

Vision statement
BRIDGE is a family of schools committed to high performance. We embrace a universal culture of excellence in the learning communities we build.
Aims
To continue building a Multi Academy Trust that promotes strong values, an excellent education for all children, develops highly effective School Teams, is financially secure & ensures effective governance.
To nurture, support and encourage aspirations by providing excellent learning opportunities, inspiring teaching environments, and a creative approach to curriculum subjects that secures engagement from all our learners resulting in high levels of academic progress and outcomes.
To develop outstanding leadership, teaching and support teams by valuing committed, reflective staff, and providing rigorous and challenging professional development for continual School Improvement.
To develop hubs as centres of learning excellence to disseminate best practice, firstly within and then beyond, the Trust.
To successfully engage and communicate with parents/carers in our local communities, supporting the children's progress, well-being and achievement.

Intimate Care Policy

Purpose
<p>The following are the fundamental principles of intimate care upon which our policy guidelines are based. Every child has the right to:-</p> <ul style="list-style-type: none"> • be safe; • personal privacy; • be valued as an individual; • be treated with dignity and respect; • be involved and consulted in their own intimate care to the best of their abilities; • express their views on their own intimate care and to have such views taken into account; and • have levels of intimate care that are appropriate and consistent.

September 2021

Policy Version	V1.1	Next Review Date	09/23
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Rationale

It is our intention to develop independence in each child, however there will be occasions when help is required. Our Intimate Care policy has been developed to safeguard children and staff. It is one of a range of specific policies that contribute to our Safeguarding of pupils. The principles and procedure apply to everyone involved in the intimate care of children.

Children are generally more vulnerable than adults and staff involved with any aspect of pastoral care need to be sensitive to their individual needs.

1. Introduction

- 1.1 All Bridge Schools have a legal duty under section 175 of the Education Act 2002 to safeguard and promote the welfare of pupils by creating and maintaining a safe learning environment.
- 1.2 In this regard, all Bridge Schools staff have a duty to keep children and young people safe and protect them from harm. Staff should ensure that they do not put themselves in situations in which allegations of abuse or inappropriate behaviour could be made.
- 1.3 Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam)
- 1.4 The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.
- 1.5 Bridge Schools 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. Bridge Schools recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

Responsibilities

Parents have a responsibility to advise their child's school of any known intimate care needs relating to their child.

It is preferable that children are toilet trained before Foundation Stage. However, no child will be excluded from participating in the Foundation Stage or throughout the school who may, for any reason, not yet be toilet trained and who may still be wearing nappies or equivalent.

In the event of an accident at school and a child requires changing/cleaning or assistance with changing/cleaning, a consent form is to be signed and stored on the child's file. **(Appendix 2A)**.

Anticipated intimate care arrangements which are required on a regular basis are agreed between the school and parents and, when appropriate and possible, by the child.

Intimate care arrangements for any pupil who requires this support on a regular basis will require the completion of the Intimate Care Provision Plan – Parent/School Agreement Form **(Appendix 2B)** which will be reviewed termly. Any amendments to the arrangements should be recorded and made available for all parties involved.

In the event of an accident at school and a child requires changing/cleaning or assistance with changing/cleaning, a consent form is to be signed and stored on the child's file. **(Appendix 2A).**

Only in an emergency would staff undertake any aspect of intimate care that has not been agreed by the parents. This act of intimate care would be reported to a member of staff and parents at the earliest possible time following the event.

If a staff member has concerns about a colleague's intimate care practice he or she must report this to the Schools Designated Safeguarding Lead.

At Bridge Schools, we believe in creating a culture that is safe and inclusive. We therefore actively promote principles of respect, understanding rights and responsibilities, following the law, individuality, fairness, democracy, tolerance and understanding for all. This code of conduct sets out the key principles for the creation and maintenance of a safe school culture. We put children first and our relationships with them are paramount to a successful learning culture.

Through our THRIVE approach, we develop an environment built upon positive social, emotional and learning behaviours. We understand the importance of positive mental health for all pupils and adults in our community. We work hard to foster good practice within this area.

