



Red Hall Intimate Care Policy

Intimate Care Policy

Red Hall Primary School

Approved by:

Date:

Last reviewed on: January 2025

Next review due by:

Signature of Chair of
Governors:



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1. Introduction

Achieving continence is one of the many developmental milestones usually reached within the context of learning before a child transfers from pre-school or nursery. However at Red Hall primary School, we acknowledge that there may be children with longer term continence issues for whom an individual health care plan may need to be put in place. In addition there may be children joining us in school who are at various points of developing their independence in toileting who may well need short term support in this important area of self care.

The Equality Act 2010 requires that all settings do not treat children and young people with disabilities less favourably; they must make reasonable adjustments to avoid putting those with disabilities at a substantial disadvantage. Settings are under a statutory obligation to meet the needs of all children and therefore children should not be excluded from activities because of incontinence.

Red Hall Primary School is committed wholeheartedly to working with children, parents and any support agencies deemed necessary to ensure appropriate provision is made for all



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children with needs in this specific area of personal development and in so doing fulfil a commitment to the promotion of our inclusive school ethos .

Our school seeks to make reasonable adjustments to meet the needs of each child and children should not be excluded nor treated less favourably because of their delayed continence.

Standards of continence have no bearing on whether a child is admitted to our school.

2. Aims of Policy

1. To provide clear guidelines for all staff on appropriate procedures
2. To highlight the importance of continence in the development of independence
3. To establish good practice in the care of children with continence delay
4. To ensure that children are treated with dignity and respect by those adults responsible for them
5. To safeguard the interests of children, staff, parents and carers in our school
6. To establish good practice for joint working between the child, the child's parents / carers and all professionals involved with the child.

This policy/guidance does not cover more complex health conditions where, for example, catheters or colostomy bags may be in use. Advice regarding these health conditions should be sought from NHS professionals and trained volunteers.

The Early Years Foundation Stage has a goal of: “dress and undress independently and manage their own personal hygiene.” Adults working with this age group should plan a programme with the aim of achieving this goal.

Health and Safety

Effective from 04/01/2024 The Early Years Foundation Stage Statutory Guidance states that 'Providers must ensure: • There is an adequate number of toilets and hand basins available - there should usually be separate toilet facilities for adults. • There are suitable hygienic changing facilities for changing any children who are in nappies. • There is an adequate supply of clean bedding, towels, spare clothes, and any other necessary items.

There are designated areas providing a suitable place for the changing of children. This is the disabled toilet area adjacent to the Reception classroom which provides additional space for attending to a child's personal needs, this area includes shower facilities. In addition the school has a separate shower room should this be necessary. This is an appropriate environment for attending to children who may also be wearing pull ups or nappies. There is



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a disabled toilet next to the Year Five classrooms which provides additional space for attending to a child's personal needs.

Children with delayed continence and associated medical conditions

Children with delayed continence are a very diverse group. Each child needs to be treated as an individual but in broad terms the children with continence delay are in the following groups:

1. Late developers	The child may be developing normally but at a slower pace.
2.Children with some developmental delay	The child may have a developmental delay in continence; either diagnosed or under investigation, but may well attend an early years or mainstream setting.
3. Children with physical disabilities or continence-associated medical conditions	Physical disabilities and medical conditions such as spina bifida or cerebral palsy may result in long-term continence delay and a Continence Care plan will be needed.
4. Children with behavioural/emotional difficulties	Delayed continence may be a symptom of social, emotional and behavioural difficulties.

If a child accidentally wets or soils him/herself they will be attended to in either of the designated areas referred to above.

Staff involved in this procedure will be expected to wear disposable gloves. Aprons provided will be considered appropriate for staff involved in nappy changing.

Wet or soiled nappies will be double wrapped, gloves and aprons and any items used for cleaning the changing area will be disposed via the normal waste.

Wet or soiled underwear/clothing will be returned to parents. Temporary storage of these will be in the designated changing area prior to the child being collected at the end of the session.

For children who are aged 5 and over the requirement for providing adequate resources will be the responsibility of the parents / carers unless the child is at a Special School or has a specific disability, in which case the NHS may be supplying the resources either to the family or directly to school. All settings should maintain an emergency supply of adequate resources as detailed in a Health Care Plan. If the schools/settings resources are used, parents should



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be requested to replace them.

