WEST CUMBRIA LEARNING CENTRE	
TITLE: **MANAGING INTIMATE CARE AND TOILETING PROCEDURES**	ISSUE 8 DATE September 2025

RECORD OF ISSUE

ISSUE	DATE	NEXT REVIEW DATE	SUMMARY
1	June 2013	June 2015	Review with staff and Management Committee
2	May 2015	May 2017	Review with staff and Management Committee
3	May 2016	May 2018	Minor revisions to take account DfE 'Keeping Children Safe in Education' July 2015 and the supporting guidance 'Keeping Children Safe in Education – Information for all School and College Staff, July 2015. Reformatting.
4	May 2018	May 2020	Minor revisions to take account DfE 'Keeping Children Safe in Education' July 2016 and the supporting guidance 'Keeping Children Safe in Education – Information for all School and College Staff, July 2016 Minor Revisions in light of the Public Health England guidance 'Health Protection in Schools and Other Childcare Settings' 2017
5	Jan 2021	Jan 2023	Reference made to 'Working together to Safeguard Children', July 2018, 'Keeping Children Safe in Education' September 2020 and DfE 'Information Sharing – Guidance for Safeguarding Practitioners' July 2018. Revised to reflect variations as a result of the coronavirus (Covid-19) pandemic & updates to waste disposal arrangements
6	Sept 2022	Sept 2024	All references to the Covid-19 pandemic have been removed altogether. Updated to reference Keeping Child Safe in Education September 2022, additional information on PPE, nappy changing and laundry and links updated. Updated to reflect replacement of Public Health England with UK Health Security Agency (UKHSA), information on APGs and removal of some links. Updated with minor changes to role titles and links

RECORD OF ISSUE			
ISSUE	DATE	NEXT REVIEW DATE	SUMMARY
7	Sept 2024	Sept 2026	Revised to add links rather than appendices. Minor changes to external links. Minor changes to terminology and to improve clarity.
8	Sept 2025	Sept 2026	Updates to LA SCP references and changes to the Cumberland Safeguarding Hub name. Updates in line with DfE EYFS statutory framework for group and school-based providers. Other minor changes to links throughout.

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CHAIR OF MANAGEMENT COMMITTEE	M Priestley		01/09/25

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INTIMATE CARE AND TOILETING PROCEDURES

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DfE Supporting Pupils at School with Medical Conditions
DfE Information Sharing – Advice for Safeguarding Practitioners
DfE EYFS statutory framework for group and school-based providers
Care inspectorate Nappy changing for early learning and childcare settings (excluding childminders)
ERIC (The Children's Bowel and Bladder Charity)
Cumberland Safeguarding Children Partnership (SCP)
UKHSA homepage
UKHSA Health Protection in children and young people settings, including education
UKHSA *E-bug*
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HSE Blood Borne Viruses in the Workplace
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School's own:

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1. Definitions

For the purposes of this Policy and procedures a child, young person, pupil or student is referred to as a 'child' or a 'pupil' and they are normally under 18 years of age. Special schools and units will have students up to the age of 19 who are classed as vulnerable adults and to whom these procedures will also apply.

Wherever the term 'parent' is used this includes any person with parental authority over the child concerned e.g. carers, legal guardians etc.

2. Introduction

We 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. We recognise that there is a need to treat all children/young people, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. No child will be attended to in a way that causes distress, embarrassment or pain. Arrangements for intimate and personal care are open and transparent and accompanied by recording systems.

The school recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

3. What is meant by intimate care

Intimate care is any care which involves washing, touching or carrying out an invasive procedure) to intimate personal areas (such as cleaning up after a child has soiled him/herself). In most cases such care will involve procedures in relation to with personal hygiene and the cleaning of equipment associated with the process as part of a staff member's duty of care. In the cases of specific procedure only staff suitably trained and assessed as competent will undertake the procedure (e.g. the administration of rectal diazepam).

4. Our approach to best practice

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.

Staff who provide intimate care are appropriately trained to do so (including in child protection procedures) and, where required, lifting & handling and administering medicines (including oral, rectal and topical applications) and are fully aware of best practice. Suitable hygienic equipment and facilities will be provided to assist with children and young people who need special arrangements following assessment from physiotherapist/ occupational therapist.

Staff will be supported to adapt their practice in relation to the needs of the individual child taking account of developmental changes such as the onset of puberty and menstruation. Wherever possible staff who are involved in the intimate care of children will not usually be involved in the delivery of sex education to the child in their care as an additional safeguard to both staff and the children involved.

An individual member of staff will inform another appropriate adult when they are going alone to assist a pupil with intimate care.

