

Ashbury Meadow Primary School

Intimate Care Policy

Date Written: September 2019

Reviewed and amended: L Thomas Nov 23

Review Date: Nov 26



This policy should be read in conjunction with the following documents:

- Disposal of Nappies and Personal Protective Equipment Policy
- SEND Policy
- Safeguarding & Child Protection Policy
- Keeping Children Safe in Education : Latest version
- Working Together to Safeguard Children (DfE) (2018)

1. Rationale

It is our intention to develop independence in each child; however there will be occasions when additional help is required. Our Intimate Care Policy has been developed to safeguard children and staff. It is one of a range of specific policies that contribute to our provision of pastoral care. The principles and procedures apply to everyone involved in the intimate care of children. Children are generally more vulnerable than adults, and staff involved with any aspect of pastoral care need to be sensitive to their individual needs. Intimate care may be defined as any activity that is required to meet the personal needs of an individual child on a regular basis or during a one-off incident.

Such activities include:

- feeding
- oral care
- washing
- changing clothes
- toileting
- first aid and medical assistance
- the supervision of a child involved in intimate self-care. Parents have a responsibility to advise the school of any known intimate care needs relating to their child.

2. Principles of Intimate Care

The following are the fundamental Rights Respecting principles of intimate care upon which our policy guidelines are based:

- 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
- All children have the right to be involved and consulted in their own intimate care to the best of their abilities
- All children have 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 appropriate and consistent

3. School Responsibilities

All staff working with children are subject to the appropriate Disclosure and Barring Checks. This includes student teachers on work placement and volunteers.

Only those members of staff who are familiar with the intimate care policy and other pastoral care policies of the school are involved in the intimate care of children. Where anticipated, intimate care arrangements are agreed between the school and parents and, if appropriate by the child. Consent forms are signed by the parent and stored in the child's file. Only in an emergency would staff undertake any aspect of intimate care that has not been agreed by parents and school. Parents would then be contacted immediately. Intimate care arrangements should be reviewed at least six monthly. The views of all relevant parties should be sought and considered to inform future arrangements. If a staff member has concerns about a colleague's intimate care practice he or she must report this to the Designated Leader for Safeguarding and Child Protection (DSL) or their deputy (DDSL).

DSL Headteacher L Thomas

DDSL Kathryn Greenough

Pastoral Support Amie Barratt

Assistant Headteacher M Gibson

4. Guidelines For Good Practice

All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children. Young children and children with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs. Staff also need to be aware that some adults may use intimate care as an opportunity to abuse children. It is important to bear in mind that some forms of assistance can be open to misinterpretation. Adhering to the following guidelines of good practice should safeguard children and staff:

- Involve the child in the intimate care.
- Try to encourage a child's independence as far as possible in his or her intimate care.
- Where a situation renders a child fully dependent, talk about what is going to be done and give choices where possible.
- Check your practice by asking the child or parent about any preferences while carrying out the intimate care. For older pupils, respect their right for privacy.
- Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.
 - Care should not be carried out by a member of staff working alone with a child. For younger pupils and those unable to make a disclosure, such as limited communication, when care is needed, the member of staff should alert another member of staff and the door should remain open.
- Make sure practice in intimate care is consistent. As a child may have multiple carers and a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent.
- Ensure any incidents where a child has received intimate care are reported to parents.

- If the intimate care is a regular, planned event there should be regular communication between home and school. This may be in the form of a home-school books, or a more formal record kept in the case of pupils with specific medical needs. In this case the School Nurse will be involved and may support staff and parents by advising what sort of information should be recorded, and monitoring the provision in school.
- Be aware of your own limitations. Only carry out activities you understand and feel competent with. If in doubt, ASK. Some procedures must only be carried out by members of staff who have been formally trained and assessed.
- Promote positive self-esteem and body image. Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.
- If you have any concerns you must report them. If you observe any unusual markings, discolouration or swelling report it immediately to a DSL/DDSL.
- If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to a DSL/DDSL.
- Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's personal file and Safeguarding Log.

5. Working With Children Of The Opposite Sex

There is positive value in both male and female staff being involved with children. Ideally, every child should have the choice for intimate care but the current ratio of female to male staff means that assistance will more often be given by a female member of staff. The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:

- Two members of staff must be present.
- When intimate care is being carried out, all children have the right to dignity and privacy, ie they should be appropriately covered, the door closed or screens/curtains put in place.
- If the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance.
- Report any concerns to a DSL/DDSL and make a written record.
- Parents must be informed about any concerns.

Communication With Children

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Depending on their maturity and levels of stress children may communicate using different methods - words, signs, symbols, body movements, eye pointing, etc. To ensure effective communication:

- make eye contact at the child's level
- use simple language and repeat if necessary
- wait for response
- continue to explain to the child what is happening even if there is no response
- treat the child as an individual with dignity and respect. This policy should be reviewed every two years in conjunction with the School Nurse and Safeguarding Governor.

