



EASTFIELD INFANTS' & NURSERY SCHOOL LACEY GARDENS JUNIOR SCHOOL



INTIMATE CARE POLICY

1. INTRODUCTION

- 1.1 Louth Eastfield Infants' and Nursery School and Lacey Gardens Junior School are 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.
- 1.2 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.
- 1.3 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Safeguarding Children and Safer Recruitment in Education' (2006) to safeguard and promote the welfare of pupils at this school.
- 1.4 This schools take seriously their responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.
- 1.5 The Governing Body recognises their duties and responsibilities in relation to the Equalities Act 2010 that requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.
- 1.6 This intimate care policy should be read in conjunction with the schools' policies as below:
 - 'Safeguarding' Policy and child protection procedures
 - 'Health and Safety' Policy
 - 'Special Educational Needs' Policy
 - 'Supporting Pupils with Medical Conditions' Policy
 - 'Positive Handling' Policy
- 1.7 The Governing Bodies are committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.
- 1.8 We recognise that there is a need to treat all pupils whatever their age, gender, disability, religion, ethnicity or sexual orientation, with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively; no pupil should be attended to in a way that causes distress or pain.

- 1.9 Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.
- 1.10 Where pupils with complex and /or long-term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.
- 1.11 All staff undertaking intimate care must be given appropriate training.
- 1.12 This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

2. DEFINITIONS

- 2.1 Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas which most people usually carry out themselves. 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.

3. PRINCIPLES

- 3.1 The following are the fundamental principles upon which the policy and 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
 - 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 view taken into account
 - Every child has the right to have levels of intimate care that are as consistent as possible

4. OUR APPROACH TO BEST PRACTICE

- 4.1 The child who requires care will be treated with respect at all times; the child's welfare and dignity is of paramount importance. Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEND advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feeling should be sought and taken into account.
- 4.2 Pupils who require regular assistance with intimate care have written health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Whenever possible the plan should be agreed at a meeting at which all key staff and

the pupil are present. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for trips or staff changes (where the staff member concerned is providing intimate care).

- 4.3 Where a care plan or IPP is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person or through the home/school diary.
- 4.4 In relation to record keeping a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage.
- 4.5 Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case. These records will be kept in the child's file and available to parents/carers on request.
- 4.6 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.
- 4.7 It is essential that the adult who is going to change the child informs the teacher and/or another member of staff that they are going to do this. There is no written legal requirement that two adults must be present. However, in order to completely secure against any risk of allegation, a second member of staff may be present where resources allow.
- 4.8 The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as they are able.
- 4.9 Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers will need to be present when the child is toileted.
- 4.10 It is not always possible for a child to be cared for by a same sex member of staff, but if required, appropriate efforts will be made to achieve this.
- 4.11 Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.
- 4.12 Staff who provide intimate care are trained in personal care (eg. health and safety training in moving and handling) according to the needs of the pupil. Staff should be full aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

- 4.13 There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.
- 4.14 Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.
- 4.15 An individual member of staff should inform another appropriate adult when they are going to assist a pupil with intimate care.
- 4.16 The religious view beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.
- 4.17 Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.
- 4.18 Health & Safety guidelines should be adhered to regarding waste products, if necessary advice should be taken from the DCC Procurement Department regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.
- 4.19 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

5. MEDICAL PROCEDURES

- 5.1 Pupils who are disabled might 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, documented in the health care plan or IPP and will only be carried out by staff who have been trained to do so.
- 5.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.
- 5.3 Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity..

6. TOILET TRAINING

- 6.1 Starting school or nursery has always been an important and potentially challenging time for both children and the schools that admit them. It is also a time of growth and very rapid developmental change for all children. As with all developmental milestones in the Early Years Foundation Stage (EYFS), there is wide variation in

the time at which children master the skills involved in being fully toilet trained. For a variety of reasons children in the EYFS may:

- Be fully toilet trained
- Have been fully toilet trained but regress for a little while in response to the stress and excitement of beginning nursery or reception
- Be fully toilet trained at home but prone to accidents in new settings
- Be on the point of being toilet trained but require reminders and encouragement
- Not be toilet trained at all but likely to respond quickly to a well-structured toilet training programme
- Be fully toilet trained but have a serious disability or learning difficulties
- Have delayed onset of full toilet training in line with other development delays but will probably master these skills during the Foundation Stage
- Have SEND and might require help (during the Foundation Stage and beyond) with all or some aspects of personal care such as washing, dressing or toileting

6.2 Schools are not expected to toilet train pupils. Therefore unless a child has a disability, as defined through legislation, it is expected that parents/carers will train their child to be clean and dry.

6.3 Parents should be encouraged to train their child at home as part of their daily routine, and schools should support these routines whilst avoiding any unnecessary physical contact.

6.4 Parents should provide a labelled changing bag and adequate number of products. Any barrier creams must be signed in at the office where parents will be required to fill in medical request form.

6.5 Children and young people beyond the EYFS but throughout the primary stages of education may also experience difficulties with independence and require support with intimate care issues. These issues are likely to relate to complex health needs or a specific disability recognised within relevant legislation.

6.6 These guidelines will ensure that school can overcome these challenges and can be confident they are meeting the welfare requirements of the Early Years Foundation Stage (2012) and Disability Discrimination Act (1995), SENDA (2001) and Equalities Act 2010 as they apply to children with toileting and continence needs.

7. MESSAGE

7.1 Massage is now commonly used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as means of relaxation. It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and pupils.

7.2 Any adult undertaking massage of pupils must be suitably qualified and /or demonstrate an appropriate level of competence.

7.3 Care plans should include specific information for those supporting children with bespoke medical needs.

8. THE PROTECTION OF CHILDREN

- 8.1 Safeguarding Procedures and Multi-Agency Protection procedures will be adhered to. Where parents do not co-operate with intimate care agreements, concerns should be raised with the parents in the first instance. A meeting may be called that could possible include the health visitor and SENCO to identify the areas of concern and how all present can address them. If these concerns continue there should be discussions with the school's safeguarding co-ordinator about the appropriate action to take to safeguard the welfare of the child.
- 8.2 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.
- 8.3 If a child becomes unusually distressed or unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Headteacher 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, so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- 8.4 If a pupil, or any other person makes an allegation against an adult working at the school this should be reported to the Executive Head Teacher (or the Chair of Governors if the concern is about the Executive Head Teacher) It should not be discussed with any other member of staff or the member of staff the allegation relates to.

This policy has been agreed in full consultation with the Executive Head Teacher and teaching staff. It will be reviewed annually and changes will be brought to the attention of the Governing Body for ratification.

Signed.....
Chairman of Joint Committee

Planned review date: Autumn 2017