



Bishop Wilkinson
Catholic Education Trust
Through Christ, in Partnership

Toileting and Intimate Care Policy

Signed by the Board Chair	
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Required on Website	No
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Reviewed by	Director of Estates

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Introduction

The Bishop Wilkinson Catholic Education Trust is aware that some learners may require assistance from members of staff for personal care, including toileting, either due to the age and developmental level of the student, or as a result of disability or medical need. The main aim of the Trust is to ensure that our learners are safe, secure and protected from harm. As described in the Supporting Children with Medical Conditions Policy, The Trust aims to support students with physical disabilities and illnesses to enable them to have a full and rich academic life whilst at school.

The management of all students with intimate care needs will be carefully planned. Each student who requires intimate care is treated with respect at all times; student's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so, including appropriate health and safety, and moving and handling training and are fully aware of best practice. Apparatus will be provided to assist with students who need special arrangements following assessment from physiotherapist/occupational therapist as required, and where it has been provided it will be used by staff. Staff will ensure they use the appropriate facilities in school for students who require adaptations.

The management of all students with intimate care needs will be carefully planned. Children's dignity will be preserved, and a high level of privacy, choice and control will be provided to them. Consideration will be given to gender issues when allocating staff to carry out intimate care tasks. Staff who provide intimate care to children have a high awareness of child protection issues.

Aim

The intimate care policy aims to provide a clear framework for staff to ensure the safety and dignity of all learners who need support with personal care, including toileting and continence management. It will also clarify for learners and their families the support they can expect from their school, as well as provide guidance and reassurance to staff.

Definition

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. Some students may be unable to meet their own care needs for a variety of reasons and will require regular support.

School responsibilities

Schools in the Trust should work with parents/carers to promote toilet training unless there are medical reasons why this is not appropriate.

Where learners are not able to be fully continent, schools will ensure that a care plan is written to ensure their needs are clarified and met. The learner will be included in discussions about the care plan, unless this is clearly inappropriate, as will their family. Relevant healthcare professionals including the school nurse may also be consulted. The care plan will be reviewed at least annually or sooner if the learner's needs change.

Each school will ensure that staff undertaking intimate care have received adequate training and undergone safeguarding checks. Only those staff named on the individual care plan will be involved in providing support with intimate care to a learner. The school will ensure that sufficient staff are named on care plans and available to provide the required support in all foreseeable circumstances. If, in

exceptional circumstances, none of the named staff members for an individual are available, the school will contact the family for consent to involve a different member of staff.

Only in an emergency would staff undertake intimate care that has not been agreed with 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 after the event. The reasons for this and the care undertaken would be documented by the staff member who had delivered the care.

As a basic principle the student will be supported to achieve the highest level of autonomy that is possible given their age, individual condition, and abilities. Staff will promote independence and encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans (ICP) will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.

Parents/carers will be involved with their child's Intimate Care Arrangements on a regular basis, a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints e.g., staffing and equal opportunities legislation. Where students with complex and or long-term health conditions have an Education Health Care Plan, which includes intimate care, the plan should take into account the principles and best practice guidance in this policy.

A written record will be kept of all support with intimate care. This will include the date and time of the care, who was present, and any care given that has differed from the care plan, together with the reason for this.

Staff will communicate carefully with learners, using their usual communication method, to discuss their needs and preferences. Wherever possible the learner's wishes and preferences will be taken into account, including the religious views, beliefs and cultural values of the learner and their family as far as possible when undertaking personal care.

School will work with the learner to promote positive self-esteem and body image and independence with self-care as far as is appropriate and practical.

School will ensure that all staff are aware of the need for confidentiality. Personal and sensitive information will only be shared with those who need to know.

Each student's right to privacy will be respected. Careful consideration will be given to each student's situation to determine how many carers might need to be present when a child needs help with intimate care.

Any changes in the learner's behaviour or appearance will be documented and reported to a senior member of staff, in line with the safeguarding policy. School will act according to their safeguarding policy and procedures if there are any concerns for the learner's wellbeing.

Each student will be aware of a senior member of staff to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

Where a care plan is not in place and a student needs help with intimate care (in the case of a toilet accident) then parent / carers will be informed the same day. The information should be treated as confidential and communicated / logged.

Board/Local Governor Committee responsibilities

To ensure that sufficient staff are trained to meet the needs of their learners.

The governing body will ensure that this policy is monitored and reviewed at least every three years.

Parent/carer responsibilities

Parents/carers must ensure that they provide all relevant information to school, as soon as possible, so that the needs of their child can be met. This includes the nature of their child's needs, details of any healthcare professionals involved including specialist nurses, as well as any changes in their medication, care or condition.