Pupils who require regular assistance with intimate care have a written Individual Health Care Plan (IHCP) or Education Health and Care Plan (EHCP) or other plans that identify the support of intimate or personal care agreed by staff, parents and any other professionals actively involved, such as school nurses or physiotherapists. Ideally plans should be agreed at a meeting at which all key staff are present wherever possible and appropriate. The pupils may also be invited to attend. Any historical concerns (such as past abuse) will be considered. The plan will be reviewed as necessary, but at least annually, and where there is a change of circumstance, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). The plan must also consider procedures for extended school activities (e.g. wraparound care) and off-site visits.

Any vulnerabilities, including those that may arise from a physical or learning difficulty will be considered when formulating the individual pupil's EHC Plan or Individual Healthcare Plan (IHCP). The views of parents and the pupil, regardless of their age and understanding, will be actively sought in formulating the plan and in the necessary regular reviews of the arrangements. Any changes to the care plan will be made in writing and without delay, even if the change in arrangements is temporary e.g. staff shortages, changes to staff rotas etc.

Where relevant, it is good practice to agree with the pupil and parents appropriate terminology for private parts of the body and functions and this will be noted in the plan.

Where a suitable care plan is **not** in place, parents will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and wet or soiled him/herself). Information on intimate care will be treated as confidential and communicated in person, by telephone or by sealed letter.

In relation to record keeping, a written record will be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage. Accurate records will also be kept when a child requires assistance with intimate care; these may be brief but will, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It will be clear who was present in every case. Where intimate and personal care tasks are undertaken in another room,

records will include times left and returned. These records will be kept in the child's file and made available to parents on request.

There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Wherever possible, the pupil's wishes and feelings should be sought and taken into account. Where the pupil is of an appropriate age and level of understanding permission will be sought before starting an intimate procedure.

Pupils are encouraged to act as independently as possible and to undertake as much of their own personal care as is possible and practicable. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. When assistance is required, this will normally be undertaken by one member of staff (usually the child's key person), however, they will try to ensure that another appropriate adult is in the vicinity who is aware of the task to be undertaken and that, wherever possible, they are visible and/or audible. Intimate care procedures do not include the need for more than one member of staff unless the child's Education Health and Care Plan (EHC Plan) specifies the reason for this. Intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the individual.

Pupils are entitled to respect and privacy at all times and especially when in a state of undress, including, for example, when changing, toileting and showering. There does, however, need to be an appropriate level of supervision and support to safeguard pupils, satisfy health and safety considerations and ensure that bullying or teasing does not occur. The supervision will be appropriate to the needs and age of the young people concerned and sensitive to the potential for embarrassment. Where possible a child will be catered for by one adult (key person) unless there is sound reason for having more than one adult present. If this is the case, the reasons will be clearly documented.

Intimate and personal care will not be carried out by an adult that the child does not know. Anyone undertaking intimate or personal care in an education setting is in regulated activity and must have been checked against the relevant DBS barred list, even if the activity only happens once - this includes volunteers. Volunteers and visiting staff from other schools will not undertake care procedures without full and appropriate training.

Wherever possible staff will 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 our school as no male staff are available. The religious views, beliefs and cultural values of children and their families will be considered, particularly as they might affect certain practices or determine the gender of the carer.

Staff will work in close partnership with parents and other professionals to share information and provide continuity of care. Intimate care arrangements will be discussed with parents on a regular basis and recorded on the child's care plan. The needs and wishes of the children and parents will be considered wherever possible within the constraints of staffing and equal opportunities legislation.

4.1 Managing nappies

Children in nappies will have a designated hygienic changing area, away from play facilities, from any area where food or drink is prepared, served or consumed. The area will not be used as an area to store resources and will usually be separate from toilet facilities for adults. This changing area will provide children with a safe, clean environment and appropriate equipment while promoting privacy, dignity and for older children, independence. Children's personal belongings – nappies, wipes and other items will be stored in cupboards with doors, drawers, sealed plastic containers or bags that can be cleaned easily.

Hand washing facilities will be available in the room so that staff can wash and dry their hands after every nappy change, before handling another child or leaving the nappy changing room. The handwashing sink will be a suitable size to allow hand washing and have hot and cold running water, soap and disposable hand towels. Soiled nappies will be double wrapped in a plastic bag before disposal in the general waste or disposed of in a designated 'nappy disposal bin' for collection by a registered waste company. A designated 'nappy disposal bin is required where the quantity of soiled nappies exceeds 7kg in any waste collection

period. Storage arrangements for double-bagged and used non-disposable nappies and soiled clothing awaiting collection by parents may be necessary.

We will clean children's skin with a disposable hypoallergenic wipe which unless personal to the child, will be suitable for all children. Flannels or other cloths will not be used to clean bottoms. Nappy creams and lotions will be labelled with the child's name and not shared with others.

