



# Intimate Care Policy and Procedures

To be reviewed bi-yearly

Chair of Governors, Jane Jones

Signed

**This policy has been developed using the West Sussex Model Policy as guidance. This policy should be read in conjunction with the Safeguarding and Child Protection Policy. It adds further detail to the First Aid, Intimate Care and Medicines Policy.**

East Preston Infant School is a Rights Respecting School. All pupils, staff and visitors have the right to be healthy, safe, educated, listened to and treated fairly. These principles are at the heart of our school ethos, and our policies and practices support these rights. We are committed to equal rights, mutual respect and shared responsibility.

In this Policy we specifically recognise the following articles from the UN convention on the Rights of the Child:

Article 3 – The best interests of the child must be a top priority in all things that affect children.

Article 24 – Every child has the right to the best possible health.

Article 28 – Every child has the right to an education. Discipline in schools must respect children's dignity.

### **Intimate Care Principles**

The following are the fundamental principles upon which the toolkit is:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

### **Definition of Intimate Care**

Intimate care may be defined as any activity that involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. This activity is required to meet the personal care needs of each individual child. Parents/carers have responsibility to advise staff of the intimate care needs of their child, and staff have a responsibility to work in partnership with children and parents/carers. Intimate care can include (but is not limited to):

- Feeding
- Oral care
- Washing
- Dressing/undressing
- Toileting
- Photographs
- Treatment such as enemas, suppositories, enteral feeds

- Catheter and stoma care
- Supervision of a child involved in intimate self-care.

Staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is recognised that there is a need to treat all pupils with respect and dignity when intimate care is given.

Where required and need has been identified, individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

Intimate care plans should be drawn up in consultation with parents/carers and, where age appropriate, the child themselves. Arrangements will be reviewed on a regular basis. The needs and wishes of children and parents/carers will be considered wherever possible within the constraints of staffing and equal opportunities legislation.

Intimate care may be required for any child where a need has not been previously identified. It is accepted that all staff have a duty of care when a child has an 'accident' or is sick.

This toolkit has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

Disabled children or those with additional needs can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs.

### **Implementation**

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

Staff, including supply or agency, who provide intimate care receive training to do so this includes; Child Protection, Health and Safety and manual handling training, as appropriate. Where appropriate equipment is provided to assist with pupils who need special arrangements following assessment from a physiotherapist and occupational therapist as required. Volunteers will never undertake such duties.

The pupil will be supported to achieve the highest level of autonomy that is possible given their age and ability. Staff will encourage each pupil to do as much for him/her self as he/she can. This may mean, for example, giving the pupil responsibility for washing themselves; supported by appropriate communication aids and equipment as necessary.

Each pupil's right to privacy will be respected. Careful consideration will be given to their situation to determine how many staff might need to be present when a pupil requires intimate care.

**Where intimate care is required, the staff allocated to that class will where possible work on a rota basis to ensure over familiarity in a relationship does not occur, yet, regular staff are attending the pupil so they feel comfortable and cared for. Pupils should be able to voice preference of intimate carers where possible.**

### **Pupils wearing nappies or pull ups**

Staff work closely with parents and carers in regards to intimate care routines and will discuss care needs and timing issues with parents/carers at the start of each year and have frequent contact with parents and carers to discuss any changes in routine or care needs. This will be in the form of an Intimate Care Plan (see appendix 2). This allows the school and the parent/carer to be aware of all the issues surrounding this task right from the outset.

### **How procedures will happen**

It is best practice to have two staff members present during intimate care routines and wherever possible this will be provided by staff who are the same sex as the child. However, this may not always be possible.

In all other cases, the member of staff dealing with the incident must advise a second member of staff that they are carrying out intimate care. They must not be on their own with the child behind a locked door.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded in a log (see appendix 3). The needs and wishes of pupils and parents/carers will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

Procedures will be carried out in in one of the following:

- Child in child's toilet cubical with adult outside, offering verbal instruction and help when required;
- Child and adult(s) in disabled toilet with door ajar, and giving verbal instruction, and help when required.

At all times the care will be carried out in a way which promotes the child's dignity and independence.

Children will be encouraged to do as much as they can themselves, with verbal support and instruction, and adult touching of any intimate areas will be a last resort for routine or accidental care, and carefully planned for in cases of more complex needs.

When carrying out procedures, the school will provide staff with: protective gloves, aprons, cleaning supplies, changing mats and bins.

For pupils needing routine intimate care, the school expects parents/carers to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and/or a spare set of clothing.

Any soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents/carers at the end of the day.

Records will be kept whenever a child is changed.

