



Intimate Care and Toileting Policy

* For the purposes of this policy, the term 'school' refers to maintained nursery, primary, secondary and special schools, and pupil referral units (PRUs).

Name of school	Ysgol Gyfun Gymraeg Glantaf
Address and post code	Bridge Rd, Ystum Taf
Phone number	02920333090
Email address for this policy	ysgolgyfunglantaf@cardiff.gov.uk
Date of policy	3/10/24
Date of review of policy	3/10/25

1. Overview

1.1 Definition of intimate care

1.1.1 In this policy 'intimate care' is defined as:

"Intimate care can be defined as any care which involves washing or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as day-to-day tasks such as help with washing, toileting or dressing. It also includes supervision of pupils involved in intimate self-care."

*Taken from Welsh Government,
'Supporting Learners with Healthcare Needs' (215/2017)'p16*

1.1.2 Further examples include medical interventions such as catheterisation and colostomy bags. Guidance should be sought from relevant health professionals and included in the child's IHP.

1.1.3 Intimate care (which includes toileting) can be undertaken on a regular basis or during a one-off incident.

1.2 Development of the policy

1.2.1. This policy was created from a template created by a Denbighshire County Council led working group.

1.2.2. The policy was adapted for Ysgol Glantaf and the SRB's (Y Ganolfan) need for daily intimate care.

1.3 Related policies

- Managing healthcare needs policy
- Safeguarding policy
- Health and safety policy including manual handling
- Additional learning needs policy
- Staff code of conduct

1.4 Insurance

1.4.1 By adopting the county model policy staff are covered by the local authority's insurance arrangements in respect of managing pupils' healthcare needs, intimate care and toileting.

1.5 Promotion of policy

1.5.1 This policy will be shared with parents through the website

2. Legal perspective / context

2.1 Legislation

2.1.1 The legislation that this policy has been issued under is documented in Supporting Learners with Healthcare Needs. Guidance. Welsh Government 215/2017 (<http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en>).

2.1.2 It is also guided by the Equality Act 2010.

2.2 Context

2.2.1 Many pupils will have a short-term healthcare need at some point which may affect their participation in educational activities. Other pupils may have significant or long-term healthcare needs affecting their cognitive or physical abilities, their behaviour or emotional state. Some of these needs may require intimate care including toileting.

2.2.2 As with healthcare needs, intimate care requires a collaborative approach, placing the pupil at the centre of decision making. All children/young people have the right to be safe, to be treated with courtesy, dignity, and respect, and to be able to access all aspects of the education curriculum.

2.2.3 In addition, achieving continence is one of hundreds of developmental milestones usually reached within the context of learning in the home before a child transfers to learning in a nursery/school setting. For some children this milestone will not have been reached before they enter nursery/school. Some children and young people may experience difficulties with toileting for a variety of reasons. They may have a disability or a special educational need, or they may not have achieved the developmental milestone of continence by the time they start nursery or school.

2.2.4 The Equality Act 2010 provides protection for anyone who has a protected characteristic. One of these is disability. Under the Equality Act 2010 this is when a person has a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities. Anyone with a protected characteristic under the Equality Act 2010 that affects aspects of personal development must not be discriminated against. Delayed continence is not necessarily linked with learning difficulties, but children with global developmental delay which may not have been identified by the time they enter nursery or school are likely to be late achieving full continence. It follows that it is unacceptable to refuse admission to children and young people who are delayed in achieving continence.

2.2.5 Education providers have an obligation to meet the needs of children and young people with delayed personal development in the same way as they would meet the individual needs of those with delayed language, or any other kind of delayed development. Children and young people should not be excluded from normal activities

solely because of incontinence, neither should they be sent home to change, or be required to wait for their parents or carers to attend to them at school (either is likely to be a direct contravention of the Equality Act 2010). The aim should always be to return children and young people to the classroom as quickly as possible. In rare circumstances there may be certain times when schools need to seek advice from the local authority and/or healthcare professionals where this is having a significant impact on the child's daily school life / wellbeing.

- 2.2.6 NOTE: in some circumstances schools may be required to contact parents/carers to come in to school to collect their child if there is an infection control risk (for example no facilities to shower a child that has badly soiled themselves).

3. Key policy statements

- 3.1.1 Pupils with a healthcare need will be supported by our managing healthcare needs policy and the development of an individual healthcare plan.
- 3.1.2 In some cases pupils may require intimate care, if this is not covered through a pupil's individual healthcare plan, an intimate care consent form will be developed (**appendix 1**).
- 3.1.3 We understand that toileting accidents sometimes occur, and will have a procedure in place to safeguard staff and pupils.

