

Goodmayes Primary School



Intimate Care Policy

To be read in conjunction with Safeguarding & Child Protection Policy, Health & Safety Policy, Supporting Pupils with Medical Conditions Policy, Medicines in School Policy, Special Educational Needs & Disability Policy, Whistle-blowing Policy, Positive Handling Policy, Safer Recruitment and Selection Policy

Related DfE guidance:

DfE - Keeping Children Safe in Education (2021)
DfE - Working Together to Safeguard Children (2021)

Spring Term 2022



Intimate Care Policy

Policy statement

Goodmayes Primary School takes seriously its responsibility to safeguard and promote the welfare of the children in our care. Meeting a child's intimate care needs is one aspect of safeguarding.

We are committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner and treat pupils with both sensitivity and respect at all times. It is acknowledged that these adults are in a position of great trust.

Principles

The fundamental principles upon which this Policy and guidelines are based are that every child:

- Has the right to be safe
- Has the right to personal privacy
- Has the right to be valued as an individual
- Has the right to be treated with dignity and respect
- Has the right to be involved in their own intimate care to the best of their abilities
- Has the right to have levels of care that are appropriate and consistent

Aims

We aim for Goodmayes Primary School to be a safe, supportive place, where all children and staff feel valued as individuals, whatever their ability, age, disability, gender identity, marriage or civil partnership, pregnancy & maternity, race, religion or belief, sex and sexual orientation.

The aims of this policy and associated guidance are:

- To safeguard the rights and promote the welfare of our children.
- To provide guidance and reassurance to all staff that are required to provide intimate care to a pupil.
- To reassure parents/carers that staff are knowledgeable about personal care, that parents' individual concerns are taken into account and to provide continuity of care wherever possible.
- To protect children from discrimination and ensure inclusion for all.
- To promote and develop independence in each child

Definition of Intimate Care

Intimate care may be defined as any activity that involves the touching, washing or carrying out an intimate or invasive procedure to intimate personal areas and is associated with bodily functions and personal hygiene. Such procedures include toileting, washing, dressing and medical assistance (e.g. testing blood glucose, administering insulin, support with catheter etc.)

It is generally expected that most children will be toilet trained and out of nappies before they begin at school or nursery. However, we recognise that disabled pupils may be unable to meet

their own care needs for a variety of reasons and will require regular support. Pupils who are developmentally delayed may need such support in the early stages of schooling.

We also recognise that from time to time some children will have accidents and will also require adult assistance for their personal and intimate care needs.

Definition of Personal Care

Personal care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of age, disability or medical need. Personal care may also involve touching another person, however the nature of this touching is less intimate and usually has the function of helping personal presentation. Such procedures include applying external medication to non-intimate areas (e.g. sun cream), feeding, administering oral medication, cleaning non-intimate body parts (e.g. first aid), dressing and undressing (e.g. coats, jumpers and footwear) and physical therapy.

Physical Therapy

Physiotherapy

Children may require physiotherapy at school. Ideally, physiotherapy should be carried out by a trained physiotherapist; however, if it is agreed within a child's Individual Health Care Plan (IHCP) that a member of school staff should undertake part of the regime (such as assisting with exercises), the required techniques must be demonstrated by the physiotherapist, with written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique. Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

Massage

Massage is now commonly used with pupils in order to develop sensory awareness, tolerance to touch and as a means of relaxation. It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, arms, feet and face in order to safeguard the interest of both adults and pupils. Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.

Medical Procedures

Children with disabilities or complex medical conditions may require assistance with invasive or non-invasive medical procedures (e.g. administration of rectal medication, managing of catheters, Hickman Line, Feeding Tube, testing blood sugar and administration of insulin). These procedures will be outlined in a child's Individual Health Care Plan (IHCP) and will only be carried out by staff that have been trained to do so.

Responsibilities

School

- Will ensure that all members of staff working with children are checked and vetted to ensure they are safe to do so.
- Will complete a Personal Care Plan (PCP) – *see Appendix 1* - for every pupil that requires intimate care, which should be agreed and signed by the parent/carers and member of staff. Each PCP will include a record sheet of any intimate care that has been provided and made available to parents/carers on request.

- Will facilitate, and in partnership with the school nurse and parents/carers, complete an Individual Health Care Plan (IHCP) for pupils with complex and/or long-term health conditions which may involve regular/on-going intimate care (established IHCPs will be reviewed at least annually).
- Will ensure key school staff have reviewed and familiarised themselves with the Intimate Care Policy and Safeguarding and Child Protection Policy.
- Will take into account the needs and wishes of parents/carers and children wherever possible, within the constraints of staffing and equal opportunities legislation.
- Will provide training to staff as appropriate.

Parents/Carers

- Will advise and update the school of any known intimate care needs relating to their child.
- Will provide all appropriate equipment (nappies, wipes, changes of clothes etc.) to the school as necessary.

Our approach to best practice

- Only employees of the school will assist pupils with intimate care, not students or volunteers, and all are Enhanced DBS checked.
- The management of all children 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.
- All children will be supported to achieve the highest level of independence that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as possible.
- Staff who provide intimate care will be trained to do so and fully aware of best practice.
- Where children require physical support or comfort, staff should keep contact to a minimum; contact should be child initiated and be suitable to the child's age, gender and situation.
- When touching a child, staff should always be aware of the possibility of invading a child's privacy and respect the child's wishes and feelings.
- Staff who work with young children or children/young people who have special needs will realise that the issue of intimate care is a difficult one and will be respectful of children's needs.
- Staff should adapt their practice in relation to the needs of each individual child, taking into account developmental changes such as the onset of puberty and menstruation.
- Intimate care arrangements should be discussed with parents/carers on a regular basis and the PCP updated accordingly.
- The religious views and cultural values of families should be taken into account, particularly as they may affect certain practices or determine the gender of the carer.
- Health and Safety guidelines should be adhered to regarding waste products.
- No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.
- Staff will inform parents as a matter of course that their child had soiled themselves and has been cleaned/ changed.