Parents/carers must ensure that they work towards their child achieving the maximum possible level of independence at home.

Parents/carers should work with school to develop and agree a care plan.

Parents/carers must make sure that school always has required equipment available for their child's intimate care or toileting needs by providing spare nappies, incontinence pads, medical bags, wet wipes and a change of clothing in case of accidents.

Parents/carers must ensure that school always has their emergency contact details.

Parents/carers will inform the school should their child have any marks/rashes

Learner responsibilities

To be as involved as possible in their intimate care and with their care plan.

To let school staff, know when they are aware that they need assistance.

To let their parent/carer or a trusted member of school staff know if they have any concerns or feel uncomfortable at any time.

The protection of children

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 Person for Child Protection within school. A clear record of the concern will be completed and referred to social services and/or the police if necessary. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm. (Refer to the 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 looked into, and outcomes recorded.

Parents/carers 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.

If a child makes an allegation against a member of staff, all necessary procedures will be followed.

Educational Visits

Before Educational visits, including residential trips, the pupil's ICP will be amended to include procedures for intimate care whilst off the school premises.

Staff will apply all the procedures described in this policy during residential and off-site visits and will follow the guidance outlined in the school's Educational Visits Policy.

Legal framework

This policy has due regard to relevant legislation and guidance, including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2011
- Health Act 2009
- Equality Act 2010
- DfE (2022) Keeping Children Safe in Education

This policy will be implemented in conjunction with:

- BWCET Health and Safety Policy
- BWCET Child Protection and Safeguarding Policy
- BWCET Whistleblowing Policy
- Supporting Children with Medical Conditions Policy
- First Aid Policy
- SEND Policy

Monitoring And Review

The Policy will be monitored and reviewed every 3 years by the Trust Board and amended as necessary by the Local Governing Committee.

This policy will be kept up to date and amended accordingly to reflect any changes in response to revised legislation and applicable standards and guidelines.



Appendix 1

Intimate Care Plan

Name of child:	
Date agreed:	
Childs Date of Birth:	
Assessor:	
Relevant background information:	
Setting:	Hygiene Suite / Toilet
Identified need – specific individual requirement:	<i>e.g. cream applied</i>
Communication:	Use of symbols? Signs? Verbal prompts? Object of reference etc?
Self-care skills:	Fully dependent/aided. Supported/independent.
Mobility:	Independent/steady/grab rail. Unsteady/wheelchair user.
Fine motor skills:	Can do – tapes/zips/buttons/taps/towels/adjust own clothing.
Moving and handling assessment - Step by step guide to what happens:	Tracking/mobile hoist or own sling in chair transfer using mobile hoist. Walking frame/support to table/physical turntable.
Equipment (including PPE):	Gloves, wipes, aprons, waste bins foot operated. Rise and fall changing bed. Changing mat/moving and handling equipment. Continance produce/nappy size/paper towels/liquid soap/spray cleaner.
The disposal of soiled articles of clothing as agreed with parents/carers:	Solid waste into the toilet. Clothes sent home in tied plastic bag. Indicate on bag or on document given to parent/carer the contents of bag.
Frequency of procedure required:	On arrival/mid-morning/lunchtime/mid-afternoon/ whenever necessary/on request.
Review date:	

Advice Only

If your child needs cleaning, plain water will be used with a few drops of liquid cleanser added to the water.

Name of liquid cleanser: _____

Please advise if this is not suitable for your child and send in an alternative.

I/we have read, understood and agree to the plan for Intimate Care

Signed: _____

Name: _____

Relation to child: _____

Date: _____

Appendix 2

Personal / Intimate Care and Toileting – Parental/Carer Consent

Student's Name: _____

Date of Birth: _____

Parent / Carer Name: _____

I / We have read and understood the Intimate Care / Toileting Policy provided by the Bishop Wilkinson Catholic Education Trust.

I / We give permission for the school to attend to the appropriate intimate care needs of my / our child and are in agreement with the procedures proposed.

I / We will advise the school of anything that may affect issues of personal care (if medication is changed or my child has an infection for example).

I/ We understand that staff involved in delivering intimate care will keep a log of when intimate care is provided which I can request to see if required.

I / We understand the procedures that will be carried out and will contact the school immediately if there are any concerns.