2. Best Practice

- 2.1 The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.
- 2.2 Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in lifting and moving) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/occupational therapist as required.
- 2.3 Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex education to the children/young people in their care as an additional safeguard to both staff and children/young people involved.
- 2.4 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 he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.
- 2.5 Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented.
- 2.6 Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers. Effective communication between all parties will ensure that practice is consistent.

- 2.7 Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence for example, female staff supporting boys in a primary school, as no male staff are available.
- 2.8 If any unusual markings, discolouration or swelling is observed this is to be reported immediately to the Designated Safeguarding Lead. If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the designated teacher. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's personal file.
- 2.9 Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's 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.

3. Children wearing nappies/pull-ups

- 3.1 We will use a log book (Appendix 3) to record who changes a child, how often (date) this task is carried out and the time they left/returned to the classroom following this task. Examples of such good practice provide reassurance for parents that systems are in place and that schools have implemented procedures for staff to follow. We also ask for similar feedback in relation to home, so that school can provide a consistent approach for the child, where possible.

4. Equipment Provision

- 4.1 Schools often ask for clarification regarding who is responsible for providing equipment when children require changing.

Parents have a role to play when their child is still wearing nappies. The parent should provide nappies, disposal bags, wipes, etc. and parents should be made aware of this responsibility. Schools are responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.

5. Health and Safety

- 5.1 Some schools are concerned about health and safety issues when staff are changing children or dealing with a child who has had an accident and is bleeding.
- 5.2 Staff should always wear an apron and gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy. Any soiled waste should be placed in the allocated clinical waste bin provided. This clinical waste bin should be emptied on a weekly basis and then collected by nominated clinical waste contractor. Staff should be aware of the school's Health and Safety policy.

6. First Aid and intimate care

- 6.1 Staff who administer first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.
- 6.2 Regular requirements of an intimate nature should be planned for. Agreements between the school/organisation, those with parental responsibility and the child concerned should be documented and easily understood. The necessity for such requirements should be reviewed regularly. The child's views must also be actively sought and, in particular, any discomfort with the arrangements addressed.

APPENDIX 1**PROCEDURES FOR CHANGING**Procedures for changing a child wearing a nappy:

- A member of staff will change the child in a designated changing area.
- The child will be changed on a changing mat or changing table whichever is available.
- Staff will use the changing mat/changing table, aprons, gloves, nappy sacks and baby wipes.
- Nappies will be disposed of in the hygienic nappy disposal bin.
- We will use a log book (Appendix 3) to record who changes a child, how often (date) this task is carried out and the time they left/returned to the classroom following this task.

Procedures for changing a child wearing pull-ups:

- A member of staff will change the child in a designated changing area.
- The child will be changed in the toilet area or on the changing mat/changing table as appropriate (i.e. medical needs).
- Staff will wear an aprons and gloves and use nappy sacks and baby wipes.
- Pull-ups will be disposed of in the hygienic nappy disposal bin.
- We will use a log book (Appendix 3) to record who changes a child, how often (date) this task is carried out and the time they left/returned to the classroom following this task.

Procedures for changing a child who has wet/soiled themselves:

In the event of an accident at school and a child requires changing/cleaning or assistance with changing/cleaning, a consent form is to be signed and stored on the child's file. (Appendix 2A)

- A member of staff will change/assist the child in a designated changing area.
- The child will be changed in the toilet area or on the changing mat/changing table as appropriate (i.e. medical needs).
- Staff will wear an apron and gloves.
- Soiled/wet clothes will be placed inside a bag with the bag handles tied.

Procedures for prevention of infection:

- Staff will wear disposable gloves and aprons (if the child is soiled) whilst changing.
- These items will be disposed of in the hygienic nappy disposal bin.
- The changing mat and area will be cleaned after use with antibacterial wipes.
- Hot water and hand wash is available to wash hands immediately after a child has been changed.
- Paper towels are available for drying hands.
- Antibacterial hand gel is available in the changing area.

Parents of new pupils to the school are required to consent via the Parent Portal, giving staff permission to assist their child in the event any of the above situations.

