



**WEST HOVE  
INFANT SCHOOL**  
.....  
**A family of friends**



# Intimate Care & Changing Policy

Amended: Spring 2024

Adopted by Safeguarding Committee on behalf of the Governing body: Spring 2024

We are committed to safeguarding and ensuring the health, safety and well-being of all pupils in accordance with safeguarding procedures and guidance for staff outlined in the school's Health and Safety, Child Protection, Security and Safeguarding policies.

## **West Hove Infant School Intimate Care & Changing Policy**

### **Introduction**

Intimate care is defined as any care which involves washing, touching or carrying out an invasive procedure that most children and young people carry out for themselves, but which some are unable to do.

Intimate care tasks are associated with bodily functions, body products and personal hygiene that demands direct or indirect contact with, or exposure of the genitals. Examples include support with dressing and undressing (underwear), changing incontinence pads and nappies, helping someone use the toilet or washing intimate parts of the body, cleaning a pupil who has soiled him/herself or vomited. It is also associated with other accidents that may require a child to remove their clothes. These include changes required as a result of water play, messy play, sickness and weather.

Disabled pupils may be unable to meet their own care needs for a variety of reasons and will require regular support

### **Practicalities**

It is generally expected that most children will be toilet trained and out of nappies before they begin at school or nursery. However, we recognise that children will join Hove Learning Federation, having reached differing levels of independence and development in toileting and self-care. Therefore it is inevitable that from time to time some children will have accidents and need to be attended to. In addition to this, an increasing number of children and young people with disabilities and medical conditions are being included in mainstream settings. A significant number of these pupils require adult assistance for their personal and intimate care needs.

In order to help the children to become aware of their bodily needs and respond to them in time, those who wish to go to the toilet are always allowed to go.

Children in the EYFS have access to the toilet whenever they need to and are encouraged to be as independent as is age and developmentally appropriate. They are reminded at regular times to go to the toilet and are also encouraged to wash their hands after the toilet.

As children progress through the school, they are encouraged to use the toilet during break times.

## **Role of parents/carers**

It is the expected role of the parents and carers to teach their child continence skills before they begin school.

Where a child has continuing incontinence problems (including children beyond EYFS), parents are expected to provide a complete set of spare clothes and wet wipes. The school also keeps a stock of spare clothes in various sizes.

## **General procedures**

Some children in our community need daily intimate care as part of a physical or medical need. Where this is the case, the school should know about the nature of the child's additional needs and discuss best practise in open dialogue with parents and carers. This is to ensure both open conversation and due diligence for the child's needs, as well as ensuring their specific needs are met. Staff will encourage children to do as much for themselves as they can to promote independence and physical development goals, with respect and understanding of their needs in mind.

If a child with or without medical needs has a toilet accident, there is a standard procedure carried out. The child will be helped to clean and change themselves by one adult. A second adult will be in close proximity to ensure safeguarding for all. When a child has a toilet related accident, it is logged in an intimate care log.

Where a child has a medical or physical need, an individual intimate care plan will be drawn up for children where necessary. Parents and carers are involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's intimate care plan. We strive to find care that is a balance of parent and carer's wishes against what we can appropriately provide as teaching staff.

## **Role of staff**

Staff have access to a bathroom area with a toilet and hand basin with access to hot water. There is also a stock of wet wipes, plastic bags and disposable protective gloves for staff to use. If a child soils him/herself during school time, one member of the staff (teacher, practitioner, meals supervisor etc.) will help the child:

- Remove their soiled clothes
- Clean skin (this usually includes bottom, genitalia, legs, feet)
- Dress in the child's own clothes or those provided by the school
- Wrap soiled clothes in plastic bags and give to parents to take home.

At all times the member of staff pays attention to the level of distress and comfort of the child. If the child is ill the member of staff telephones the parent/carer. In the event a child is reluctant and finally refuses, the parent/carer will be contacted immediately.

Our intention is that the child will never be left in soiled clothing, but as soon as a member of staff is aware of the situation, she/he will clean the child. The member of staff responsible will check the child regularly and ensure that he/she is clean before leaving to go home.

It is intended that the child will not experience any negative disciplining, but only positive encouragement and praise for his/her endeavours to master this necessary skill. It is always our intention to avoid drawing attention to such events and positively to encourage the child in his/her efforts to gain these skills.

### **Guidance for intimate care needs over and above accidents.**

The management of all children with intimate care needs will be carefully planned.

Where specialist equipment and facilities above that currently available in the school are required, every effort will be made to provide appropriate facilities in a timely fashion, following assessment by a Physiotherapist and/or Occupational Therapist.

There is careful communication with any pupil who requires intimate care in line with their preferred means of communication to discuss needs and preferences.

Pupils will be supported to achieve the highest level of independence possible, according to their individual condition and abilities.

Individual care plans will be drawn up for any pupil requiring regular intimate care.

Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the care plan.

The needs and wishes of children and parents will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation.

Where necessary advice will be sought from the School Nurse.

### **Child Protection**

Child Protection and Multi-Agency Child Protection procedures will be adhered to at all times.

All members of staff carrying out intimate care procedures are DBS checked. Intimate care should be carried out by members of staff contracted to the school. It is not appropriate for volunteers to carry out intimate care procedures.

If a child makes an allegation about a member of staff this will be investigated in accordance with agreed procedures.

### **Disabilities**

The Governing Body recognises its duties and responsibilities in relation to the Disability Discrimination Act which requires that any child with an impairment that affects his/her ability to carry out normal day-to-day activities must not be discriminated against.