Care Plans

Where a pupil has particular needs (eg wearing nappies or pull-ups regularly, or has continence difficulties which are more frequent than the odd 'accident', staff will work with parents/carers (and health visitors/school nurse, if appropriate) to set out a care plan to ensure that the child is able to attend daily. The written care plan (Appendix A) will include: Who will change the child including back-up arrangements in case of staff absence or turnover

Where changing will take place

What resources and equipment will be used (cleansing agents used or cream to be applied?) and clarification of who is responsible (parent or school) for the provision of the resources and equipment.

How the product, if used will be disposed of, or how wet or soiled clothes will be kept until they can be returned to the parent/carer

What infection control measures are in place

What the staff member will do if the child is unduly distressed by the experience or if the staff member notices marks or injuries

Training requirements for staff

Arrangements for school trips and outings

Care plan review arrangements

Care Plan Agreements

In these circumstances it may be appropriate for the school to set up an agreement that defines the responsibilities that each partner has, and the expectations each has for the other (see Appendix B). This will include:

The parent:

agreeing to ensure that the child is changed at the latest possible time before being brought to the setting/school

providing the setting/school with spare nappies or pull ups and a change of clothing

understanding and agreeing the procedures that will be followed when their child is changed at school – including the use of any cleanser or wipes

agreeing to inform the setting/school should the child have any marks/rash

agreeing to a 'minimum change' policy i.e. the setting/school would not undertake to change the child more frequently than if s/he were at home.

Agreeing to review arrangements should this be necessary

The school:

agreeing to change the child during a single session should the child soil themselves or become uncomfortably wet

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

agreeing to report should the child be distressed, or if marks/rashes are seen

agreeing to review arrangements should this be necessary. This kind of agreement should help to avoid misunderstandings that might otherwise arise, and help parents feel confident that the setting/school is taking a holistic view of the child's needs. Should a child with complex continence needs be admitted, the school will consider the possibility of special circumstances and/or provision being made. In such circumstances, an appropriate health care professional (School Nurse or Family Health Visitor) will be closely involved in forward planning.

APPENDIX A

Asbury Meadow Primary School Intimate Care:

Name of child:	
Plan Name of person(s) to change the child	
Name of person(s) to change the child if main adult unavailable:	
Where changing will take place	
What resources and equipment will be used:	
Who will provide the resources and equipment that will be used:	
Training requirements for staff	

Disposal of product in:	
Infection control measures:	
Special arrangements for trips/ outings:	
When will the plan be reviewed:	
Review comments:	

If the child is unduly distressed, a member of staff will contact the parent/carer. *If the above named member of staff is not available due to illness or staff training, then another person, familiar to the child will attend to the child's needs.

SENDCO approval:

Date:

APPENDIX B

Ashbury Meadow Primary School Intimate Care Plan Agreements

The parent:

I agree to ensure that the child is changed at the latest possible time before being brought to the setting/school

I will provide the setting/school with spare nappies or pull ups and a change of clothing

I understand and agree the procedures that will be followed when my child is changed at school – including the use of any cleanser or wipes

I agree to inform the setting/school should the child have any marks/rash

I agree to a 'minimum change' policy i.e. the school will not undertake to change the child more frequently than if s/he were at home.

I agree to review arrangements should this be necessary Signed:

..... (parent/carer)

The school:

We agree to change the child during a single session should the child soil themselves or become uncomfortably wet

We agree to monitor the number of times the child is changed in order to identify progress made

We agree to report should the child be distressed, or if marks/rashes are seen

We agree to review arrangements should this be necessary.

Signed: (school member of staff)

Name: (school member of staff)

Date:

APPENDIX C

Personal Care Procedures

The staff at Ashbury Meadow Primary School will follow agreed procedures:

- Change the child's clothing as appropriate, as soon as possible
- Use appropriate cleaning products and adhere to health and safety procedures (see Appendix D)
- Report any marks or rashes to parents and Head Teacher if appropriate
- Inform parent/carer that a continence issue has arisen during the session
- Contact a parent/carer only where soiling is severe and/or linked to illness eg. sickness and diarrhoea, or when a child refuses to let a member of staff help change their clothing.

APPENDIX D

Health and Safety Procedures

When dealing with personal care and continence issues, staff will follow agreed health and safety procedures:

Staff to wear masks or face visors when dealing with any personal care incidents

Staff to wear disposable gloves and aprons while dealing with the incident

Soiled continence product used to be double wrapped, or placed in a hygienic disposal unit (identified bin in disabled toilet) if the number produced each week exceeds that allowed by Health and Safety Executive's limit

Changing area to be cleaned after use

Hot water and liquid soap available to wash hands as soon as the task is completed

Paper towels and hand dryer available for drying hands.

