



Intimate Care Policy

Agreed by Governors:

Date

Headteacher

Chair of Governors

Intimate Care Guidelines

Aims of this Policy

- Ensure the dignity and welfare of the child is paramount
- Ensure that all children are able to attend school, regardless of their toileting needs.
- Provide staff with procedures to support children in their toileting needs.
- Assure parents and carers that staff are knowledgeable about personal care and that their individual concerns are taken into account.
- Safeguard the rights and well-being of the children.
- Reassure and protect the interests of staff working in a personal care capacity.

Greenmeadow Primary School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

Children'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 have a high awareness of child protection issues. Staff will work in partnership with parents/carers to provide continuity of care.

Definition of Intimate Care

Intimate care involves helping pupils with aspects of personal care, which they are not able to undertake for themselves, either because of their age and maturity or because of developmental delay or disability. Children and young people with disabilities may require help with moving and handling, eating and drinking and all aspects of personal care including:

- Washing
- Dressing and undressing
- Toileting
- Cleaning up after a child has soiled him/herself
- Applying Sun Cream

All children who require regular intimate care will have an intimate care plan. (Appendix A)

Safety

Pupils with disabilities can be extremely vulnerable. All staff involved with their intimate care need to be sensitive to the pupil's needs and also aware that some care tasks or treatments could be open to possible misinterpretation. False allegations of sexual abuse are extremely rare but certain basic guidelines will safeguard both pupils and staff. Everyone is safer if expectations are clear and approaches are consistent as far

as possible. If you cannot work within these guidelines for any reasons, please talk to a member of the senior management team.

Child Protection

The normal process of assisting with personal care, such as, changing a nappy should not raise child protection concerns. There are no regulations that state that a second member of staff must be available to supervise the nappy changing process to ensure that abuse does not take place. DBS checks are rigorous and are carried out to ensure the safety of child with staff employed in our school. If any member of staff has concerns about physical changes to a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the designated person for child protection.

Dignity, Respect and Privacy

Treat every pupil with dignity, respect and ensure privacy appropriate to the pupil's age and situation.

Privacy is an important issue. At times intimate care is carried out by one staff member alone with one pupil. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present, (e.g.) when physical disability necessitates more than one member of staff to provide care, or when there is a need to safeguard staff. If this is the case, the reasons should be clearly documented. To discourage over familiar relationships, best practice would recommend a rota of staff that are able to undertake this task with the child/young person. This will depend on staff ratios in individual schools. Having people working alone does increase the risk of abuse, however, this is balanced by the loss of privacy and lack of trust implied if two people have to be present, members of staff.

Male and female pupils must not use changing areas simultaneously. There may be an element of discretion in the early years class. Pupils must never share a toilet cubicle.

Cubicle doors must be closed, as should the door to the toileting area, unless there is a specific agreement between the parent and the school.

Staff must be aware that they are being monitored when carrying out intimate care of pupils. The physical condition within the toilet area will make monitoring more discreet, for example, cubicle doors may be shoulder height so that adults can, if necessary, peer over the top whilst maintaining privacy for pupils. Staff should feel less vulnerable knowing that adults could enter the toilet area to observe at any time. Another alternative will be for staff to keep a record of intimate care that has been undertaken. Staff should inform a colleague before and after undertaking intimate care.

Involve the pupil as far as possible in their own intimate care

Try to avoid doing things for the pupil that he/she can do alone and if a pupil is able to help, ensure that they are able to do so. If a pupil is fully dependent on you, talk with them about what you are doing and give them choices where possible.

Be responsive to pupils' reactions

Where possible check your practice by asking the pupil, particularly if you have not previously cared for them, for example, "Is it OK to do it this way?", "Can you wash there?" If a pupil expresses dislike of a certain person carrying out their personal care, try and find out why and as far as possible respect their personal preferences.

Make sure practice in intimate care is as consistent as possible

Teachers have responsibility for ensuring that staff have a consistent approach and this is achieved through regular monitoring and evaluation of the intimate care plan. It is important that approaches aren't markedly different between different staff.

