



Peel Park

Primary School
and Nursery

The Path to Success

Personal Hygiene and Intimate Care Policy

September 2024

Ratified by Governors:
Review Date: September 2025

Introduction:

In order to meet our responsibilities under Disability Discrimination and Equalities legislation, Peel Park Primary School will make 'reasonable adjustments' to avoid disabled pupils being put at a substantial disadvantage to their non-disabled peers. These adjustments may include the provision of personal hygiene and intimate care.

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. Disabled pupils in mainstream schools may be unable to meet their own care needs for a variety of reasons and will require regular or occasional support.

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 include support with dressing and undressing (underwear), changing incontinence pads and nappies, helping someone use the toilet or washing intimate parts of the body.

Personal care tasks include help with feeding, prompting to go to the toilet, washing non-intimate parts of the body or support with dressing and undressing.

Legislation:

The Equality Act 2010 (and previously the Disability Discrimination Act) provides protection for anyone who has a 'physical or mental impairment that has a substantial, long term and adverse effect on his/her ability to carry out normal day to day activities'.

The Children and Families Act 2014, places a statutory duty on education settings to support children with medical conditions, so that affected children can access and enjoy the same opportunities at school as any other child.

It is notable that:

- Schools do not have to wait for a formal diagnosis prior to providing support to pupils
- School's policy should consider having individual healthcare plans to support pupils with medical conditions and that these should be reviewed annually
- The guidance states that it is not generally acceptable to: prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively; or to require parents or otherwise make them feel obliged to attend school to provide medical support to their child, including with toileting issues

Disabled pupils in schools will include those with Cerebral Palsy, Muscular Dystrophy, Downs Syndrome, Epilepsy, Diabetes, visual and hearing impairments, ADHD and Autistic Spectrum Disorder amongst many others. Some of these disabled children and young people will have delayed continence as a result of their condition, or may never be able to attain continence.

Peel Park Primary School has a responsibility to meet the needs of pupils with delayed personal development in the same way that it would meet the needs of children with delayed development in any other area. Disabled children should not be excluded from any activity due to incontinence, sent home to change, or parents expected to attend school to deal with toileting needs.

A disabled child must not be put at a substantial disadvantage compared with his non-disabled peers, and the school has a legal duty to make reasonable adjustments to ensure less favourable treatment does not occur.

Rationale

The school is a caring organisation and strives to be as inclusive as it can possibly be when it comes to admitting, educating and catering for the needs of children with medical and/or personal hygiene and intimate care needs.

We believe that all pupils should have the opportunity to participate effectively in all curriculum areas and we recognise the need for additional planning and resources when it comes to including children who may have personal hygiene needs due to a disability, medical or psychological condition.

This policy will only apply to a very small percentage of pupils who attend our school and it is still the school's policy that all children without a disability, who are admitted to school, should be properly toilet trained. The responsibility for toilet training lies with the parent(s) and/or legal guardians of the child.

Aims

- to create an environment that meets the special needs of each child,
- to ensure that the personal hygiene needs of any child are identified, assessed and provided for;
- to make clear the expectations of all partners in the process;
- to identify the roles and responsibilities of staff in providing for a child's personal hygiene needs and to provide guidance and reassurance to staff;
- to assure parents and carers that school staff are knowledgeable about intimate care and that their child's individual needs and concerns are taken into account;
- to enable all children to have full access to all elements of the school curriculum;
- to safeguard and respect the rights, dignity and well-being of children who may need extra personal hygiene care;
- to meet the needs and requirements of the Equalities Act 2010, The Children and Families Act 2014, The SEND Code of Practice 0-25 years and Keeping Children Safe in Education.

Children with specific personal hygiene needs will usually have a diagnosed and recognised disability, medical and/or psychological condition that call for special provision to be made.