We will wipe changing mats with soapy water or a baby wipe after each use. Mats will be cleaned thoroughly with hot soapy water if visibly soiled and at the end of each day. We will check weekly for signs of damage (rips and tears) and discard if the cover is damaged.

A designated sink for cleaning potties (not a hand wash basin) will be located in the area where potties are used. Staff will wear household rubber gloves to flush contents down the toilet. The potty will be washed in hot soapy water, dried and stored upside down.

The rubber gloves will be personal to each user and not shared and will also be washed and dried thoroughly after each use.

Surfaces will be cleaned daily using suitable anti-bacterial cleaning materials

Nappy waste can sometimes be produced in large quantities in places such as nurseries. Although considered non-hazardous, in quantity it can be offensive and cause handling problems. Where the premises produce more than one standard bag or container of human hygiene waste over the usual collection interval, it is advised to package it separately from other waste streams. Should we produce significant amounts of used nappies (in excess of 7kg during a waste collection cycle) we will not put them in the general waste and will arrange with a registered clinical waste disposal service to handle this hazardous waste.

Further information can be found in KAHSC General Safety Series: G45 - Managing Intimate care and toileting.

4.2 Continence aids

Children who use continence aids (e.g. continence pads, catheters etc.) will be encouraged to be as independent as possible. The principles of basic hygiene will be applied by both children and staff involved in the management of these aids.

Continence pads will be changed in a designated area. Disposable powder-free non-sterile nitrile or latex-free gloves and a disposable plastic apron will also be worn. Gloves and aprons will be changed after every child. Hand washing facilities will be readily available. If further advice is required, the local authority children's SEND team may be able to help.

For more information refer to KAHSC General Safety Series: G45 - Intimate Care and Toileting.

4.3 Laundry

There will be a designated area on site **if** there is a need for laundry facilities. This area will:

- be separate from the changing area (wherever possible);
- be separate from any food preparation areas;
- have appropriate hand washing facilities with soap and running hot and cold water;
- have a washing machine with a sluice or pre-wash cycle.

Staff involved with laundry services will ensure that:

- manual sluicing of clothing is not carried out as this can subject the operator to inhale fine contaminated aerosol droplets; soiled articles of clothing will be rinsed through in the washing machine pre-wash cycle, prior to washing;
- gloves and aprons are worn when handling soiled linen or clothing;
- hands are thoroughly washed after removing gloves.

4.3.1 Dealing with contaminated clothing

Clothing of either the child or the first aider may become contaminated with blood or bodily fluids. Clothing will be removed as soon as possible. Items of clothing that become soiled will not be swilled out or left to soak (faecal material can become airborne and can be the cause of contamination on surfaces). Care will be taken to wipe away any faecal matter with wipes/toilet paper and the soiled article will then be placed in a plastic bag, double bagged and sent home. The clothing should be washed separately in a washing machine, using a pre-wash cycle, on the hottest temperature that the clothes will tolerate.

4.4 General cleaning practices

We will follow the guidance in the UKHSA Health protection in education and childcare settings: Cleaning.

5. Safeguarding children

Safeguarding and Multi Agency Child Protection procedures will be adhered to.

All children will be taught personal safety skills carefully matched to their level of ability, development and understanding.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. she/he will immediately report concerns to the Designated Safeguarding Lead. A clear written record of the concern will be completed. The DSL will decide on whether a referral will be made to the Cumberland Children Advice & Support Service (CCASS) Tel: 0333 240 1727 or email: hub@cumberland.gov.uk in line with the school Child Protection Policy and procedures.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated and outcomes recorded. Parents will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

Neither staff nor any other adult or volunteer will be permitted to carry or have access to a mobile phone, camera or similar device (including smart watches with the ability to capture digital images) whilst providing intimate care.

If a child makes an allegation against a member of staff, all necessary procedures will be followed in line with Keeping Children Safe in Education, the school Child Protection Policy & procedures and Cumberland SCP guidelines. This must be reported to the Head teacher (or Chair of the Management Committee if the allegation relates to the Head teacher or where there could be a conflict of interest in reporting to the Head teacher) who will report the matter to the LADO in accordance with the school's Managing Allegations Procedures within the Child Protection Policy and procedures and Cumberland SCP guidelines. It should not be discussed with any other members of staff or the member of staff to which the allegation relates.

Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Head teacher or Designated Safeguarding Lead in accordance with the Low level concern procedures and/or Whistleblowing procedures. Where a staff member feels that their genuine concerns are not being addressed, they may refer their concerns to the LA CCASS or LADO directly.

All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know but in line with the DfE Information Sharing – advice for safeguarding practitioners and the school Child Protection Policy and procedures.