4. Policy aims and principles

4.1 The aims of this policy are:

- 4.1.1 To safeguard the rights and dignity of pupils and promote their welfare.
- 4.1.2 To safeguard staff and provide guidance and reassurance to staff whose role includes providing intimate care.
- 4.1.3 To assure parents/carers that staff are knowledgeable about intimate care and that their individual concerns are taken into account.
- 4.1.4 To remove barriers to learning and participation, protect from discrimination, and ensure inclusion for all pupils.
- 4.1.5 To raise awareness of the duty of care of head teachers, staff and governors.

4.2 The basic principles of the policy are:

- 4.2.1 Children and young people's intimate care needs cannot be seen in isolation or separated from other aspects of their lives. Encouraging them to participate in their own intimate care should therefore be part of a general approach towards facilitating participation in daily life.
- 4.2.2 Intimate care can take time but it is essential that every child is treated as an individual, and that care is given as gently and as sensitively as possible.
- 4.2.3 The following are the fundamental intimate care principles upon which this policy is based:

- Every child has the right to be safe
- Every child has the right to personal privacy
- Every child has the right to be valued as an individual
- Every child has the right to be treated with dignity and respect
- Every child has the right to be involved and consulted on their own intimate care to the best of their abilities
- Every child has the right to express their views on their own intimate care and to have such views taken into account (note: from a safeguarding perspective staff might have to change a nappy against a child's wishes).
- Every child has the right to have levels of intimate care that are appropriate and consistent.

5. Roles and responsibilities (inc. training needs)

5.1 The head teacher and governing body are responsible for:

- 5.1.1 Ensuring that all adults assisting with intimate care are employees of the school or local authority. This aspect of their work will be reflected in their job descriptions. Visitors, volunteers or students must not undertake activities associated with intimate care or toileting.
- 5.1.2 Ensuring that staff (and candidates applying for a job) are made aware of this aspect of the post.
- 5.1.3 Ensuring that all staff are appropriately trained and supported and that it is part of the job description of the member of staff. The requirement for training will vary greatly between schools and will largely be influenced by the needs of the child. Consideration should be given, however, to the need for training on a whole school or setting basis and for individual staff who may be required to provide specific care for an individual child/young person or small number of children/young people; or providing toileting/changing on an ad-hoc basis.
- 5.1.4 Ensuring that the school has a managing healthcare needs policy, an intimate care and toileting policy and infection control procedures in place, and that staff are familiar with them, especially those involved with intimate care.
- 5.1.5 Providing Personal Protective Equipment (PPE) which should include: disposable gloves and aprons, and bin and liners to dispose of waste. Staff should always wear PPE when dealing with any child who is bleeding, wet or when changing a soiled nappy / clothing.

5.2 Staff:

- 5.2.1 It is likely that most intimate care within a school will be undertaken by teaching assistants.
- 5.2.2 Level 1 -6 generic job descriptions for teaching assistants make reference to care and welfare of children/young people. In Denbighshire **all** Teaching Assistant job descriptions have been evaluated to include dealing with tasks such as cleaning children and young people who have soiled; this is reflected in the grading of these posts (appropriate points have been awarded). For example:

- a. Attend to personal needs, implement related personal programmes, including social, health, physical, hygiene, first aid and welfare matters (1)
- b. Assist with the development and implementation of individual education/behaviour plans and personal care programmes (2)
- c. Support pupils consistently whilst recognising and responding to their individual needs (5 and 6).

5.2.3 Staff attitude to a pupil's intimate care is also important; keeping in mind the pupil's age and routine care, keeping it both efficient and relaxed.

5.2.4 It is the responsibility of all staff caring for a pupil to ensure that they are aware of the pupil's method and level of communication, and the healthcare/intimate care need. To ensure effective communication, staff should:

- Make eye contact at the child's level
- Use simple language and repeat if necessary
- Wait for response
- Continue to explain to the child what is happening even if there is no response
- Treat the child as an individual with dignity and respect.

5.2.5 Staff should encourage each pupil to do as much for themselves as they are able to. This may mean, for example, giving the child the responsibility for washing themselves. Intimate care plans and toileting plans can be established for identified pupils as appropriate – refer to **appendix 1**.

5.2.6 Where a situation renders a pupil fully dependent; the member of staff should talk about what is going to be done and provide choices where possible. The member of staff should ensure they are aware of any preferences for the intimate care from the pupil and/or parent/carer.

5.2.7 Young children and children with additional learning needs (ALN) can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs.

5.2.8 Some procedures must only be carried out by members of staff who have been formally trained and assessed. There should be more than one member of staff assigned within a plan to allow for any illness absence or leave.