The personal hygiene problems a child could have may be one or any number of the following:

- The child is unable to partially or fully control their bowels and/or bladder
- The child is unable to control their swallowing and/or regurgitating action
- The child may suffer from a skin condition that makes the skin 'weep' at some or all of the time
- Any other medically diagnosed condition that may cause the child (and maybe others around the child) distress, discomfort and/or infection if not dealt with immediately or as soon as possible.

Roles and Responsibilities

Every member of staff within school has a role to play when educating and looking after the children in their care; working with young children will often require adults to be involved in duties which require intimate care of children. Staff have been placed in a position of great trust. Intimate care and personal hygiene are sensitive issues and will require staff to be respectful of a child's needs. The child's dignity must always be preserved with a high level of privacy, choice and control. There should be a high level of awareness of child protection procedures. Staff behaviour must be open to scrutiny and staff should work with parents/carers to provide continuity of care to children wherever possible.

It is the responsibility of the parents/carers of any children who are not fully toilet trained to inform the school before the child is admitted – this may be with the Headteacher, the Early Years Lead at New to School meetings or through other discussions with staff. This should be as early as possible. This meeting may be of a very sensitive nature owing to the event(s) surrounding the child's needs.

Following the information provided to the school, the Assistant Head for SEND should be advised and a meeting should be set up with the relevant staff and, if necessary, with the school nurse, health visitor and/or doctor or other professionals who may be involved with the child. The child's views may be sought, if appropriate.

For long term hygiene and intimate care needs, a plan may be needed. Peel Park Primary School may implement an Intimate Care Plan or a Medical Care Plan as appropriate. These plans may include the following information:

- The personal details of the child
- A 'Pen Portrait' of the child and his/her needs when at home
- The name of the condition the child suffers from and a short description of it.
- The name of the child's primary and secondary carer when in school
- Emergency contact details of the child's parent(s)/carer(s)
- A list of the required procedures and who is responsible, if the child's personal hygiene need occurs during the school day
- Special resources or equipment required to meet the personal hygiene needs
- Special resources and/or protective equipment required to maintain the health and safety of staff providing the agreed care
- School health plans are reviewed regularly
- The signature of the child's parent(s)/carer(s) saying that they agree to the procedures and details stated in the health plan

Resources

Where appropriate and necessary, the school should consult with and take advice from the school nurse, health visitor and/or doctor on what resources would best meet the needs of the individual child. The child's parents/ carers and/or G.P. may also be a source of information on which resources will best meet the child's needs. These resources, such as the types of protective gloves to be worn by the main carer; the make of hygienic wipes that are to be used to help clean the child and nappies or incontinence pads etc, should be listed on the school health plan and brought in by the parent/carer.

Where a parent/ carer asks for nappy rash cream to be administered, recent advice from the school nursing team has been that a good layer of barrier cream applied before school should be sufficient to last for the school day. It is not an expectation that staff will apply barrier cream and this will be discussed with parents.

One off accident/infrequent wetting or soiling:

Peel Park Primary School recognises that young children, who do not have special educational needs with medical conditions and/ or disabilities, may experience one-off wetting or soiling accidents. In the case of wetting, school will provide a spare set of clothing and encourage the child to change themselves. Parents/carers will be informed by the Class Teacher at the end of the day. In the case of soiling, parents/carers will be contacted as soon as possible and will be expected to come to school and either provide a change of clothing for their child or take them home to change. If there is a medical need, the child should return to school when they are fit and well to do so. If a parent/carer cannot bring a change of clothing following a soiling, then a primary carer will be asked to change this child with parent's permission. This can include verbal permission over the phone.

Only in an emergency would staff undertake intimate care that has not been agreed with the parents/carers. This act of care would be reported to a senior member of school staff and to the parents/carers as soon as possible before or after the event, depending upon the circumstances. The reasons for this and the care undertaken would be documented by the staff member who had delivered the care.