### **Health and Safety**

Gloves must be worn by the staff member when changing a soiled nappy/pull up. Aprons and Masks are available if required. Staff will always wear gloves when dealing with a pupil who is bleeding. Any soiled waste is placed in a disposal bag, which can be sealed. This bag is then placed in a specialist bin (complete with a yellow liner) which is specifically designated for the disposal of such waste. The bin is emptied and collected by Initial once a week. There are two bins in school-

one in the disabled toilet by the first aid room and one in the Reception Class disabled toilet. All staff are aware of the school's Health and Safety policy.

### **The Protection of Pupils**

Child Protection Procedures will be adhered to at all times. Concerns of a child protection nature must be referred to the Designated Safeguarding Lead (DSL) or Deputy DSL and dealt with in accordance with school child protection procedures.

All children will be taught personal safety skills carefully matched to their level of development and understanding, promoting positive self-esteem, awareness and confidence in their own body.

If a member of staff has any concerns about physical changes in a child's presentation, e.g., marks, bruises, soreness etc. they must immediately report concerns to the DSL.

If a pupil 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 pupil's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a pupil or any other person makes an allegation against a member of staff, all necessary procedures will be followed (see Safeguarding Policy/ Procedures for details). This should be reported to the Head teacher (or to the Chair of Governors if the concern is about the Head teacher) who will consult the Local Authority Designated Officer in accordance with the school's Safeguarding policy. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

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 to the Chair of Governors, in accordance with the Safeguarding procedures and 'whistle-blowing' policy.

### **First Aid and intimate care**

There are named staff in School who administer first aid and wherever possible another adult or pupil are present. The pupil's dignity is always considered and where contact of a more intimate nature is required, another member of staff is always in the vicinity and made aware of the task being undertaken.

### **Medical Procedures**

Pupils who may require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers and documented in the Individual Healthcare Plan (IHP) and will only be carried out by staff who have been trained and signed off as competent to do so. Staff should only undertake care activities which they understand and feel competent and confident to carry out; they are responsible to notify their line manager/Head teacher if this is not the case.

### **Record keeping**

When a child joins the school, parents/carers are asked to declare any medical conditions that require care within school, for the school's records. At the

beginning of each school year, parents/carers are requested to update details about medical conditions (including intimate care needs) and emergency contact numbers.

All parents/carers of children with intimate care needs will be required to provide information to school on these. From this information the school keeps its intimate care need records which are completed on Edukey (an example can be found in appendix 2). All teachers know which children in their class have intimate care needs. Parents/carers are required to update the school about any change in their child's medication or treatment. Records must be kept for the administration of any intimate care (appendix 3).

## **Appendix 1 Procedures for Providing Intimate Care – to be displayed in first aid room and disabled toilets.**

Not all staff are willing to undertake toileting support, nor are intimate hygiene procedures included within their job descriptions. However, there is an expectation that members of the teaching support staff would be willing to undertake this duty as needed. Therefore, at East Preston Infant School, no member of staff is required to change soiled or wet children, however, all staff are expected to change children on an occasional basis if they are happy to do so and they follow the agreed Protocol.

For children who have a recognised, ongoing incontinence difficulty it may be necessary for the school to provide regular toileting support and intimate care as part of a Healthcare Plan.

### **Agreed Protocol**

1. If a child has an ongoing, recognised problem with soiling and/or wetting, written permission from the parents/carers should be sought for the named members of staff to regularly change the child in school and provide intimate care as part of the child's Healthcare Plan.
2. If an occasional soiling/wetting incident occurs the child should be encouraged to change and clean themselves, with verbal support and guidance from an adult. **Every effort must be made to encourage the child's independence and minimize staff intervention.**
3. If the child is unable to adequately clean/change themselves then the supervising adult should ask permission from the child to help change/clean them. If the child agrees to this then parental permission must be sought. Gloves must be worn by the staff member. Aprons and Masks are available.
4. If the child does not agree or is particularly distressed then parents/carers should be asked to come into school to change their child.
5. If parents/carers cannot be contacted staff must deal sensitively with the child, encouraging him/her to clean themselves or accept help from the adult. No child should be left to remain uncomfortable or excluded from the class for any considerable length of time.
6. When a child is being cleaned by a member of staff then another adult must be in close proximity. All efforts must be made to ensure the privacy of the child and to avoid loss of the child's personal dignity.
7. **All staff must be familiar and comply with the Code of Conduct and school safeguarding procedures.**
8. Records of intimate care must be kept, following the school's template (appendix 3).

**Appendix 2: template intimate care plan (Now on Edukey)**

Intimate Care Plan	
Name of child	
Name of staff involved	
Area of need	
What resources and equipment will be used, and who will provide them	
Where care will take place	
How procedures will differ if taking place on a trip or outing (Beach School /Forest School)	
Support required and frequency of support	

Working towards independence		
School will	Parents/Carers will	Child will try to:

Name of parent or carer	
Signature of parent or carer	
Date	
Review Date	
Signature of member(s) of staff	

