



Great Wishford C of E (VA) Primary School

No challenge too big, no child too small- for with God, nothing will be impossible *Luke 1.37*



Headteacher Miss S Cleaver

Chair of Governors Mrs S Bale

Great Wishford Primary School **Intimate Care Policy**

Monitoring

This is a whole school policy of which staff, children and parents have ownership and therefore working together as a whole is essential for it to work effectively.

Written December 2021 and to be reviewed annually.

Last review date: April 2023

Signed: S Cleaver

Head Teacher

Signed: S Bale

Governor

Introduction

This Policy and guidance has been developed to safeguard children and staff. They apply to everyone involved in the intimate care of children in our school.

The purpose of this policy is:

- 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;
- To raise awareness and provide a clear procedure for intimate care;
- To inform parents/carers in how intimate care is administered;
- To ensure parents/carers are consulted in the intimate care of their children.

Definition

Intimate care may be defined as any activity required to meet the personal care needs of each individual child. Parents have the responsibility to inform staff of any intimate care needs of their child, and staff have a responsibility to work in partnership with children and parents.

Intimate care can include: feeding, oral care, washing, dressing/undressing

- Supporting a pupil with dressing/undressing, toileting
- Assisting a pupil who has soiled him/herself, has vomited or feels unwell, menstrual care
- Providing advice to enable a pupil to attend to their own needs, supervision of a child involved in intimate self-care.
- Providing comfort or support for a distressed pupil and assisting a pupil requiring medical care, who is not able to carry this out unaided are also considered as intimate care.

Principles of Intimate Care

The following are the fundamental principles upon which the policy is 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 have levels of intimate care that are as consistent as possible.

Responsibilities of Staff involved with intimate care

All staff are enhanced DBS checked on application. Therefore, all individuals who provide intimate care will have been vetted correctly.

The Head Teacher must ensure that all staff undertaking the intimate care of children are familiar with, and understand the Intimate Care Policy and Guidelines. Staff should also be aware that this policy and guidelines have been developed in conjunction with associated Policy and Procedures.

All staff must have an awareness of the specific types of intimate care that they carry out and fully understand the Intimate Care Policy and Guidelines within the context of their work.

Intimate care arrangements must be agreed by the school, parents/carers and child (if appropriate).
If a staff member has concerns about an intimate care practice they must report this to the Head Teacher.

Intimate Care Arrangements Supporting dressing/undressing

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

Providing comfort or support

Children may seek physical comfort from staff. 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.

Medical Procedures

Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours.

Please refer to the school's policy for supporting pupils with medical needs and for further information and for procedures around giving medicine, the school's administration of medication policy.

Medical Conditions

If a child has a medical condition which is likely to lead to soiling and subsequent staff intervention, specific medical advice may be sought from outside agencies and the parents/carers will be asked to sign a consent form (see appendix 1) so that staff can clean and change their child if necessary. This will form part of the Individual Healthcare Plan that will be created to support these needs.

If prior consent is not in place but action needs to be taken then the school will contact the parents or other emergency contact giving specific details about the necessity for cleaning the child. If the parents or emergency contact are able to come promptly, the child is comforted and kept away from the other children to preserve dignity until the parent arrives. If parents/carers cannot be contacted - staff will decide on the most appropriate care to minimise any stress, discomfort or anxiety the child may be experiencing. School staff must maintain the intimate care log record following support provided (see appendix 2).

Soiling

Staff will work together in partnership with parents/carers to support each child towards independent use of the toilet. If tending to a child who has soiled themselves during the school day staff will respond sensitively and professionally. If 'accidents' occur the child will change themselves into dry clothing, and wet items will be sent home.

The child's independence will be encouraged as far as possible in his/her intimate care and reassurance given. All incidents are to be recorded on the intimate care log and the parent/carers will be informed and requested to return the borrowed items of clothing when laundered.

If there is an occurrence of heavier soiling or vomiting, this may require staff to provide care at a more personal level.

Staff will follow set procedures for this intimate care:

- If possible, the child will be removed to a less public place to maintain dignity and avoid a feeling of humiliation;

- The child will be encouraged, through guidance and assistance, to clean themselves to make them more comfortable. Parents will be contacted to assist if it is not appropriate for the child to clean themselves independently.
- Parents should be contacted as soon as possible after the child is back in the classroom.

Staff will provide further intimate care in the following situations:

1. If parents/carers cannot be contacted - staff will decide on the most appropriate care to minimise any stress, discomfort or anxiety the child may be experiencing.
2. If the parents/carers are unable to come to school.
3. If the child is very distressed or suffering unduly.
4. Intimate care will only be provided to older children in extreme circumstances. It is anticipated that older children will be able to manage any circumstances given guidance or assistance.

If staff are providing intimate care two members of staff will be in the vicinity at all times e.g. the second staff member could be in the adjacent room with the adjoining door open. If incidents of soiling are a regular occurrence then an Individual Healthcare Plan may need to be considered. The wellbeing and dignity of the child will remain paramount at all times during any incident requiring intimate care.

Where an individual healthcare plan is in place, to meet a child's medical needs including the need for intimate care, schools will hold a signed consent form (see appendix 1) and complete an intimate care log (see appendix 2) where required.

Hygiene

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

Protection for staff

Members of staff need to be aware of the potential danger of allegations being made against them and take precautions to avoid this risk.

These should include:

- If staff are providing intimate care two members of staff will be in the vicinity at all times e.g. the second staff member could be in the adjacent room with the adjoining door open.
- Gaining a verbal agreement from another member of staff that the action being taken is necessary.
- Allow the child, wherever possible, to give verbal consent to the person assisting them.
- Allow the child a choice in the sequence of care.
- Be aware of and responsive to the child's reactions

Guidelines for Good Practice

All children have the right to be safe and to be treated with dignity and respect.

These Guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children. Adhering to these guidelines of good practice should safeguard children and staff.

- Involve the child in their intimate care - Try to encourage a child's independence as far as possible in his/her intimate care. Where the child is fully dependent talk to them about what is going to be done and give them choice where possible.
- Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.
- Make sure practice in intimate care is consistent.
- Be aware of own limitations. Only carry out care activities you understand and feel competent and confident to carry out.
- Promote positive self-esteem and body image.

- If you have any concerns you must report them following the school's reporting and recording procedures.

Appendix 1

Personal/Intimate Care and Toileting Parental Consent (to be used alongside an individual Health Care Plan)

Name of child:

DOB:

School:

Advice/Information re: care/procedures required and how often during the school day:

Members of staff who will carry out the tasks - all staff need to be fully aware of toileting/intimate care plan and school policies.

Name:

Signature:

Name:

Signature:

Name:

Signature:

Name:

Signature:

Where will the tasks be carried out and what equipment/resources will be required to safely carry out the procedures:

Detail infection control and Disposal procedures in place:

Actions that will be taken if any concerns arise:

Parent's responsibility to provide:

Any School-Home agreement, care/management plan, risk assessment, or communication via school - home diary required:

Other professionals involved in care/advisory role: (School Nurse, Health Visitor, Specialist Nurse, OT/Physio, SEND Staff)

Additional Information:

(Delete as appropriate)

I/We have read the Intimate Care/Toileting Policy provided by the educational setting that my child attends. I/We give permission for the named member(s) of staff to attend to the care needs of my/our child and agree with the procedures proposed.

Name of Parent/Carer:

Signature:

Date:

Name of Head Teacher:

Signature:

Date:

Appendix 2

Toileting and Intimate/Personal Care Log

Name of child:

Class:

[illegible]