



**DUBAI
BRITISH
SCHOOL**
EMIRATES HILLS

Intimate Care Policy

This procedure is reviewed annually to ensure compliance with current regulations

Approved/reviewed by	
Head of Safeguarding	
Date of review	August 2023
Date of next review	August 2024



Introduction

1.1 Staff who work with young children or young people will realize that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.

1.2 Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or showering.

1.3 Student's dignity will be preserved, and a high level of privacy, choice and control will be provided to them. Staff that provide intimate care to children/young people have a high awareness of child protection issues. Staff behavior is open to scrutiny and staff work in partnership with parents/guardian to provide continuity of care to children/young people wherever possible.

1.4 Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all students as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

1.5 Taaleem Schools are committed to ensuring that all staff responsible for the intimate care of children/young people will undertake their duties in a professional manner at all times. Taaleem recognizes that there is a need to treat all students with respect when intimate care is given. No student should be attended to in a way that causes distress or pain.

Policy Statement

2.1 All students who require intimate care are treated respectfully at all times; the students' welfare and dignity are of paramount importance.

2.2 Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in moving and handling when appropriate) and are fully aware of best practice. Equipment will be provided to assist with students 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 students 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 and relationship education to their children/young people as an additional safeguard to both staff and children/young people involved.

2.4 There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the student's needs and preferences. The student is aware of each procedure that is carried out and the reasons for it.

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

2.6 Each student's right to privacy will be respected. Careful consideration will be given to each student's situation to determine how many staff might need to be present when a student needs help with intimate care. Where possible one student will be cared for by two adults.

2.7 Wherever possible the same student will not be cared for by the same adult on a regular basis; there will be named staff members known to the student who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different staff.

2.8 Parents/staff 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 students and parents will be carefully considered alongside any possible constraints, e.g. staffing and equal opportunities legislation.

2.9 Each child/young person will have an assigned 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.

THE PROTECTION OF CHILDREN

3.1 Education Child Protection Procedures and Inter-Agency Child Protection procedures will be accessible to staff and adhered to.

3.2 Where appropriate, all students will be taught personal safety skills carefully matched to their level of development and understanding.

3.3 If a member of staff has any concerns about physical changes in a student's presentation, e.g. marks, bruises, soreness etc. he/she will immediately report concerns to the appropriate designated safeguarding lead. A clear record of the concern will be completed and referred to the safeguarding lead at Taaleem Central Office and relevant authority 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. See school Child Protection policy.

3.4 If a student becomes distressed or unhappy about being cared for by a particular member of staff or an ILSA (Independent Learning Support Assistant) the matter will be looked into and outcomes recorded. Parents/guardians 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 student needs remain paramount. Further advice will be taken from outside agencies if necessary.

3.5 If a student makes an allegation against a member of staff, all necessary procedures will be followed - see Child Protection Policy.

3.6 Every child has the right to be treated with dignity and respect (e.g. if a student requests to go the toilet during class, irrespective of age, they will be allowed to do so).

Definition of toilet trained

The child should be able to carry out the following **independently** before starting school:

1. Tell an adult when they require the toilet.
2. Pull down/ pull up clothing in order to go to the toilet.
3. Wipe/ clean themselves after toileting.
4. Where applicable, make use of the hand-held toilet hose.
5. Wash and dry hands thoroughly.
6. Pull-up pants/ nappies are not allowed.

*Where a child has specific developmental or medical needs which impact on their intimate care needs, a Senior Leader must be informed when the child registers. Entry of the student will be reviewed by the Principal.

* On Principal approval and in this instance, the school will work closely with the family to devise a plan which is reflective of the child's needs. When a child has a specific medical or developmental condition which could impact on toileting management, then advice from the pediatrician should be sought either by the parent/guardian or with permission, the designated adult e.g. teacher, Inclusion team or Principal. In this instance or if required to maintain the young person's dignity, appropriate facilities will be used e.g. nurse's toilet rather than student toilet.

Monitoring of toilet training

Where it becomes apparent that a child is not toilet trained, the following guidelines can be applied:

- Parents of children that appear not to be toilet trained will be invited in to meet the child's teacher and a member of the Senior Leadership team (SLT).
- SLT will report incidences of a repetitive nature to the Principal and appropriate actions as agreed with the school and parent/guardian will be taken.

Hygiene Practices

All staff should follow good hygiene practices, which include:

- Disposable gloves should be worn.
- Disposable plastic apron should be worn where required.
- Systems should be in place to deal with spillages appropriately and safely.
- Spillages must be cleaned according to school policy. Hot water and soap OR antibacterial spray or wipes are appropriate.

- *Soiled disposable nappy to be placed in plastic nappy bag and disposed of according to school arrangements. Reusable nappy to be placed in double plastic nappy bag and returned to parent (this only applies where a student has specific developmental or medical need and has been approved by the Principal).
- Soiled clothing to be placed in double plastic bags and returned to parent/guardian.

Correct hand washing techniques should be followed.

- a) For adults, use hot water and soap. Dry hands with disposable paper towels. Antibacterial gel can then also be used.
- b) For child, hand washing to be initially modelled by, and where required, supervised by an adult.

Changing Policy:

In the event of an accident, the following will occur:

- Child will be brought to the school nurse for changing.
- In the unlikely event the school nurse is not available, responsible adult will bring the child to the nurses' room and change them there in the presence of another adult.
- In the event that soiling occurs, the child will be changed by the nurse or class teacher or Learning Assistant (LA).
- If a second soiling accident occurs on the same day, the child will be changed at school and sent home with parents/caregivers.
- Spare clothes will be stored at all times at school in the designated area (e.g. in the classroom or in the child's cubby). The parent, if needed should regularly replace these clothes.

Sample Toileting Plan for use with SEND Students

Toileting Plan for:..... Date:.....

Due to developmental needs, (Child's name) is currently in nappies/pull ups and is not yet showing any awareness of being wet/soiled OR is currently in nappies/pull ups and is showing some awareness by (e.g. going to changing area/verbally saying)

(Key person's name) will mainly be responsible for changing (child's name) whilst at (Setting/school name) to ensure continuity of care. However (named other staff) will also be aware of his/her needs and will be available to change him/her when required.

(Setting/school name) will provide gloves and disposable aprons. Parent/guardian will provide consumables which could include changing mat, nappies/pull ups, wipes, nappy sacks and spare clothes.

(Child's name) will be changed (specific location and arrangements) (For example: On a changing mat on the floor in the children's toilet area or on a changing table in the disabled toilet area).

Other arrangements specific to that individual child can also be included. (This could include whether child needs assistance in laying themselves down or getting up or times that child will be checked or changed. See guidance for Children and Young People with ASD if appropriate).

To comply with our child protection procedures (Insert local arrangements. For example, this could be, 2 members of staff will be present/the door will be kept ajar etc).

Used disposable nappies will be (placed in a nappy sack and disposed of (in a nappy bin/ due to lack of disposable facilities, nappies/used wipes will be stored in double nappy sacks to be given to parent at the end of the session/day) and reusable nappies will be doubled bagged for return to the parent/guardian.

Staff will record date and time of changing and whether child was wet/dry/soiled. This information will be shared with parent/guardian.

This plan will be reviewed as the child's needs change.