5.2.9 Only in the event of an emergency would staff undertake any aspect of intimate care that has not been agreed by parents/carers and school. Parents/carers would then be contacted immediately.

5.2.10 Staff should receive training in good working practices which comply with the health and safety policy and the safeguarding policy.

5.3 Parents/carers:

5.3.1 Parents/carers will be made aware of the school's intimate care and toileting policy and are encouraged to work with the school to ensure their child's needs are met.

- 5.3.2 Parents/carers have a responsibility to advise the school of any known intimate care or toileting needs relating to their child.
- 5.3.3 Where a child/young person has a recognised need with regards to intimate care or toileting, procedures need to be agreed between the school and the parents/carers so that there is clarity over expectations, roles and responsibilities.
- 5.3.4 Records should also reflect arrangements for ongoing and emergency communication between home and school or setting, monitoring and review.
- 5.3.5 Parents/carers have a responsibility to work in partnership with school staff and other professionals to share information and provide continuity of care.
- 5.3.6 It is also important that the procedure for dealing with concerns arising from intimate care processes is clearly stated and understood by parents/carers and all those involved.
- 5.3.7 It is the parents/carers responsibility to provide supplies such as nappies, wipes or continence pads. For children who regularly soil or wet parents/carers should ensure that spare clothing is kept in school.

6. Safeguarding

- 6.1.1 The governing body and head teacher ensures that all staff are familiar with the safeguarding policy, and if there are any concerns, they should be recorded and discussed with the schools Designated Safeguarding Lead (DSL).
 - 6.1.2 All staff (including students and volunteers) working within the school setting will be subject to the usual safer recruitment procedures, which includes a DBS check.
 - 6.1.3 Visitors, volunteers or students must not undertake activities associated with intimate care or toileting.
 - 6.1.4 A child's dignity must be maintained at all times.
- 6.2 Staff ratios:**
- 6.2.1 The number of staff required to undertake procedures will depend upon individual pupil's circumstances and should be discussed with all concerned with the pupil's privacy and dignity at the forefront. The individual pupil's needs should be used to help assess the risk; a risk assessment should determine if one or two members of staff (or more) are required (see **appendix 3**).

6.2.2 Where there are concerns around child protection, previous allegations, or moving and handling issues, a minimum of two adults would be required to provide care.

6.2.3 Consideration should be given to the management of staffing levels in the classroom when undertaking duties outlined in this document.

6.3 Location of intimate care / changing facilities:

6.3.1 Schools should identify a suitable changing area for pupils with intimate care/toileting/changing needs, to enable the privacy of pupils to be maintained, balanced with the need to safeguard the child and staff; and protection for the adult e.g. visible and/or audible. See 7.1.1.

6.4 Working with pupils of the opposite gender:

6.4.1 In certain circumstances it may be appropriate / necessary to have a person of the same gender as the child care for the pupil. For example, for cultural or family reasons. However, the current ratio of female to male staff in many schools, means that assistance will more often be given by a female. As stated in 'Supporting learners with healthcare Needs (2017):

'Certain medical procedures may require administration by an adult of the same gender as the learner, and may need to be witnessed by a second adult. The learner's thoughts and feelings regarding the number and gender of those assisting must be considered when providing intimate care. There is no requirement in law for there to be more than one person assisting. This should be agreed and reflected in the individual healthcare plan (IHP) and risk assessment'.

6.4.2 We will work to ensure the needs of the pupil and family are met. If this is not possible we will discuss with the pupil and family and other professionals.

6.5 ALL concerns/incidents must be reported immediately:

6.5.1 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unusual markings, discolouration's or swelling, including the genital area they must immediately report the concerns to the Designated Safeguarding Lead (DSL).

6.5.2 If a member of staff has any concerns about any unusual emotional and behavioural responses by the pupil; they must immediately report concerns to the DSL.

6.5.3 If a staff member has concerns about a colleague's intimate care practice, they must immediately report concerns to the DSL.