Managing Episodes of Incontinence in School

(Reference: Managing Bladder and Bowel Issues in Nurseries, Schools and Colleges. June 2022)

It is not acceptable for staff to recommend that a child reverts to using disposable continence containment products (nappies or disposable pants) if a he/she begins to have frequent episodes of bladder or bowel incontinence. If a child is becoming incontinent frequently, parents and an appropriate healthcare professional should be consulted. Parents can be asked to provide washable pants as an alternative. It

may take ten minutes to support a child with changing, but this time should be used to support them becoming independent.

One-to One Care:

Each child who requires one-to-one personal care, such as cleaning following self-soiling, will be allocated a Primary Carer. Each child should also be allocated a Secondary Carer who MUST help and aid the Primary Carer during personal hygiene and intimate care procedures where this appropriate, taking into account the needs and wishes of all partners who include the child, the child's parents/ carers as well as the staff member(s) involved. Every child's right to privacy and modesty must be respected and careful consideration will be paid to each pupil's situation to determine who and how many carers might need to be present when he/ she needs help with intimate care. School also take into account the need to safeguard the member(s) of staff involved with a child's intimate care and personal hygiene procedures to prevent them from allegations or to prevent bringing their behaviour into question. Staff members should not be left alone behind a closed door, but the second adult does not have to stand as 'witness' to the procedure. The Secondary Carer will become the Primary Carer for the named child if the identified Primary Carer is unavailable. In this case another member of staff, who has agreed, must accompany the carer and child to the hygiene suite when a child is being cleaned.

Both the Primary and Secondary Carers must receive an appropriate programme of training in order to carry out any personal hygiene procedures. This training may take the form of being shown each procedure by the child's parent(s)/carer(s), discussion between the SENDCo and Carers, or it may be more official, such as a lifting and handling course provided by an external, professional body. Staff should also be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate. Whatever form the training may constitute, all training must be carried out to the Primary and Secondary Carer's satisfaction and as soon as the child starts school.

It is good practice, that – as far as is possible –the same person assists the learner each time he/she needs support, but there may need to be two or three people, who are familiar to the child and trained, to cover staff absence and school trips for example. Another member of staff should be aware that the Intimate Care procedures are being carried out. Where possible, staff of the same gender as the learner should be supporting him/her with intimate care. If this is not possible, this should be discussed with the parent/carer. (Reference: Managing Bladder and Bowel Issues in Nurseries, Schools and Colleges. June 2022).

All training and care plans should be underpinned by the fundamental premise that the child's dignity should be upheld and maintained at all times.

There must be careful communication with each pupil who needs help with intimate care in line with his/ her preferred needs of communication (verbal communication or non-verbal communication which may include the use of gestures and/ or the use of symbols) to discuss his/ her needs and preferences. Where the pupil is of an appropriate age and level of understanding, permission should be sought before starting an intimate procedure.

Staff, who provide intimate care, should speak to the pupil personally by name, explain what he/ she is doing and communicate with all children in a way which reflects their ages.

The religious views, beliefs and cultural values of children and of their families should be taken into account, particularly where they might affect certain practices or determine the gender of the carer. Ideally, every child should have a choice over the member of staff who provides him/ her with intimate care and personal hygiene procedures.

Adults, who assist children with personal hygiene and intimate care procedures, should be employees of the school, not students or volunteers and will, therefore, have had safer recruitment checks, including enhanced DBS checks.

With respect to a child's right to dignity and privacy, confidentiality is imperative and all sensitive information will only be shared with staff members who are involved in the intimate care of the child.

Regular reviews should be held to review the school health plan. These will take place on an annual basis unless the child's needs change significantly during the academic year. Should there be any one-off wetting accidents, parents must be informed at the end of the school day.

Child Protection and Safeguarding:

The Governing Body and staff at Peel Park Primary School recognise that pupils with special educational needs and/ or disabilities are particularly vulnerable to all types of abuse.