Signature: _____

Name: _____

Relationship to Child: _____

Date: _____

Appendix 3

Intimate Care and Toileting / Personal Care Log:

Student's Name / Year:	
Date of Birth:	
Name (s) of staff involved:	

Date:	Time:	Type of care carried out:	Carried out by:	Signature:

Appendix 4

Risk Assessment	Title	Intimate Care RA	Date		School
	Version	1	Page		

Task / Activity	Intimate care of student	Activity Description	Movement around school using a mobility aid
Location / Area	Identified area of the school		

This document is to be read in conjunction with other assessments where appropriate e.g., COSHH assessment, Relevant Procedures / SSOW etc

REF	HAZARDS	RISK what injuries or ill health may result	WHO is at risk – either directly or indirectly	Existing Controls What we already have in place to reduce risk	Person Responsible	Existing Risk Rating			Additional Controls Required – if Risk Rating too high	Final Risk Rating		
						L	S	RR		L	S	RR
1	Manual Handling – consider weight, size, shape of student; staff capability to undertake handling task.	<ul style="list-style-type: none"> Manual handling injury Sprains 	Staff and student.	<ul style="list-style-type: none"> Intimate care plan includes any risks associated with physical handling of the student. Staff trained in safe lifting techniques. Hoists in place for transferring 	Intimate care team							

REF	HAZARDS	RISK what injuries or ill health may result	WHO is at risk – either directly or indirectly	Existing Controls What we already have in place to reduce risk	Person Responsible	Existing Risk Rating			Additional Controls Required – if Risk Rating too high	Final Risk Rating		
						L	S	RR		L	S	RR
				child/ young person. <ul style="list-style-type: none"> • Hoists are maintained and tested [add details here] and staff are trained in their safe use. • Changing area is ergonomically designed to reduce the need for staff to stretch, reach, stoop etc 								
2	Trips / slips / fall hazards created from bodily fluids	<ul style="list-style-type: none"> • Sprains • Broken bones 	Staff and student.	<ul style="list-style-type: none"> • Spill kit available for dealing with bodily fluids. • Spillages are dealt with promptly and appropriately. • Staff are aware of who is responsible for clearing/ cleaning spillages 	Intimate care team							

REF	HAZARDS	RISK what injuries or ill health may result	WHO is at risk – either directly or indirectly	Existing Controls What we already have in place to reduce risk	Person Responsible	Existing Risk Rating			Additional Controls Required – if Risk Rating too high	Final Risk Rating		
						L	S	RR		L	S	RR
				<ul style="list-style-type: none"> Staff follow safe cleaning procedure to minimise infection risk. Wet floor signs in use Floors kept in good condition and regularly inspected. 								
3	Health risks and infection control	<ul style="list-style-type: none"> Bite Infection 	Staff and student.	<ul style="list-style-type: none"> Disposable apron and gloves provided and used by staff. Good hygiene practice observed (washing exposed skin, etc). Staff aware of health/ infection risks associated with children concerned as identified in 	Intimate care team							

REF	HAZARDS	RISK what injuries or ill health may result	WHO is at risk – either directly or indirectly	Existing Controls What we already have in place to reduce risk	Person Responsible	Existing Risk Rating			Additional Controls Required – if Risk Rating too high	Final Risk Rating		
						L	S	RR		L	S	RR
				intimate care plan. <ul style="list-style-type: none"> • Arrangements in place to ensure there is a supply of clean clothing. • Waste is disposed of appropriately [disposal of waste for one child can be in the usual bins using appropriate nappy sacks. • Wet nappies/pad can be bagged in a single bag, soiled nappies/pads require double bagging. • Area where pad/nappy changes take place are cleaned routinely. 								

REF	HAZARDS	RISK what injuries or ill health may result	WHO is at risk – either directly or indirectly	Existing Controls What we already have in place to reduce risk	Person Responsible	Existing Risk Rating			Additional Controls Required – if Risk Rating too high	Final Risk Rating		
						L	S	RR		L	S	RR
4	Inadequate changing facility – too hot or cold; inappropriate location; inadequate lighting etc.	<ul style="list-style-type: none"> • Sprains • Broken bones • Headaches • Thermal comfort 	Staff and student.	<ul style="list-style-type: none"> • Dedicated space/ area for changing students. • Area is cleaned and disinfected regularly and immediately before and after use. • Suitable changing materials and equipment provided and maintained in good condition. • Sufficient lighting to carry out the task, located with consideration of the student to prevent glare. • Department for Health guidance is that whenever possible it is 	Intimate care team							

REF	HAZARDS	RISK what injuries or ill health may result	WHO is at risk – either directly or indirectly	Existing Controls What we already have in place to reduce risk	Person Responsible	Existing Risk Rating			Additional Controls Required – if Risk Rating too high	Final Risk Rating		
						L	S	RR		L	S	RR
				<p>recommended that:</p> <ul style="list-style-type: none"> • Mobile children are changed standing up - if this is not possible the next best alternative is to change a student on a purpose-built changing bed (these are available as portable or fixed and can be lowered and raised safely) • Students in FS1 & FS2 may be changed on a mat on a suitable surface if it is not possible to change standing up/ on a changing bed. 								