Never do something unless you know how to do it

If you are not certain how to do something, ASK. If you need to be shown more than once, ask again. Intimate care for example administering rectal diazepam must only be carried out by staff who have been formally trained and must be witnessed. If handling or lifting is required, staff should receive the appropriate training and a risk assessment will be carried out.

If you are concerned, report it

If during the intimate care of a pupil you accidentally hurt him/her, or the pupil seems unusually sore or tender in the genital area, or appears to be sexually aroused by your actions, or misunderstands or misinterprets something, or has a very emotional reaction without apparent cause; report any such incident as soon as possible to another person with you or to the headteacher. Some of these could be cause for concern about the pupil, or alternatively the pupil or another adult might possibly misconstrue something you have done. Parents are also encouraged to report any injuries or soreness.

Encourage the pupil to have a positive image of their own body

Confident, assertive pupils who feel their body belongs to them are less vulnerable to sexual abuse. As well as basic like privacy, the approach you take to a child's intimate care can convey lots of messages to them about what their body is worth. Your attitude to the pupil's intimate care is important. Their experience of intimate care should be relaxed and stress free.

The changing procedure:

Prepare the area:

■ Check that the changing area is clean.

- 📄 Wash hands with warm water and soap.
- 📄 Use plastic apron and gloves

Changing the child:

- 📄 Lift the child onto the changing mat or support the child to walk to the area if appropriate (refer to manual handling training regarding how to lift a child correctly).
- 📄 Remove the child's nappy or soiled underwear.
- 📄 Wash and dry the child with wipes and warm water. Always wipe the genital area from front to back.
- 📄 Apply any barrier cream if necessary (prior consent is required from parents and will be documented in their intimate care plan)
- 📄 Never leave a child unaccompanied on a changing mat.
- 📄 Put a clean nappy/underwear on the child and refasten their clothing. If clothes are soiled change and double bag in nappy sacks.
- 📄 Lift the child or support off the changing mat.

Promote good hygiene:

- 📄 Dispose of the used nappy in the bins or for reusable nappies and soiled clothing double bag in nappy sacks. Return all clothing, nappies and resources to appropriate locations.
- 📄 Clean the changing area with provided cleaning materials.
- 📄 Wash hands with warm water and soap.
- 📄 Wash the child's hands or support to do so independently.

Monitoring, documenting and communicating:

- 📄 If any marks, rashes or unusual bowel movements have been witnessed report these accordingly.
- 📄 Document the time of the nappy change and whether the child's nappy was wet, soiled or dry on the nappy change records (appendix B) and on the child's individual daily sheet/book or using dojo – communication of the nappy change will be individual to the family

INTIMATE CARE PLAN (EXAMPLE)

Name:

Date of Review:

Basic Requirements

Indicates need for the toilet;

- Target as part of XX health care plan is for her to consistently tell an adult when she needs changing
- XX to put specific toy on the table to indicate to adult that she needs changing (to avoid having to verbally gain adult's attention)
- Adults to check regularly for XX's 'signal'

Requires Changing at;

- Staff to prompt XX every hour (e.g. on the hour) to sit on the toilet (for 10 minutes with timer & activities e.g. blow bubbles)
- Staff to prompt XX to sit on the toilet 20 mins after eating
- Changed as required throughout the day

Changing routine (including aspects of manual handling);

- Adults to adhere to universal hygiene procedures and use products advised by medical professionals
- Adult assistance required to wipe and clean intimate areas and support XX to change clothing. Staff to encourage XX to help to wipe and change herself as appropriate.
- Record of changes kept daily
- XX to wash hands independently

Privacy and Dignity

- XX has access to designated area for changing (to trial if feasible to review progress)
- School policy is adhered to which places child's dignity at the centre of the process

Monitoring

- Intimate care policy to be updated and reviewed as directed by medical colleagues and agreed by staff and parents.

Date:

Signed (parents/ guardians)

Signed (teacher / ALNCo)

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