Staff members will follow the school's Safeguarding and Child Protection Policy. It is acknowledged that intimate care and personal hygiene procedures involves risks for children and adults as these may involve the adults touching the private area of a pupil's body. At Peel Park Primary School, best practice will be promoted and all adults (including those involved in intimate care and others who are in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

Where appropriate, pupils will be taught personal safety skills, carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a pupil's presentation – e.g. unexplained marks, bruises or undue soreness, then he/ she will address these concerns with the Headteacher, the Designated Safeguarding Lead or a Designated Named Person for Child Protection. A clear written account of the concern will be recorded and this should also be accompanied with a labelled body outline, highlighting where any marks or injuries have been noted. A referral will be made to Children's Social Care services if appropriate and in line with the school's safeguarding procedures. Parents/ Carers will be asked for their consent or informed that a referral is necessary prior to it being made, but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

If the pupil becomes very distressed about being cared for by a particular member of staff, then this should be reported to the Designated Lead for Child Protection and Safeguarding or the Headteacher. The matter will be investigated at an appropriate level and outcomes recorded. Parents/ Carers will be consulted as soon as possible in order to reach a resolution.

If a pupil, or any other person, makes an allegation against a member of staff, then this should be reported to the Headteacher, the Designated Lead for Child Protection and Safeguarding, or the Chair of Governors who will consult the Local Authority Designated Officer. It should not be discussed with any other members of staff.

Similarly, any adult, who has concerns about the conduct of a colleague at the school or about any improper practice, then he/ she will report this to the Headteacher, the Designated Safeguarding Lead or the Chair of Governors in accordance with the safeguarding and child protection procedures and in accordance with the school's 'whistle-blowing' policy.

A signed record of all Intimate Care procedures should be kept, including times that the learner and carer left and returned. The signed record will include: the date and time of care, who was present and any care that has differed from the care plan. If there is any variation, this should be discussed with the Headteacher, the Designated Lead for Child Protection and Safeguarding as well as with the child's parents.

Staff, supporting children in school as well as parents/ carers should support children to recognise and understand appropriate and inappropriate touching and how to tell a trusted adult if he/she feels uncomfortable.

Knowingly leaving a child in soiled or wet clothing is neglectful and can be seen as abuse. The priority is for the learner to be appropriately supported and for school to ensure that his/her needs are met. Children,

who are left in a soiled state, are at increased risk of sore skin and urinary tract infections. There is also likely to be a significant impact on his/her psychological well-being. (Reference: Managing Bladder and Bowel Issues in Nurseries, Schools and Colleges. June 2022)

Procedures for Intimate Care:

- 1) Ensure all changing equipment and resourcing is to hand.
- 2) Staff to reassure the child and making changing an enjoyable time from beginning to end by chatting/ singing and building attachments.
- 3) Staff to take the child to the designated changing area and to ensure that the child is happy and comfortable with being changed by talking to them throughout and telling them what they are about to do before each step.
- 4) Disposable gloves are recommended to be worn. A disposable apron is also advised. NB: Disposable gloves are not a substitute for good hygiene and hands must still be washed before and after each routine.
- 5) Disposable gloves and aprons should be changed each time a child is changed.
- 6) Adult to encourage the child to undress independently where possible. If adult help is needed, then the adult is to remove only the clothes required to reach the soiled// wet nappy/ pants unless further soiling/ wetting has occurred and the child needs to be fully changed.
- 7) Adult to remove the soiled/ wet nappy/ pants, double-bag in a nappy bag and place in the nappy bin.
- 8) Child's skin to be cleaned using disposable wipes (by the child wherever possible). These should also be disposed in a double-bagged nappy bag.
- 9) If the child's care plan requires nappy creams or lotions to be applied, practitioners should apply these following the procedures outlined in the plan for the individual child. Where possible, the child should be encouraged to be independent in applying any creams or lotions. No lotions or creams should be applied without parental consent and neither should lotions or creams be shared between different children.
- 10) Child to be dressed or encouraged to dress independently. If clothes are soiled or wet, then these should be placed in a plastic bag and handed to parents at the end of the school day.
- 11) Encourage the child to wash their own hands at the end of the routine. Staff should also wash and dry their hands following the removal of the gloves.
- 12) Any changing mats/ beds should be cleaned using anti-bacterial spray wipes and then dried.

