



Meadowside Community Primary & Nursery School

A Member of **The Challenge Academy Trust**

Intimate Care Policy

Policy written by	School
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Head teacher	Mr S Wright
Chair of Governors	Mr P Calrow

'Where Learners Grow'

Intimate Care Policy

Introduction

The care of our children is central to the aims and ethos of our school. It is our intention to develop independence in each child; however, there will be occasions where help is required.

Intimate care can be defined as an activity required to meet the personal care needs of an individual child, in partnership with the parents/carer and the child. In most cases such care will involve procedures to do with personal hygiene, as part of a staff member's duty of care, but could include supervising a child involved in intimate self-care; assisting a child with toileting or to change his/her clothes, or providing first aid assistance. In the case of a specific procedure, such as for medical support, only a person suitably trained and assessed as competent, will undertake the procedure.

The issue of intimate care is a sensitive one and requires staff to be respectful of the child's needs. The child's dignity should always be preserved, with a high level of privacy, choice and control. There will be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children wherever possible.

Meadowside Community Primary and Nursery 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. Intimate care at Meadowside can come in many forms such as nappy changing, applying cream for medical reasons, completing medical procedures required according to a child's condition.

For those children who need regular intimate care, an **Individual Health Care Plan** (appendix 1) will be established; through discussion with parents/carers, health advisors and school and reviewed annually or more frequently if deemed appropriate. Parents must, whenever practicable, give permission prior to intimate care being carried out. This will be recorded on CPOMS and in the pupil file.

Our Approach to Best Practice

Children who require intimate care are treated with respect at all times; the child's welfare and dignity is of paramount importance. Staff who provide intimate care will be trained to do so (including Child Protection and Health and Safety training in moving and handling, when appropriate) and are fully aware of best practice. Apparatus will be provided, if necessary, to assist with children who need special arrangements; following assessment from an occupational therapist/physiotherapist.

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

Wherever possible, staff who are involved in the intimate care of children, will not usually be involved in the delivery of sex education to the children in their care - as an additional safeguard to both staff and children involved. Exceptions may be made for pupils with special educational needs and disabilities, with parental consent/agreement.

A child will be supported to achieve the highest level of autonomy possible, given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean giving the child responsibility for washing themselves. Where appropriate, an **Individual Health Care Plan** will be drawn up for particular children.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many adults might need to be present when a child is receiving intimate care. Usually, one child is supported by one adult. However, at all times there should be another adult within close proximity, who can witness any intimate care, to safeguard the member of staff and pupil (this includes the changing of nappies).

Wherever possible, the same child will not be cared for by the same adult on a regular basis, but will receive support from a range of familiar adults. This will ensure, as far as possible, that over familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different adults.

Intimate care arrangements will be discussed with parents/carers on a regular basis. The needs and wishes of children and parents will be taken into account, wherever possible, within the constraints of staffing and equal opportunities legislation.

The management of all children with regular intimate care needs will be carefully planned, discussed with parents/carers and relevant agencies (as appropriate) and will be written into an **Individual Health Care Plan**. This will set out a clear account of the agreed arrangements, name the adults involved in the child's intimate care and be an accurate record of when a child requires assistance with intimate care. These records will be kept in the child's file and be available to parents/carers on request.

Staff providing intimate care should explain what they are doing, through communicating with the child in a way that reflects their age.

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

The Protection of Children

Education Child Protection Procedures and Inter-Agency Child Protection procedures will be adhered to. All children will be taught personal safety skills, carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc they will immediately report concerns to the Designated Person for child protection and follow the Safeguarding procedure and policies in place.

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 this 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.

If a child makes an allegation against a member of staff, all necessary procedures will be followed.

Changing Facilities

Children, who have a long-term incontinence or a disability requiring regular intimate care, may require specially adapted facilities. Within Meadowside, the disabled toilet area in KS1 or 2 would be used. Advice would be sought from professionals and discussed with parents/carers, if additional or adapted facilities are needed.

Nappy Changing

It is not expected that a child will be still wearing nappies on admission to school in Reception (aged 4 -5) with the exception of children with SEND or medical condition. Parents/carers are encouraged to ensure children are toilet trained and able to manage their own hygiene by the time their child starts school.

However, if due to medical needs, a child still requires use of nappies an Individual Health Care Plan will be written, in liaison with parents/carers and the child's medical team.

Parents/carers will be expected to have a role to play when their child is still wearing nappies. Parents/carers should provide nappies; disposal bags, wipes and a changing mat etc. and parents should be made aware of this responsibility. The school will be responsible for providing gloves, plastic aprons, a bin, non-allergic wet wipes, and liners to dispose of any waste.

Staff should wear a plastic apron and gloves when dealing with a child who is soiled or when changing a soiled nappy. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with liner) which is specifically designated for the disposal of such waste.

Wetting / Soiling in School

If there is **a medical reason** for wetting / soiling the appropriate support for this will be identified as part of the child's Individual Health Care Plan.

