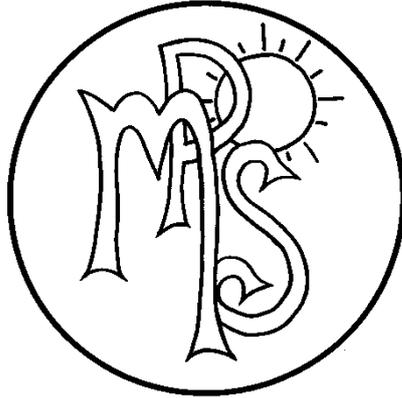


Menston Primary School



Intimate Care Policy

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Approved by the Senior Leadership Team February 2016
To be reviewed by the Senior Leadership Team February 2018

Menston Primary School

Intimate Care Policy

Advice from Guidance for safer working practice for those working with children and young people in education settings 2015:

Intimate / personal care

Schools and settings should have clear nappy or pad changing and intimate / personal care policies which ensure that the health, safety, independence and welfare of children is promoted and their dignity and privacy are respected. Arrangements for intimate and personal care should be open and transparent and accompanied by recording systems.

Pupils should be encouraged to act as independently as possible and to undertake as much of their own personal care as is possible and practicable. When assistance is required, this should normally be undertaken by one member of staff, however, they should try to ensure that another appropriate adult is in the vicinity who is aware of the task to be undertaken and that, wherever possible, they are visible and/or audible. Intimate or personal care procedures should not involve more than one member of staff unless the pupil's care plan specifies the reason for this.

A signed record should be kept of all intimate and personal care tasks undertaken and, where these have been carried out in another room, should include times left and returned.

Any vulnerability, including those that may arise from a physical or learning difficulty should be considered when formulating the individual pupil's care plan. The views of parents, carers and the pupil, regardless of their age and understanding, should be actively sought in formulating the plan and in the necessary regular reviews of these arrangements.

Pupils are entitled to respect and privacy at all times and especially when in a state of undress, including, for example, when changing, toileting and showering.

This means that education settings should:

- *have written care plans in place for any pupil who could be expected to require intimate care*
- *ensure that pupils are actively consulted about their own care plan*

This means that staff should:

- *adhere to their organisation's intimate and personal care and nappy changing policies*
- *make other staff aware of the task being undertaken*
- *always explain to the pupil what is happening before a care procedure begins*
- *consult with colleagues where any variation from agreed procedure/care plan is necessary*
- *record the justification for any variations to the agreed procedure/care plan and share this information with the pupil and their parents/carers*
- *avoid any visually intrusive behaviour*
- *where there are changing rooms announce their intention of entering*
- *always consider the supervision needs of the pupils and only remain in the room where their needs require this*

This means that adults should not:

- *change or toilet in the presence or sight of pupils*
- *shower with pupils*
- *assist with intimate or personal care tasks which the pupil is able to undertake independently*

Introduction

Menston 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 will 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 safeguarding issues. Staff will work in partnership with parents/carers to provide continuity of care

Definition

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of associated equipment as part of the staff member's duty of care. In the case of specific procedures only the staff suitably trained and assessed as competent should undertake the procedure.

Scope

This policy applies to all staff undertaking personal care tasks with children but particularly to those who are in the Early Years Foundation Stage. The normal range of development for this group of children indicates that they may not be fully toilet trained.

In addition to this there are other vulnerable groups of children and young people that may require support with personal care on either a short, longer term or permanent basis due to SEN and disability, medical needs or a temporary impairment.

This could include:

- children and young people with limbs in plaster
- children and young people needing wheelchair support
- children and young people with pervasive medical conditions

Best Practice Guidelines

The management of all children with intimate care needs will be carefully planned. The child who requires care will be treated with respect at all times; the child's welfare and dignity is of paramount importance. Staff who provide intimate care are fully aware of best practice. Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from the appropriate agencies.

Intimate care in school can be provided only by those who have specifically (either as part of their agreed job description or otherwise) indicated a willingness to do so.

Ad hoc intimate care will be given to children as and when needed, with full regard to the guidance on Page 1 of this policy.