Infection Control

(Reference: Managing Bladder and Bowel Issues in Nurseries, Schools and Colleges. June 2022)

Handwashing is the most important way to prevent the spread of infection. All learners should be encouraged to wash their hands after toileting, as well as at other appropriate times. Staff who are supporting learners with toileting or changing should also wash their hands before and after providing the care. Staff members helping learners with bladder and/or bowel care or changing should be provided with and use non-powdered vinyl or latex-free CE marked disposable gloves and plastic aprons. These should be changed and hands washed between each learner, if they are supporting more than one individual. Changing of continence containment products (disposable nappies or pads) should be undertaken in a designated area or the toilets for children who can stand or are mobile. Handwashing facilities must be available for staff to use after each nappy change and before leaving the area. Changing mats or potties and other equipment should be cleaned with soapy water after each use and if visibly soiled. They should be checked at least weekly for evidence of damage and replaced immediately if the cover is damaged. Potties should be cleaned in a designated sink in the area where they are used Any spills of bodily fluids including urine and faeces should be cleaned immediately. This should be done using a product that contains both detergent and disinfectant that is effective against bacteria and viruses and following the manufacturer's guidance as per the school's health and safety policy. Disposable paper towels or cloths should be used disposed of after use. Any clothing contaminated with urine or faeces should be changed as soon as possible and placed in plastic bag to be sent home with the child for laundering, unless the care plan states otherwise (some parents may prefer soiled undergarments to be placed straight in the refuse)

Communication between Home and School

(Reference: Managing Bladder and Bowel Issues in Nurseries, Schools and Colleges. June 2022)

Parents should provide school with sufficient information for them to meet the child's medical or health needs. Similarly, school should keep parents informed about their child's progress and any concerns. They should work together alongside the learner, where their age and developmental stage allows, to develop an appropriate care plan to meet the learner's needs. Additionally, parents should provide any portable items of equipment required to attend to the learner's continence needs throughout the school day. This might include, but is not restricted to, catheters, urinals, stoma bags, spare clothes, wipes, plastic bags, continence containment products if used. Discussion should be had about who is responsible for larger items such as specialised toilet seats, hoist slings etc in conjunction with the child's occupational therapist. Parents should not be asked to come into school to assist with changing their child or be expected to take them home to change them

Children in the Early Years Foundation Stage:

Peel Park Primary School will liaise with parents to ensure that children are toilet trained prior to starting Nursery and/ or Reception. Where children are not toilet trained upon starting school, school will work with parents, advising parents to begin the toilet training process and signposting parents to contact their Health Visitor or the School Nursing Team for support and practical guidance. For those children, who are not yet toilet trained, school will implement an intimate care plan and will agree to change a child's soiled nappy as per the toilet training process with which parents are expected to be proactively involved at home. School will support the toilet training process with parents, encouraging the child to visit the toilet at regular intervals. The intimate care plan will be reviewed every two weeks with parents to ensure that it continues to remain appropriate. It remains the expectation that, unless a child has a specific medical condition, psychological condition or a special educational need and/ or disability, he or she should be toilet trained upon entry to Nursery and/ or Reception; however, school recognises that toilet training may not have yet been completed, particularly upon entry to Nursery at the age of three years old. Should a child be already toilet trained, but have a one-off accident, then procedures for one-off wetting/ soiling accidents should be followed.