- 6.5.4 If a pupil or parent/carer makes an allegation against a member of staff, they must immediately report concerns to the DSL.
- 6.5.5 If a pupil is accidentally hurt during the intimate care or misunderstands or misinterprets something, staff should reassure the pupils safety and report the incident immediately to the DSL.
- 6.5.6 If a staff member is accidentally hurt, they should report the incident immediately, seek medical assistance if needed and ensure an accurate written record of what happened is made.
- 6.5.7 If a pupil becomes distressed or unhappy about being cared for by a particular member of staff, the parents/carers should be contacted at the earliest opportunity in order to reach a resolution and outcomes recorded. Staffing schedules could be altered until the issue(s) are resolved. Further advice can be taken from outside agencies if necessary.
- 6.5.8 **All concerns reported to the DSL will be immediately acted upon in line with the school Safeguarding Policy.**
- 6.5.9 **A written record of concerns must be made available to parents/carers and kept in the pupil's personal file. Further advice will be taken from outside agencies as necessary. Unless this is of child protection nature where there is no automatic right for parents/carers to be notified of this concern.**

7. Health and safety, and facilities

7.1 Environment:

- 7.1.1 The school will identify a suitable area for pupils to receive intimate care, giving consideration to the needs of each individual pupil. Privacy for the pupil and safeguarding staff will be considered along with:
- Space
 - Heating and ventilation to ensure staff and pupil comfort
 - Running hot and cold water and liquid soap should be available
 - Protective clothing (disposable apron and gloves) should be provided in an accessible location
 - Supplies of nappies, wipes etc in an accessible location (provided by family)
 - Nappy disposal bags
 - Labelled bins for the disposal of nappies (soiled items should be double bagged)
 - Special arrangements for the disposal of any contaminated or clinical materials including sharps and catheters
 - Supplies of suitable cleaning materials – cloths, anti-bacterial sprays
 - Appropriate clean clothing (preferably the child's own), should be to hand to avoid leaving the child unattended to maintain dignity
 - Effective staff alert system for help in an emergency

- Arrangements for menstruation when working with adolescent girls

7.1.2 Infection control procedures should always be followed.

7.2 Waste:

7.2.1 The school is responsible for the disposal of all nappies/pads used by pupils on school premises. It is not appropriate for the school to send used nappies/continence pads home at the end of the school session.

7.2.2 Up to 7kg of nappies/pads can be disposed of per school in general waste collection. Contract Waste Disposal will be considered for larger quantities.

7.2.3 Disposal of soiled nappies/pads/clothing should be discussed during admission meetings and noted on the Individual Healthcare Plan/Intimate Care Plan/Toileting Plan.

7.2.4 Specialist provision / equipment i.e. catheterisation / diabetes / menstrual management / or any other intimate healthcare needs should be disposed of as agreed in the pupils IHP.

8. Provision of supplies

8.1.1 Personal protective equipment for staff will be provided by the school. See 5.1.5.

8.1.2 Items such as nappies, continence pads and wipes will be provided by parents/carers. See 5.3.8.

9. Agreeing a procedure for intimate care or toileting

9.1 Admissions and transition

9.1.1 The school will ensure that there is a strong transition system in place between settings/schools, and that parents/carers are given the opportunity to discuss any intimate care or toileting needs during planned admission's meeting.

9.1.2 We will work with our e.g. Disability Transition Worker and Manual Handling Trainer to identify pupils that may require intimate care or toileting support.

9.2 Creating and agreeing a plan

- 9.2.1 When an intimate care need is identified, the school will complete an intimate care plan/agreement (**appendix 1**) with the parent/carer and pupil, and if necessary a healthcare professional. In some cases an Individual Healthcare Plan might be needed (see [managing healthcare needs policy](#), appendix 3).
- 9.2.2 If there is a toileting need, an intimate care plan **appendix 1** will be needed.
- 9.2.3 The agreements will detail what care is to be provided and by whom. There should be more than one named member of staff.
- 9.2.4 A risk assessment, **appendix 3**, will identify the support required for the plans, e.g. manual handling, risk of allegations.
- 9.2.5 It is vital that plans are prepared prior to admission, and where possible opportunities are made for the pupil and family to meet the staff who will be providing intimate care.
- 9.2.6 Whole school and classroom management considerations should be taken into account, for example:
- The importance of working towards independence
 - Arrangements for home/school transport, sports days, school visits, swimming etc.
 - Substitutes in case of staff absence
 - Strategies for dealing with bullying/harassment (if the child has an odour for example)
 - Seating arrangements in class (ease of exit)
 - A system to leave class with minimum disruption
 - Avoiding missing the same lesson for medical routines
 - Awareness of discomfort that may disrupt learning
 - Implications for PE (changing, discreet clothing etc.)

9.3 Toileting – occasional incidents:

- 9.3.1 School should ensure that they have arrangements in place for when a child occasionally wets or soils themselves.
- 9.3.2 Measures such as asking parents/carers to come in and change children are not good inclusive practice and can put unacceptable pressure on both the parent/carer and the child. It is also likely to be a direct contravention of the Equality Act 2010, and leaving a child in a soiled nappy or in wet or soiled clothing for any length of time pending the return of the parent/carer is not acceptable.

