



Brookland Infant and Nursery School Intimate Care Policy

**Staff: May 2025
Governors: May 2025**

Brookland Infant School takes the health and wellbeing of its pupils very seriously. The school aims to support pupils with physical disabilities and illnesses to enable them to have a full and rich academic life whilst at school.

The governing body recognises its duties and responsibilities in relation to the Equality Act 2010, which states that any pupil with an impairment affecting his/her ability to carry out normal day-to-day activities must not be discriminated against.

We do not discriminate against children who have not yet achieved full continence. Some young children may still be working towards full continence, or may remain incontinent for a prolonged period of time because they have a specified medical condition. Others may not yet have achieved this stage in their development.

Pupils will always be treated with care and respect when intimate care is given, and no pupil will be left feeling embarrassed.

Legal framework

This policy has due regard to relevant legislation and guidance, including, but not limited to, the following. For all guidance and legislation it is the latest version we follow:

- Keeping Children Safe in Education 2025
- The Children and Families Act 2014
- The Education Act 2011
- The Health Act 2006
- The Equality Act 2010

This policy will be implemented in conjunction with the school's:

- Health and Safety Policy
- Child Protection and Safeguarding Policy
- Staff Code of Conduct
- Whistleblowing Policy
- Administering Medications Policy

➤ Guidelines for swimming

Definitions

For the purpose of this policy, intimate care is defined as any care which may involve the following:

- Washing
 - Touching
 - Carrying out an invasive procedure
 - Changing a child who has soiled themselves
 - Providing oral care
 - Feeding
 - Assisting in toilet issues
 - Providing comfort to an upset or distressed pupil
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- Intimate care tasks are associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with, or exposure of, the genitals.
 - Examples of intimate care include support with dressing and undressing (underwear), changing incontinence pads, nappies or medical bags such as colostomy bags, menstrual hygiene, helping someone use the toilet, or washing intimate parts of the body.
 - Pupils may be unable to meet their own care needs for a variety of reasons and will require regular support.
 - Brookland Infant School Health and Safety Policy lays out specific requirements for cleaning and hygiene, including how to deal with spillages, vomit and other bodily fluids.

Health & Safety

- The school provides disposable aprons and gloves, nappy bags and appropriate hand washing facilities. Soiled nappies will be double wrapped and placed in a bin with a lid.
- Any member of staff that is required to assist a pupil with changing a medical bag or feeding peg will be trained to do so
- The changing areas will be cleaned after use.
- Warm water and liquid soap will be available to wash hands as soon as the task is completed.
- Paper towels will be available for drying hands.
- Clean clothes will be available to borrow if required.

Procedures for intimate care

For any child who needs to be changed regularly a personal care plan will be agreed with parents. This plan will include:

- Where the changing will take place
- What resources will be used and who will supply them
- How the nappy will be disposed of
- What infection control measures are in place
- What the staff member will do if the child is unduly distressed by the experience or if the staff member notices marks or injuries.

Partnership working

Staff members who provide intimate care are trained to do so and are fully aware of best practice. Suitable equipment and facilities will be provided to assist pupils who need special arrangements following assessment from a physiotherapist or occupational therapist.

Where intimate care is needed because of delayed continence it may be linked with delays in other aspects of a child's development and will benefit from a planned programme worked out in partnership with the child's parents/carer, and possibly the health visitor.

We aim to meet with the parents as soon as possible before the child starts. At this meeting, we will discuss:

- The nature of the child's difficulties and possible causes
- How the parent manages the situation at home
- Preference in terms of practical care, e.g. use of water or baby wipes
- Preferred method of toilet training if necessary
- How we are going to develop a consistent approach at home and in school.
- Parents/carers will inform the school should their child have any marks/rashes.

Safeguarding:

- Only members of staff who have an enhanced DBS certificate with a barred list check are permitted to undertake intimate care duties.
- Wherever possible, staff involved in intimate care will not be involved in the delivery of sex education to the pupils in their care as an extra safeguard to both staff and pupils involved.

- Individual intimate care plans will be drawn up for pupils as appropriate to suit the circumstances of the pupil.
- Each pupil's right to privacy will be respected. Careful consideration will be given to each pupil's situation to determine how many carers will need to be present when the pupil requires intimate care.
- If any member of staff has concerns about physical changes to a pupil's presentation, such as marks or bruises, they will report the concerns to a member of the designated team for Child Protection at the school immediately.

Facilities

- There are accessible facilities for changing children which are private, safe, and protect the dignity of the child.

Special Needs

- Children with special needs have the same rights to safety and privacy when receiving intimate care.

Offsite visits

- Before offsite visits, including residential trips, the pupil's individual intimate plan will be amended to include procedures for intimate care whilst off the school premises.
- Staff will apply all the procedures described in this policy during residential and off-site visits.

Guidance to safeguard children and staff with regard to situations which may lend themselves to allegations of abuse (Physical contact, first aid, showers/changing clothes)

Physical Contact

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact.

The expectation is that staff will work in 'limited touch' cultures and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age and stage of development.

Staff should be aware that even well intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny.

Physical contact which is repeated with an individual child is likely to raise questions unless the justification for this is formally agreed by the child, the organisation and those with parental responsibility.

Children with special needs may require more physical contact to assist their everyday learning. The general culture of 'limited touch' will be adopted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by scrutiny. Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported.

Extra caution may be required where a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to staff vulnerable to allegations of abuse. Additionally, many such children are extremely needy and seek out inappropriate physical contact. In such circumstances staff should deter the child without causing them a negative experience. Ensuring that a witness is present will help to protect staff from such allegations.