Medical Procedures:

Pupils, who are disabled, might require assistance with invasive or non-invasive medical procedures. These procedures will be discussed with parents/ carers, with the child where appropriate and with any outside agency staff who may be involved with the child. Additionally, these procedures will be documented in the child's medical care plan and will only be carried out by staff who have received appropriate training from professionals.

It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

Any members of staff, who administer first aid, should be appropriately trained in accordance with school and local authority policies. If an examination of a child is required in an emergency aid situation, it is advisable to have another staff member present, with due regard to the child's dignity and privacy.

Feeding

Where a child is unable to feed him/ herself because of a physical disability, care procedures must be discussed with the parents/ carers and with the child where possible. School staff should be made aware by the parents/ carers of any foods which might compromise the safety of the child due to choking/ difficulties with swallowing. School staff should also discuss with the parents/ carers any foods which the child enjoys and which the child does not enjoy eating as well as how much food the child will typically eat in a sitting. All information received from parents/ carers, the child as well as from any outside agency professional should be recorded in a care plan for the child. Every attempt must be made by school staff to ensure that the child has the opportunity to choose preferred food as well as to indicate when he/ she is full or still

hungry through the use of the child's preferred and most successful form of communication – either verbal or non-verbal communication. Additionally, all attempts to encourage independence in feeding must be made and this independence may need to involve outside agency professionals involved with the child's care in conjunction with the parents/ carers. Suitable and appropriate equipment may need to be provided to encourage independence and the cost for this equipment will need to be discussed between educational and health professionals.

NB. It is important to state and recognise from the outset that we are a school. Therefore, most members of staff will have no or very little experience of looking after or caring for a child for whom this policy applies. Comprehensive training and regular communication should ensure that each child, parent and carer is fully included and provided for with our school.

This policy should be reviewed and amended every three years or as and when the need arises.

September 2024

Appendix 1

Care Plan

Pupil's details:

Child's Name:

Date of Birth:

Year group:

Home address with telephone contact details:

Date of the plan: _____ Planned review: _____

Name of persons completing the plan and their role:

Family Contact Information:

Name:

Relationship to the child:

Telephone numbers:

Home –

Work –

Mobile –

Email:

Address if different to the child's:

Name:

Relationship to the child:

Telephone numbers:

Home –

Work –

Mobile –

Email:

Address if different to the child's:

Health Contacts:

Specialist Nurse:

GP:

Consultant:

Health Visitor/ School Nurse:

Education contacts:

Class teacher:

SENDCO:

Additional adults in the classroom:

Description of the child:

(Give brief details of the child's interests, behaviour and relevant conditions. E.g. speech and language, mobility etc.)

Description of continence difficulty:

Child's understanding of the issues and the support he/she needs:

(Use this space to include how the child would like to be supported with his/her bladder and/or bowel conditions)

Goals for continence management:

(Describe how the child's bladder and bowel health is going to be promoted and maintained and how potential and independence are going to be appropriately promoted. You may include goals for parents, child and /or school staff depending on individual needs.)

Medication:

(Details of medication. If any medication needs to be taken in school refer to the school's medical policy and follow school procedures.)

Management and description of routines:

(e.g. details of drinking, toileting and changing routines, aides used and any reward schemes)

Details of help required for personal care: who will provide this, where and how:

(Details of progress and how care given will be communicated to the family may be included)

Arrangements for sporting activities/ school trips etc.

Details of staff training needed/undertaken:

(Include who has been trained, the training given, by whom with dates and signatures of trainer and staff member)

Use and disposal of continence products and aids:

(Include arrangement for soiled clothes and underwear, provision or new/spare equipment eg catheters)

Problems that may occur:

(Describe what would constitute a problem or emergency for the child and what action should be taken. Schools should always act in line with their safeguarding, medical and first aid policies.)

Name of parent/ carer: _____

Signature of parent/ carer: _____ Date: _____

Name of school representative: _____

Job/title of school representative: _____

Signature of school representative: _____ Date: _____

Name of child: _____

Signature of child: _____ Date: _____