Parents of a child with **no medical reason for regular soiling /wetting** will be requested to be available to change their child.

On the **rare occasion** a child wets themselves, a change of clothes will be given. The child will be encouraged to wash, dry and change themselves. Parents will be informed either at the end of the day, when their child is collected, or by telephone.

If on a **rare occasion** a soiling accident has occurred, a change of clothing will be provided and the child will be encouraged to clean themselves. A parent maybe called to assist if the child requires more intimate care (not completed a Appendix 1) to lessen the distress of the situation for their child.

However, if parents cannot be contacted within a reasonable period of time, school will provide support for the child to clean themselves and a change of clothing.

Special Educational Needs and Disabilities.

Children with special educational needs and disabilities have the same rights to safety and privacy when receiving intimate care.

An Individual Health Care Plan will be written, if required, with agreements between the child (where appropriate) parents/carers and the school. A Toilet Management Plan may also be agreed with parents, following advice by Health/continence professionals. The Individual Health Care Plan and Toilet Management Plan will be reviewed regularly.

Accurate records of the child's need for intimate care assistance will be kept (Appendix 2). These records will be kept in the child's file and be available to parents/carers on request.

Regardless of age and ability, the views and/or emotional responses of children with special needs will be actively sought (with advocacy arrangements made for those who can't) when arrangements are being reviewed.

Physical Contact

All staff engaged in the care and education of children, need to exercise caution in the use of physical contact. The expectation is that staff will work in a 'limited touch' culture and that when physical contact is made, this will be in response to the pupil's needs at the time; will be of limited duration and will be appropriate to their age, stage of development and background.

Staff should be aware that, even well intentioned physical contact might be misconstrued either directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny. Physical contact which is repeated with an individual child or young person is likely to raise questions, unless the justification for this is formally agreed by the child, the organisation and those with parental responsibility.

Changing Clothes

Children are entitled to respect and privacy when changing clothes. However, there must be the required level of supervision, to safeguard children with regard to health and safety considerations and to ensure that bullying or teasing does not occur.

This means that adults avoid any physical contact when children are in a state of undress and avoid any visually intrusive behaviour. Given the vulnerability of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is present.

As far as possible, when Year 6 children change for PE, the girls and boys will change in separate areas, with sensitive staff supervision.

Individual Health Care Plans

Within an Individual Health Care Plan for children who require intimate care for toileting / changing, the following issues will be given consideration where appropriate:

- Date of plan and arranged review date
- Medical needs or other important information
- Who will change the child?
- What level of support is required?
- How will the child be changed? Eg lying on mat or standing in toilet cubicle
- Location of suitable facilities
- Who will provide the resources? Eg wipes, nappies, disposable gloves
- How will the changing occasions be recorded and how will this be communicated to child's parent / carer?
- How will wet / soiled clothes be dealt with?
- What the member of staff will do if the child is unduly distressed or if marks or injuries are noticed?
- Agree minimum number of changes if appropriate
- How the child will be encouraged to participate in the procedure or any plans to work towards independence.

This Policy links to:

Safeguarding & Child Protection Policy
Health and Safety Policy
Complaints Policy

Further Guidance:

Working Together to Safeguard Children
Keeping Children Safe In Education

Appendix 1

Individual healthcare plan – Form 1

Photo of Child

Non-medical care - omit grey sections of this form.

Medical care - all sections of this form.

Name of school/setting	Meadowside Community Primary & Nursery school				
Child's name					
Group/class/form					
Date of birth	<table><tr><td></td><td></td><td></td><td></td></tr></table>				
Child's address					
Medical diagnosis or condition					
Date	<table><tr><td></td><td></td><td></td><td></td></tr></table>				
Review date	<table><tr><td></td><td></td><td></td><td></td></tr></table>				
Family Contact Information					
Name					
Phone no. (work)					
(home)					
(mobile)					
Name					
Relationship to child					
Phone no. (work)					
(home)					
(mobile)					
Clinic/Hospital Contact (medical condition only)					
Name					
Phone no.					
G.P.					

Name	
Phone no.	

Who is responsible for providing support in school	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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

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Describe what constitutes an emergency, and the action to take if this occurs, who is responsible?

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Staff training needed/undertaken – who, what, when

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Daily care requirements of intimate care needed please include information about cream, wipes, medication etc.

Arrangements for school visits/trips etc

Any specific support for the pupil's educational, social and emotional needs?

Other information

Form copied to

- ☐ CPOMS
- ☐ SENCO (if appropriate)
- ☐ D.Lowe
- ☐ S.Wright

Additional notes:

A copy of this form must be kept in the Class Medical File. When medication is administered the staff member administering the medication must complete the Record of Medicine administered form which must also be stored in the Class Medical File.

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Scanned and saved to CPOMS

Appendix 2

Record of Intimate Care Intervention

Child's Name _____

Class / Year Group _____

Name(s) of Support Staff Involved _____

Date	Time	Procedure	Staff Signature	Second Signature