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						L	S	RR		L	S	RR
				<ul style="list-style-type: none"> If facilities described above are not available, then children in FS1 and FS2 may be changed on a changing mat on the floor. Children in year 1 and above should only be changed either on a changing bed or in a toilet cubicle standing up. 								
5	Child Protection – risk to student; allegations of abuse against staff.	<ul style="list-style-type: none"> Mental Health. 	Staff and student.	<ul style="list-style-type: none"> Staff trained and aware of good practice. Staff checked via Vetting & Barring Scheme. Liaison with parents to ensure they understand procedure using 	Intimate care team							

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						L	S	RR		L	S	RR
				<p>intimate care plan.</p> <ul style="list-style-type: none"> School has Safeguarding/ Child Protection Policy which staff will follow. <p>There is an accepted procedure for intimate care which staff follow:</p> <ul style="list-style-type: none"> student spoken to personally by name so that s/he is aware of being the focus of the activity. An explanation of what is happening is given in a straightforward and reassuring way. The student is prepared for and able to 								

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						L	S	RR		L	S	RR
				<p>anticipate events while demonstrating respect for his/her body e.g. by giving them a strong sensory clue such as using a sponge or pad to signal an intention to wash or change.</p> <ul style="list-style-type: none"> • A sponge or flannel is always used when cleaning and where possible the child is encouraged to attempt to wash private parts of the body him/herself. • Respect a child's preference for a particular carer and sequence of care. 								

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						L	S	RR		L	S	RR
				<ul style="list-style-type: none"> Records are kept which note responses to intimate care and changes in behaviour. Facilities which afford privacy and modesty are provided e.g. separate toileting and changing for boys and girls or at least adequate screening; bathing/ changing one child at a time. 								
6	Equipment failure or inadequate materials	<ul style="list-style-type: none"> Sprain Broken bones Head injuries 	Staff and student.	<ul style="list-style-type: none"> Equipment checked and maintained by a competent person. Regular checks by staff including immediately before use. 	Intimate care team							

REF	HAZARDS	RISK what injuries or ill health may result	WHO is at risk – either directly or indirectly	Existing Controls What we already have in place to reduce risk	Person Responsible	Existing Risk Rating			Additional Controls Required – if Risk Rating too high	Final Risk Rating		
						L	S	RR		L	S	RR
				<ul style="list-style-type: none"> • Faults reported. • Equipment for assisting with toileting/ pad changes will include (but is not limited to): hot running water and soap (antibacterial where possible) toilet rolls, antiseptic cleanser, bucket, paper towels/cloths disposable aprons and gloves, nappy bags/sacks, cleaning equipment, bin, a supply of spare nappies and wipes (provided by the child's parent/ carer), spare clothes 								

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						L	S	RR		L	S	RR
				(where possible each child to have their own spare clothes to change into for physical and emotional comfort) changing table (raised)/ changing mat/ electric changing table/ bed Milton/sterilising fluid, bowl.								
7	Falls from changing tables/ beds	<ul style="list-style-type: none"> • Sprain • Broken bones • Head injuries 	Staff and student.	<ul style="list-style-type: none"> • Only purpose-built changing tables/ beds to be used. • Student/ young person is never left unsupervised on the table/bed. • The safe weight limits of the changing table will be followed. 	Intimate care team							

REF	HAZARDS	RISK what injuries or ill health may result	WHO is at risk – either directly or indirectly	Existing Controls What we already have in place to reduce risk	Person Responsible	Existing Risk Rating			Additional Controls Required – if Risk Rating too high	Final Risk Rating		
						L	S	RR		L	S	RR
				<ul style="list-style-type: none"> Restraint straps will be used where provided. Wherever possible the child will climb onto the changing bed themselves using appropriate/ built in steps. 								
8	<p>Individual student risks (to be added):</p> <ul style="list-style-type: none"> Does communication or comprehension present a risk? Are there any medical considerations including pain or discomfort; fragility, head control, epilepsy etc? 	<ul style="list-style-type: none"> 	Staff and student.	<ul style="list-style-type: none"> Intimate care plan outlines specific needs of student. Staff follow care requirements as set out in the plan. 	Intimate care team							

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						L	S	RR		L	S	RR
	<ul style="list-style-type: none"> • Are there any allergies to consider? • Does the student have challenging or risky behaviour? 											