APPENDIX 2 (plus A and B if applicable)

PARENTAL AGREEMENT FORM

- 1 Intimate care is any care which involves washing, touching or carrying out a specific medical procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas.
- 2 The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.
- 3 Bridge Schools is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. The schools recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.
- 4 The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.
- 5 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 he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.
- 6 Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present.
- 7 Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing care.
- 8 Each school has a log book (Appendix 3) to record who changes a child, how often (date) this task is carried out and the time they left/returned to the classroom following this task.
- 9 Parents have a role to play when their child is still wearing nappies. The parent should provide nappies, disposal bags, wipes, etc., and parents should be made aware of this responsibility. Schools are responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.
- 10 Aprons and gloves will be worn when dealing with a child who is bleeding or soiled or when changing a soiled nappy.
- 11 When administering first aid staff will ensure wherever possible that another adult or other children are present. The pupil's dignity will always be considered and where contact of a more intimate nature is required (e.g. assisting with injury to intimate areas), another member of staff will be in the vicinity and will be made aware of the task being undertaken and ensure entry into the school's first aid log is made.

APPENDIX 2A

PERMISSION FORM FOR INTIMATE CARE PROVISION

Should your child have an accident (soil or wet themselves) in school and require changing or assistance with changing we are willing, with your permission, to clean and change your child as required. We will follow the procedures outlined in our "Intimate Care Policy". This role will always be undertaken by a member of staff and you will be informed that an incident has taken place.

In such an event please indicate below how you would like us to proceed.

- In the event of my child having an accident in school and needing/requiring assistance to be cleaned and changed, I give permission for a member of staff (teacher or classroom assistant) to clean and change/assist in cleaning and changing him/her.

Child's name _____

Signed _____ (Parent/Guardian)

OR

- In the event of my child having an accident in school and needing to be cleaned, I would like to be contacted so that I can proceed to school.

I accept that if you are unable to contact myself or someone on the emergency contact you will proceed to clean and change/assist in cleaning and changing him/her as based on the procedures outlined in the "Intimate Care Policy".

Child's name _____

Signed _____ (Parent/Guardian)

APPENDIX 2B

INTIMATE CARE PROVISION PLAN – PARENTAL/SCHOOL AGREEMENT FORM

I agree to support the Bridge Schools Intimate Care Policy.

I will advise the school/parents of any changes which may affect issues of intimate care i.e. **school**- changes of staff, room use, off site requirements, **home**- changes in medication, illness, bowel habits, home situation.

Child's Name: _____

Staff involved: _____

Frequency of support and other details including reason for intimate care policy to be followed:

Example:

- At home, XX is currently checked hourly- school to provide checks in-line with this; requesting support from other adults as necessary to help with ratios.
- XX to always wear a visual prompt. He/she can then use that and or say when he/she needs the toilet. The visual prompt matches the visuals already in the school toilets. At home, XX is comfortable to say when he/she needs a poo, but is also still checked approximately every hour and sometimes 10 times per day.
- If XX rips the keyring off, another is attached and parents informed.
- Staff to focus on toilet habits in a new home/school book. This is the current priority. Record time, type and any relevant details for parents. This needs to take priority over learning at the present moment.
- Parents to record home habits/situations that may affect XX.
- XX to use the toilet whilst being supervised- happy to encourage him/her in cubicle to poo in nappy whilst adult standing in toilet area.
- XX to wipe him/herself whilst supervised to encourage independence, but adult must check for any poo left on his/her skin as this will cause irritation
- At home, XX has an issue in using the toilet. School to use nappies in-line with this to provide consistency for XX at this time.
- A key sign that XX needs the toilet at home is that he/she crosses his/her legs and wiggles. He/she also, at times, takes him/herself off to another area. These signs will be looked for in school.
- Since XX does not like to be wiped, it has been agreed that he/she must be wiped, no matter what, by an adult. Any struggles with an adult wiping him/her, will be recorded in his/her home/school book.
- At this time, we need to relieve the pressure on XX, so home and school must provide a consistent approach for him/her to flourish.
- Cream to be applied when needed, every time a pull up is changed.

Signature of Parent/carer _____

Print name _____

Date _____

Signature of School representative _____

Print name _____

Position _____

Date _____

A review of this agreement will be made on **DATE**.