3. Child Protection

We have no anticipation that the changing of a child either in nappies or otherwise should raise any issues of child protection as all staff have been CRB checked. Therefore it will be normal practice for only one adult to be involved in attending to a child's personal needs. The person attending to a child will always be a member of the school staff. Students on placement will not be involved in supporting children in this area of care. Staff will complete the Personal Incident Form (Appendix A) which will be signed by the member of staff and the parent / carer.

At all times staff will be encouraged to remain highly vigilant for any signs or symptom of improper practice, as they do for all activities within school.

4. Agreeing a procedure for personal care

Parents will be kept fully informed of the procedures the school will follow should their child need changing during school time. This information will be shared at entry meetings and reinforced where necessary. A copy of the school policy will be made available on the school website or is available on request.

Guidelines for staff involved in the process as detailed below will be visibly displayed in both designated changing areas. This will ensure they follow the correct procedure.

- The child's skin should be cleaned with a disposable wipe and where appropriate the child will be encouraged to do this for themselves.
- Nappy creams/lotions should be labelled with the child's name and only if prescribed for that child - they must NOT BE SHARED.
- Any creams should be used sparingly as if applied too thickly they can reduce the absorbency of the nappy.
- Disposable gloves should be worn when changing nappies. The nappy should be folded inward to cover faecal material and double-wrapped in a nappy bag. Soiled nappies should be disposed of into the specifically allocated yellow bin provided. These bins are emptied by an external agency provider. These bins should be stored away from the reach of children.
- Any soiled or damp clothing should be placed in a plastic carrier bag and stored for a temporary basis in the changing area and given to parents at the end of the session.



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- Once the child has been changed and removed from the changing area, the surface should be cleaned with a detergent spray or antibacterial wipes and left to dry.
- Gloves and aprons and any items used for cleaning the changing area will be disposed of in the bin provided.
- Hands should be thoroughly washed afterwards.

Should a child with particularly complex needs be admitted the school will work closely with the health care professionals involved in any forward planning activity.

5. Resources

Another Teaching Assistant may be called to ensure emergency cover in the classroom while the member of staff is involved in changing a child.

6. Keys to success

A successful transition to independence in this area of self care is more likely to be achieved when we, as practitioners work closely with parents with a positive approach to supporting the child in this aspect of their development.

We will not assume that the child has failed to achieve full continence because this has not been attempted in the home.

However, where this is the case we will have a positive and structured approach developed, in partnership with parents and carers, to ensure a successful outcome for a child.

If there is further concern that delayed continence may be linked with delays in other aspects of the child's development this will be sensitively discussed with parents and carers and a specifically planned programme be jointly developed and agreed.

There are other professionals who can help with advice and support. The School Health Advisor will have knowledge of who can be contacted to offer support and advice in this area. Health care professionals can also carry out a full health assessment in order to rule out any medical cause of continence problems.

7. Partnership Working

In order to achieve a clear understanding of the shared responsibilities of both parents and school it may be appropriate to set up a mutual agreement which will define each others expectations. This kind of agreement should help to avoid misunderstandings that might otherwise arise and help parents feel confident that the school is taking a holistic view of the child's needs.

If this is deemed necessary issues discussed and agreed may cover the following areas.

- Providing the school/setting with spare nappies/underwear, a change of clothing and any prescribed creams



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- Understanding and agreeing the procedures that will be followed when their child is changed at school – including the use of any cleanser or the application of any prescribed cream
- Agreeing to inform the school should the child have any marks/rash
- Agreeing to review arrangements should this be necessary

8.1 The parent:

- Agreeing to ensure that the child is changed at the latest possible time before being brought to school
- Providing the school/setting with spare nappies/underwear, a change of clothing and any prescribed creams
- Understanding and agreeing the procedures that will be followed when their child is changed at school – including the use of any cleanser or the application of any prescribed cream
- Agreeing to inform the school should the child have any marks/rash
- Agreeing to review arrangements should this be necessary

8.2 The School/setting:

- Agreeing how often the child would be changed should the child be staying for the full day
- Agreeing to monitor the number of times the child is changed in order to identify progress made. This will be done by referring to the completed Personal Incident Forms.
- Agreeing to discuss any marks or rashes seen
- Agreeing to review arrangements