All staff will be able to access KAHSC General Safety Series G45 - Managing Intimate care and toileting and understand the need to refer to other policies and procedures held for any clarification of practice and procedures.

6. Staff conduct

In accordance with our Code of Conduct for staff and other adults, staff and other adults in this school are expected to:

- adhere to the school's intimate care procedures;
- make other staff aware of the task being undertaken;
- always explain to the child what is happening before a care procedure begins;
- consult with colleagues where any variation from the agreed procedure/healthcare plan is necessary;
- record the justification for any variations to the agreed procedure/healthcare plan and share this information with the child and their parent;
- avoid any visually intrusive behaviour;
- where there are changing rooms – announce their intention of entering;
- always consider the supervision needs of the child and only remain in the room where their needs require this.

Staff and other adults will not:

- change or toilet in the presence or sight of other children;
- shower with children;
- assist with intimate or personal care tasks which the child can undertake independently.

7. Infection control

All staff involved in personal care must adhere to good personal hygiene standards Reference should be made to the UKHSA guidance Health Protection in children and young people settings, including education. This includes good hand hygiene, the appropriate use of personal protective equipment, ensuring their own wounds are suitably covered, safe management of sharps, and dealing correctly with blood and bodily fluid spillages.

Everyone should know and apply the standard precautions as a matter of good practice. This is made known to staff members/volunteers during initial induction and at regular intervals. Each staff member must be accountable for his/her actions and must follow safe practices.

8. Personal protective equipment (PPE)

Where a child or young person already has routine intimate care needs that involve the use of PPE, the same PPE will continue to be used e.g. usually single use disposable aprons and disposable gloves will be worn.

8.1 Aerosol generating procedures (AGP)

- An AGP is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract. The full list is available on GOV.UK.
- Standard PPE recommendations for AGPs would include eye and face protection, apron and gloves to protect against the splashing or spraying of blood and bodily fluids.

Refer also to Sections 4.1 – 4.3 above.

9. Immunisation against blood borne viruses (BBV's)

By far the most all round effective way, including cost effectiveness, is to educate 'at risk' employees about the risks involved and to encourage all to maintain appropriate preventative measures. It is only when appropriate preventative measures are not deemed adequate to reduce risk to an acceptable level that immunisation will be considered. The national schedule of Immunisation changes periodically so it is important to check the NHS Vaccinations website for up to-date details. It is important that all staff are up to date with the current immunisation schedule.

Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites resulting in puncture or breaking of the skin are potential sources of exposure to blood borne infections therefore it is essential that they are managed promptly.

There is a theoretical risk of transmission of hepatitis B from human bites, so the injured person should be offered vaccination. Although HIV can be detected in saliva of people who are HIV positive there is no documented evidence that the virus has been transmitted by bites.

The most important BBV's to consider for employment purposes are Hepatitis B, C and HIV. It is not normally necessary for first aiders or those involved in intimate care in the workplace to be immunised against hepatitis B virus unless the risk assessment indicates that it is appropriate; immunisation is not available for other BBVs. Currently, immunisation is only available for Hepatitis A and B and is not available for Hepatitis C or D or HIV. Hepatitis B vaccine is not recommended for routine school or nursery contacts of an infected child or adult. Hepatitis B vaccine is, however, recommended for staff who are involved in the care of children with severe learning disability or challenging behaviour, and for these children, if they live in an institutional accommodation. In such circumstances it is the responsibility of the employer to finance the vaccine programme.

Employees who come into contact with blood and bodily fluids in the course of their work or who risk being scratched and bitten could be at risk from blood borne viruses. We are responsible for managing the risk to school employees from blood borne viruses. This is considered as part of the school's risk assessment processes. Those employees deemed to be at significant risk of contracting BBV's, despite taking all reasonable precautions. This may include the following:

- groups at risk from hepatitis B;
- employees in 'healthcare roles' who are likely to have direct contact with infected blood or body fluids;
- carers or support staff for pupils with severe learning/behavioural problems, where there is a significant risk of the employees being bitten, scratched or otherwise sustaining blood injuries from the clients in the course of their work.

Most GP's will provide immunisation for their patients **where they are at risk from blood-borne viruses in their work**. The cost of this service varies from GP to GP but each immunisation should cost no more than the price of a prescription. Staff who, by means of our risk assessment, are advised to seek immunisation, can claim reasonable immunisation costs back from the school.

No employee should be forced or required to have an immunisation. If after explanation of the risks the employee chooses not to be immunised this decision should be recorded. A note will be made on the employee's personal file as evidence that this offer has been made.

Further details can be found in KAHSC Medical Safety Series: M06 - Protection Against Blood Borne Infections-Viruses (BBVIs) and the UKHSA guidance: Health Protection in children and young people settings, including education.