Longer term intimate care will be provided through an agreed Medical Care Plan which has been drawn up in partnership with staff, parents and the pupil.

The Care Plan will specify:

- Who will change the child (to include more than one person to cover for absence etc.)
- Where changing will take place
- What resources will be used and who will provide them
- How a nappy/ soiled underwear will be disposed of/ dealt with
- What infection control measures are in place
- What the member of staff will do if the child is unduly distressed or if marks or injuries are noticed
- How changing occasions will be recorded and how this will be communicated to parents (in confidence).

Partnership with parents is important. Regular consultation and information sharing remains an essential feature of this partnership. Much of the information required by the school to make the process of intimate care as comfortable as possible is available from the parents.

A home/school management agreement that defines the responsibilities of each partner may be drawn up alongside the Medical Care Plan.

This might include:

Parents/ Carers:

- agreeing to change the child at the latest possible time before coming to school
- providing spare nappies/ pants, wet wipes and a change of clothes
- understanding and agreeing the procedures to be followed during changing at school
- agreeing to inform school should the child have any marks/rash
- agreeing how often the child should be routinely changed if the child is in school for the day and who will do the changing
- agreeing to review the arrangements, in discussion with the school, should this be necessary
- agreeing to encourage the child's participation in toileting procedures wherever possible.

The school:

- agreeing to change the child should they soil themselves or become wet
- agreeing how often the child should be routinely changed if the child is in school for the full day and who would be changing them
- agreeing a minimum number of changes
- agreeing to report to the head teacher or SENCo should the child be distressed or if marks/ rashes are seen
- agreeing to review arrangements, in discussion with parents/ carers, should this be necessary
- agreeing to encourage the child's participation in toileting procedures wherever possible
- discussing and taking the appropriate action to respect the cultural practices of the family.

Guidance for Staff Carrying Out Intimate Care:

- Speak to the child personally by name so that s/he is aware of being the focus of the activity.
- Give explanations of what is happening in a straightforward and reassuring way.
- Enable the child to be prepared for and to anticipate events while demonstrating respect for his/her body e.g. by giving them a strong sensory clue such as using a sponge or pad to signal an intention to wash or change.
- When washing, always use a sponge, wipe or flannel and where possible encourage the child to attempt to wash private parts of the body him/herself.
- Provide facilities which afford privacy and modesty e.g. separate toileting and changing for boys and girls or at least adequate screening.
- Respect a child's preference for a particular carer and sequence of care.
- Keep records, which note responses to intimate care and changes in behaviour.

Best practice should be followed by ensuring that all those involved with intimate care receive specific induction from the school on these procedures and protocols.

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 appropriate designated person for safeguarding.

If a child 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 the process in order to reach a resolution; staffing schedules will be altered until the issue(s) are resolved.

Confidentiality

Confidentiality is an important issue. Sensitive information about a child should be shared only with those who need to know, such as parents or other members of staff who are specifically involved with the child. Escorts and others should only be told what is necessary for them to know to keep the child safe. Parents and children need to know that where staff have concerns about a child's wellbeing or safety arising from something said by the child or an observation made by the staff then the school's Designated Lead for Safeguarding will be informed. This may lead to the procedures set down in the school's Child Protection Policy being implemented.

Information concerning intimate care procedures should not be recorded in a home school diary, as the diary is not a confidential document and could be accessed by people other than the parent/carer and member of staff. It is recommended that communication relating to intimate care should be made through one of the following:

- Sealed letter
- Personal contact (and recorded in a log)
- Telephone call – between member of staff and parent/carer (and recorded in a log)

Sharing information between home and school is important to secure the best care for pupils. Consent of parents is needed for the school to pass on information about their child's health to other agencies (e.g. School Nurse). Parents and staff should be aware that matters concerning intimate care will be dealt with confidentially and sensitively and that the young person's right to privacy and dignity is maintained at all times.

Policy approved by SLT – February 2016

Policy review date – February 2018 (or sooner if legislation changes)

Appendix

Individual Intimate Care Plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-
indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc.

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

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Form copied to

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Signed _____ (Parent/Carer)

Date _____