Safeguarding and Child Protection

Governors and staff at our school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

Child Protection procedures will be adhered to at all times.

It is acknowledged that intimate care may involve risks for children and adults as it could involve staff touching private parts of a pupil's body. As a result, all adults will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practices. Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.

Most intimate care is carried out by one staff member along with one child. This practice should be actively supported unless the task requires two people. Having people working alone does increase the opportunity for possible abuse or allegations. However, this is balanced by the loss of privacy and lack of trust implied if two people have to be present – quite apart from the practical difficulties. Two to three identified staff should assist and change each child rather than the same staff every time.

For older children it is preferable if the member of staff is the same gender as the young person. However, this is not always possible in practice. Where a member of staff is concerned at conducting intimate care on a 1:1 basis, it may be possible to have a second member of staff in an adjoining room or nearby so that they are close to hand but do not compromise the child's sense of privacy.

Certain intimate care or treatment procedures must only be carried out by nursing or medical staff. Other procedures, such as giving rectal valium, suppositories, or intermittent catheterisation, must only be carried out by staff who have been formally trained and assessed as competent.

If a member of staff has any concerns about physical changes in a child's presentation (e.g. unexplained marks, bruises etc.), they will immediately report their concerns to the Designated Safeguarding Lead (DSL) in accordance with our Child Protection procedures.

If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the Designated Safeguarding Lead and investigated at an appropriate level. Staffing schedules should be altered until the issue is resolved so that the child's needs remain paramount.

If a pupil, or any other person, makes an allegation against a member of staff this should be reported to the Headteacher (or Chair of Governors if the concern is about the Headteacher) and investigated in accordance with agreed procedures. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

Any adult who has concerns about the conduct of a colleague or about any improper practice should report this to the Headteacher (or Chair of Governors if the concern is about the Headteacher) for investigation in accordance with Child Protection procedures and Whistle-blowing Policy.

Nappy / Underwear Changing Procedure

Staff should encourage children to be as independent as possible throughout the procedure according to their individual condition and abilities.

- If a child needs to be cleaned/changed, this will be done by staff on a 1:1 basis (it may be possible to have a second staff member – see above)
- Each child should have their own bag to hand with their nappies / pull-ups / pants, changing wipes / cream (if required), a towel and a change of clothes. Where cream or lotion is required this should be included on the PCP.
- Children who are soiled should be changed immediately.
- Staff should reassure the child and ensure the child is happy and comfortable with being changed by talking to them throughout and telling them what they are about to do before each step (try to make changing an enjoyable time).
- Staff should put on gloves and aprons before changing starts (a new set of gloves and apron should be used for each nappy change).
- Remove only the clothing required to access the nappy. Remove the nappy, place it inside the nappy sack and put it in the designated pedal operated bin.
- If the child's clothes are soiled, they should be bagged separately and sent home; staff should not attempt to wash or rinse clothes.
- Using the wipes, clean the child from front to back and place the used wipes in the nappy sack. Tie the nappy sack and put it in the designated pedal operated bin.
- Apply cream if used (see above) and put on a clean nappy / pair of pants.
- Take off the gloves and apron and place them in a pedal operated bin.
- Help the child to wash their hands (if necessary) using liquid soap, warm water and paper towels / air dryer.
- Dress the child or encourage the child to dress.
- Clean the changing mat with antibacterial spray.
- Staff to wash and dry their hands before leaving the changing area or handling another child.
- Staff to complete the record of care sheet for that child.

Please note that wherever the word 'nappy' has been used in this document, this also refers to pull-ups, pants and knickers



Appendix 1

Personal Care Plan

Pupil's Personal Details	
Full Name:	
Date of Birth:	Parent/Carer Name:
Address: _____ _____ _____ _____	Contact Numbers: 1. _____ 2. _____ 3. _____

***I / We** give permission for school staff to provide intimate care to ***my / our** child. This may involve staff helping to clean and / or change ***my / our** child in the event of them wetting and /or soiling themselves.

***I / We** will advise the school of anything that may affect issues of personal care (e.g. if ***my / our** child has an infection or medication has been changed) and any known intimate care needs of ***my / our** child.

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

***I / We** will provide all appropriate equipment (nappies, wipes, changes of clothes etc.) to the school as necessary.

Signature: _____ Print Name: _____

Relationship to child: _____ Date: _____

Personal Care Plan

Record of Intimate Care			
Name:		Class:	Date of Birth:
Date	Time	Details of Intimate Care (Why? Where? What did you do? Any changes in the child's behaviour? Was all necessary equipment provided?)	Names of Staff Present



Intimate Care Policy 2022 COVID-19 ADDENDUM

(See also Keeping Children Safe in Education 2021)

USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

Under usual circumstances, staff must wear gloves and aprons before changing pupils, as stated on page 5 of this policy.

However, to minimise the risk of transmission of Coronavirus, when changing pupils, staff will be required to wear PPE (i.e. gloves, apron, mask/visor). New gloves and aprons will be used for each child that needs to be changed.

