discussed at a meeting with the parents/ carers prior to admissions into the school. This will include admissions for children into FS1 and FS2. This meeting will also provide an opportunity to involve other agencies as appropriate, such as a Health Visitor or School Nurse.
If the school becomes aware that there is a disproportionate number of children arriving at school who are not yet toilet trained, then they are advised to contact the Health Visiting Team in their area to discuss their concerns.

Breadsall Hill Top Primary School will try to make clear how they work in partnership with parents when a child is coming to school in nappies or pull-ups. Such an agreement helps to avoid misunderstandings and also helps parents/ carers feel confident that the school will meet their child's needs.
Some schools may want to prepare a home/ school management agreement that defines the responsibilities that each partner has. This might include

Parents/ Carers:

- agreeing to change the child at the latest possible time before coming to school
- providing spare nappies, wet wipes and a change of clothes
- understanding and agreeing the procedures to be followed during changing at school
- agreeing to inform school should the child have any marks/rash
- agreeing how often the child should be routinely changed if the child is in school for the day and who will do the changing
- agreeing to review the arrangements, in discussion with the school, should this be necessary
- agreeing to encourage the child's participation in toileting procedures wherever possible.

The school:

- agreeing to change the child should they soil themselves or become wet
- agreeing how often the child should be routinely changed if the child is in school for the full day and who would be changing them
- agreeing a minimum number of changes
- agreeing to report to the Head Teacher or SENCO should the child be distressed or if marks/ rashes are seen
- agreeing to review arrangements, in discussion with parents/ carers, should this be necessary
- agreeing to encourage the child's participation in toileting procedures wherever possible
- discussing and taking the appropriate action to respect the cultural practices of the family.

Asking or telling parents to come and change their child (unless the parents have expressed a preference for this) or wanting an older sibling to change their sister/ brother is likely to be a direct contravention of the Disability Equality Duty and Equality Act 2010, as is leaving a child soiled, which could be considered to be a form of abuse since it places the child at risk of significant harm.
The process for the management of a child's personal care needs may need to be further clarified through a 'Personal Care Plan'. For example, where the school has concerns about parental support, for children transferring to FS2 or above who are not toilet trained and for children with SENs or disabilities.

Where appropriate, parents and school staff will need to agree a toilet training programme.

In the very small number of cases where parents do not co-operate or where there are concerns that

- the child is regularly coming to school/nursery in very wet or very soiled nappies and
- there is evidence of excessive soreness that is not being treated
- the parents are not seeking or following advice

there should be discussions with the school's child protection coordinator about the appropriate action to take to safeguard the welfare of the child

The Disability Equality Duty and the Equality Act

From 1 October 2010, the Equality Act replaced most of the Disability Discrimination Act (DDA). However, the Disability Equality Duty in the DDA continues to apply.

The Equality Act 2010 aims to protect disabled people and prevent disability discrimination. It provides legal rights for disabled pupils. The Equality Act also provides rights for pupils not to be directly discriminated against or harassed because they have an association with a disabled person.

In the Act, a person has a disability if:

- they have a physical or mental impairment
- the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities

For the purposes of the Act, these words have the following meanings:

- 'substantial' means more than minor or trivial
- 'long-term' means that the effect of the impairment has lasted or is likely to last for at least twelve months (there are special rules covering recurring or fluctuating conditions)
- 'normal day-to-day activities' include everyday things like eating, washing, walking and going shopping

People who have had a disability in the past that meets this definition are also protected by the Act.

There are additional provisions relating to people with progressive conditions. People with HIV, cancer or multiple sclerosis are protected by the Act from the point of diagnosis. People with some visual impairments are automatically deemed to be disabled.

It is clear that anyone with a named condition that affects aspects of personal development must not be discriminated against. However, children with global developmental delay, which may not have been identified by the time they enter nursery or school, are likely to be late coming out of nappies.

Schools have an obligation to meet the needs of children with delayed personal development in the same way as

they would meet the individual needs of children with delayed language, or any other kind of delayed development.

Children should not be excluded from normal school activities solely because of incontinence.

Any admissions practice that sets a blanket standard of continence, or any other aspect of development, for all children is discriminatory and therefore unlawful under the Act. All such issues have to be dealt with on an individual basis, and schools are expected to make reasonable adjustments.

Finally, schools must take note of the fact that knowingly leaving a child in a wet or soiled nappy for prolonged periods of time places that child at risk of significant harm (through the increased risk of infections such as bladder infections) and may therefore be construed as child abuse.

Flowchart to show the procedures of the Intimate care policy

Parent or healthcare professional tells the school that the child:

- Has a new diagnosis
- Is due to attend school
- Is due to return to school after a long-term absence
- Has needs which have changed.

The head teacher or other relevant senior member of staff co-ordinates a meeting with the Lead First Aider to discuss the child's needs and identifies a member of staff to support the pupil

Hold a meeting with eh following people to discuss and agree on the need for a ICP or Medical Care Plan

- Key school staff
- The child
- Parents
- Any relevant healthcare professionals

Develop an ICP or Medical Care Plan with input from the healthcare professional

Identify school staff training needs

Healthcare professional's commissions or deliver training and sign off school staff as 'competent' with an agreed review date.

Implement the ICP or Medical Care Plan and circulate it to all relevant staff

Review the ICP or Medical Care plan annually or when the child's condition changes. Parents or healthcare professionals will initiate this