

# Intimate Care Policy Thakeham Primary School

Date approved by Full Governing Body: 01.09.17

**Review Date: April 2019** 

Signed

Headteacher: 8. Norton

**Chair of Governors:** 

# Introduction

The purpose of this policy is:

 $\cdot$  To safeguard the rights and promote the best interests of the children

• To ensure children are treated with sensitivity and respect, and in such a way that their experience of intimate care is a positive one

- · To safeguard adults required to operate in sensitive situations
- $\cdot$  To raise awareness and provide a clear procedure for intimate care
- · To inform parents/carers in how intimate care is administered
- $\cdot$  To ensure parents/carers are consulted in the intimate care of their children

### **Principles**

The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the July 2015 Government guidance 'Keeping Children Safe in Education' to safeguard and promote the welfare of pupils at the school.

Thakeham Primary School takes seriously its 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.

The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

This intimate care policy should be read in conjunction with the schools' policies as below:

- safeguarding policy and child protection procedures
- staff code of conduct and guidance on safer working practice
- 'whistle-blowing'/confidential reporting and allegations management policies
- health and safety policy and procedures
- SEN & D policy
- Medicines Policy

The Governing Body is 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. 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. Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

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.

Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils unless they have been specifically recruited to do so. All staff undertaking intimate care must be

given appropriate training and awareness of the child's individual health care plan (IHCP) where appropriate.

This Intimate Care Policy has been developed to safeguard children and staff.

# Child focused principles of intimate care

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 views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

# Definition

Intimate care is one of the following:

- · Supporting a pupil with dressing/undressing
- · Providing comfort or support for a distressed pupil
- · Assisting a pupil requiring medical care, who is not able to carry this out unaided
- $\cdot$  Cleaning a pupil who has soiled him/herself, has vomited or feels unwell
- . Supporting and providing assistance for pupils who are menstruating.

# Supporting dressing/undressing

Sometimes it will be necessary for staff to aid a child in getting dressed or undressed particularly in Early Years. Staff will always encourage children to attempt undressing and dressing unaided.

We are aware as children mature there is a requirement for separate changing arrangements and so in Elder (and Maple) Class boys change separately to the girls.

# Providing comfort or support

Children may seek physical comfort from staff (particularly children in Reception). Where children require physical support, staff need to be aware that physical contact must be kept to a minimum and be child initiated. When comforting a child or giving reassurance, the member of staff's hands should always be seen and a child should not be positioned close to a member of staff's body which could be regarded as intimate. If physical contact is deemed to be appropriate staff must provide care which is suitable to the age, gender and situation of the child.

If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable.

# **Best Practice**

Pupils who require regular assistance with intimate care have written Individual Health Care Plans (IHCP), agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. 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 residential trips or staff changes (where the staff member concerned is providing intimate care).

They should also take into account procedures for educational visits/day trips. Parents will provide the necessary supplies required for intimate care e.g. nappies, catheters, pads and wipes. 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.

Where a care plan or IHCP 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 by telephone, not through the home/school diary.

Accurate records should also be kept when a child requires assistance with intimate care (see appendix 1). These are stored with in the Medical File, in a locked cupboard in the Medical Room.

Staff who provide intimate care will be trained in personal care according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation. 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. 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.

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 feelings should be sought and taken into account. An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care. Unless otherwise agreed with the parents, two staff members will normally be present whilst intimate care is being provided.

Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and have the usual range of safer recruitment checks, including enhanced DBS checks. All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

## Wetting/Soiling

Intimate care for wetting/soiling will only be given to a child after the parents have given written permission for staff to clean and change the child. (See appendix 2). In this case of longer term issue an IHCP will be drawn up as referred to earlier.

If a parent does not give consent, the school will contact the parents or other emergency contact giving specific details about the necessity for cleaning the child if the parents/carers or emergency contact is able to come within a short time.

If the parents and emergency contacts cannot be contacted the Headteacher will be consulted. If put in an impossible situation where the child is at risk, staff will act appropriately, and may need to come into some level of physical contact in order to aid the child.

When touching a child, staff should always be aware of the possibility of invading a child's privacy and will respect the child's wishes and feelings.

If a child needs to be cleaned, staff will make sure that:

- · The procedure is discussed in a friendly and reassuring way with the child throughout the process
- · The child is encouraged to care for him/herself as far as possible
- · Physical contact is kept to the minimum possible to carry out the necessary cleaning.
- · Protective gloves are worn

• Privacy is given appropriate to the child's age and the situation but children will not be alone in a room with an adult with the door closed. The classroom toilets/cloakrooms or medical room toilet are the most suitable location.

- · All spills of vomit, blood or excrement are wiped up and flushed down the toilet
- · Any soiling that can be, is flushed down the toilet
- · Soiled clothing is put in a plastic bag, unwashed, and sent home with the child

If wetting/soiling occurs regularly then parents will be asked to provide spare clothing and if appropriate the pupil and parent will be referred to the school nurses team.

A sanitary hygiene bin is located in the girls' toilet and a supply of sanitary towels is available in the First Aid area.

### Hygiene

All staff must be familiar with normal precautions for avoiding infection, must follow basic hygiene procedures and have access to protective, disposable gloves.

### Safeguarding

Members of staff need to have regard to the danger of allegations being made against them and take precautions to avoid this risk. These should include:

· Gaining a verbal agreement from another member of staff that the action being taken is necessary

· Be aware of and responsive to the child's reactions

If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's policy.

Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors, in accordance with the child protection procedures and 'Confidential Reporting' policy.

All staff at the school undergo rigorous Safeguarding checks in line with the school's Safer Recruiting and Child Protection policies. All those working with children should be closely supervised throughout a probationary period and should only be allowed unsupervised access to children once this has been completed to their supervisor's satisfaction.

It is not appropriate for volunteers or students to carry out intimate care procedures.

If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to one of the Designated Member of Staff for Child Protection. A clear written record of the concern will be completed and a referral made to MASH if appropriate, in accordance with the school's child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.



# RECORD OF PROVISION OF INTIMATE CARE

DATE	PUPIL NAME	INTIMATE CARE PROVIDED	SIGNATURE OF STAFF MEMBER PROVIDING CARE	SIGNATURE OF SECOND MEMBER OF STAFF AS WITNESS

### **APPENDIX 2**



### Permission to Give Intimate Care

Please fill out the permission slip below.

I do give consent for my child to be changed and cleaned if they wet/soil themselves.

Signature of Parent/Carer..... Date...... Date......

Or

I do **not** give consent for my child to be changed and cleaned if they wet/soil themselves. The school will contact me or my emergency contact and I will organise for my child to be cleaned and changed. I understand that in the event that I (or the emergency contact) cannot be contacted the staff will act appropriately and may need to come into some level of physical contact in order to aid my child.

Signature of Parent/Carer..... Date...... Date......