10. Sharing and recording information

- 10.1.1 Any plans or risk assessments created will be kept on the pupils file, given to the parent/carer, will be made available to the staff member(s) providing intimate care and the healthcare professional (if involved).

10.1.2 Each intervention of intimate care or toileting should be recorded, **appendix 2**.

11. Reviewing intimate care and toileting arrangements

- 11.1.1 Intimate care agreements (**appendix 1**) be reviewed at **least termly** or according to the developing needs of the child. This should be specified in the relevant plan and followed up by the named member of staff. The views of all relevant parties should be sought and considered to inform future arrangements. Staff members carrying out intimate care must be vigilant and ensure that they are following the current plan.

12. Complaints procedure

- 12.1.1 If a pupil or parent/carer is not satisfied with our health care arrangements they are entitled to make a complaint. This is outlined in our complaints policy.
- 12.1.2 Insert here a summary about your complaint procedure: e.g. how complaints can be escalated from teacher to head teacher, then to the governing body, and then to the local authority.
- 12.1.3 If the complaint is Equality Act 2010/disability related, then consideration of a challenge to the Special Education Needs Tribunal for Wales (SENTW) or Children's Commissioner can be made. However, we always advocate that all complaints go to the governing body in the first instance to try to resolve it at a local level.

13. Reviewing the policy

- 13.1.1 We will review this policy alongside the Managing Healthcare Needs Policy, if any amendments occur in legislation, or in consideration of changes in working practices.

Appendix 1: INTIMATE CARE PLAN: AGREEMENT AND CONSENT FORM

The purpose of the Agreement and Consent form is to ensure that parents/carers and professionals are in agreement with what care is to be given and that staff have received any appropriate training that may be relevant.

Teaching of certain care procedures may be carried out by the parent/carer or by the professional experienced in that procedure.

When the parent/carer and/or professionals are agreed that the procedure has been learned or where routine intimate care is to be provided, the details will be recorded fully below and all parties must sign this record and be provided with a copy. An additional copy is to be retained on the pupils file in school and a copy is to be provided for the child's medical record (if appropriate).

Child's Name	DOB
Date agreed	Agreed review date

Reasons why intimate care is to be provided: (e.g. lack of training / development delay / medical need)	
Who will provide this care: (staff names and roles)	
Details of care to be provided (where, when, arrangements for privacy etc):	
Consent provided by:	
Names of parents / carers	
Signatures	Date
School: Ysgol Gyfun Gymraeg Glantaf	
Names of Staff Members	Roles
Signatures	Date
Reviews:	
Review Date	
Outcome of Review	

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Appendix 3: Risk Assessment

Risk Assessment: Intimate Care

Name of Assessor: Bethan Davies Designation: Leader of the SRB

Establishment: Ysgol Gyfun Gymraeg Glantaf Date of Assessment: 3/10/24

Sources of Information – IDPs, IHP, Conversations with parents



Please ensure guidance on infection control and enhanced hygiene practices are followed at all times. Staff are to be provided with Cardiff schools cleaning guidance V3 and have viewed the <https://youtu.be/ToaB1SWXFsI> to ensure Personal Protective Equipment (PPE) is put on and taken off in accordance with H&S guidelines.

Hazards Identified	Persons at Risk	Likely Consequences	Evaluation/ Level of Risk			Control Measures (action required to prevent risk)	Action required What/When/Who
			High	Med	Low		
Risk of Physical abuse towards pupils or staff	Pupils Staff highlighted pupil	Harm to staff and pupils			*	2 members of staff to always be present when changing a child	Class teacher to ensure correct staff ratio when someone is being changed. Staff member to report the incident immediately, seek medical assistance if needed and ensure accurate written record of what happened is made
Refusal to follow instructions	Pupil Other pupils	Harm to staff and pupils	*			Use of social stories to ensure understanding.	Ratio of 2:1.

	Staff					<p>Refocussing script Limited choices/alternatives provided Take up time with calm approach Planned ignoring Remove other pupils Offer or direct access to breakout or outside area Discuss risk assessment with the pupils and staff.</p>	<p>Highly experienced members of staff to work with the pupils at this time.</p> <p>Plenty of space given for consideration - not too much language used by different members of staff.</p>
Risk of pupils suffering epilepsy seizures					*	<p>Be vigilant of pupils's eye movement, if it's rapid, allow them to have a break if possible.</p>	<p>Lessen demand after seizure and be careful around stairs/roads</p>

Monitoring and Reviewing Arrangements

Relevant information passed on to appropriate staff

Signed: B H Davies

Designation:

Leader of the SRB

Date: 3/10/24