

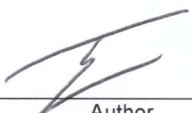
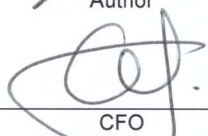
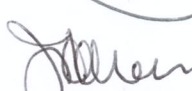


## Oak Trees Multi Academy Trust

# Intimate Care Policy

Issue Status: -

Date	Issue	Comment	By
04.09.19	A	Tony Lacey	TL

	<u>Signature</u>	<u>Name</u>	<u>Date</u>
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## **1 Statement (The reason for the policy)**

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

## **2 Definition of Intimate Care**

Intimate personal care includes hands-on physical care in personal hygiene, and physical presence or observation during such activities.

Intimate personal care tasks can include:

- body bathing other than to arms, face and legs below the knee.
- toileting, wiping and care in the genital and anal areas.
- dressing and undressing (including swimming)
- application of medical treatment, other than to arms, face and legs below the knee including topical medicines (e.g. sun creams, eczema creams)
- supporting with the changing of sanitary protection including menstruation
- Physiotherapy Exercise Programme/Manual handling
- Providing comfort or support for a distressed pupil
- Support for pupil who has vomited

In the case of a specialised procedure only a person suitably trained and assessed as competent should carry out the procedure as detailed in the School's Medical Policy and in the Child's Individual Health Care Plan e.g. rectal diazepam, Care of Tracheostomy

**Staff providing Intimate Care must be aware of the need to adhere to good Child Protection practice in order to minimise the risks for both children and staff.**

### 3 Principles

Schools within Oak Trees Multi-Academy Trust are committed to providing personal care that has been recognised as an assessed need and indicated in the care plan for an individual child, in ways that:

- maintain the dignity and personal privacy of the individual child.
- are sensitive to their needs and preferences.
- maximise safety and comfort.
- protect against intrusion and abuse.
- respect the child's right to give or withdraw their consent.
- encourage the child to care for themselves as much as they are able and protect the rights of everyone involved.
- encourage the child to express their views on their own intimate care and ensure that these views are taken into account.
- Ensure the child has a level of intimate care that is appropriate and consistent to their personal needs.

The **diversity** of individuals and communities **is valued and respected**.

No child or family is discriminated against.

This document should also be considered as forming the policy and associated guidance towards supporting children and young people who require reasonable adjustments to be made in arrangements for personal care under the relevant legislation, e.g. EYFS Framework (2017), Equality Act (2010) and statutory guidance, e.g. SEN Code of Practice (2014).

### 4 Objectives

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.

## **5 Procedures when delivering intimate care**

It is important for staff to bear in mind how they would feel in the child's position.

Given the right approach, intimate care can provide opportunities to teach children about the value of their own bodies, to develop their safety skills and to enhance their self-esteem.

Parents and staff should be aware that matters concerning intimate care will be dealt with confidentially and sensitively and that the young persons' right to privacy and dignity is maintained at all times.

Staff should follow the Generic Guidance sheet for staff on providing intimate care in Appendix 1.

### ***Toilet Training***

Starting school or nursery has always been an important and potentially challenging time for children. 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 across all settings
- have been fully toilet trained but regress for a little while in response to the stress and excitement of beginning in Foundation Stage Two
- 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

## **Soiling**

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.

- For privacy the child should be taken to the disabled toilet or if more appropriate in FS2 their own toilet area.
- Collect equipment you will need dry clothes, new sanitary wear and nappy bags.
- Put on gloves and a plastic apron.
- If using the changing bed, place a disposable covering (paper roll) on the area where you will place the child's bottom.
- Dispose of soiled nappy/sanitary wear into a nappy bag. Double bag if it is soiled and single bag if it is wet.
- Dispose in the lined nappy bin using the foot pedal. **DO NOT PLACE IN THE FIRST AID BIN.**
- Underwear where soiled or wet should be placed directly into a double bagged plastic bag for the child to take home. Solid faecal matter may be disposed of into the toilet.
- All spills of vomit, blood or excrement are wiped up and flushed down the toilet.
- Remove gloves after disposing of soiled sanitary wear and cleaning the child.
- Put on clean sanitary wear.
- Dispose of paper towel from changing table.
- Clean changing area using a detergent spray or soap and water and dry surface.
- Wash hands.
- Cleaning/Caretaking team to be informed if required to further clean changing area.

## ***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.

### ***Dressing (Including swimming)***

Ensure facilities provide privacy and modesty e.g. separate toileting and changing for boys and girls or at least adequate screening. Separate changing cubicles should be available for swimming sessions.

Pupils should be encouraged to dress/undress themselves independently. There should be a clear plan, appropriate to each individual for (un)dressing for those who require supervision.

When using Public Facilities e.g. staff should be aware in advance of the nature of the facilities, and to ensure the dignity of each participant in the activity.

### **Procedure for undressing and dressing pupils who require full support:(swimming or when soiled)**

#### **Ensure privacy before procedure**

1. Remove clothing from lower body first.
2. Put on swimming costume/or wash as required.
3. Ensure lower regions are covered before removing garments from upper body.
4. Encourage pupil to assist whatever way possible.
5. Refer to moving and handling procedure for safe movement of pupil and safety of staff.
6. Refer to swimming pool procedures for further information.

### ***Providing comfort or support***

Children may seek physical comfort from staff (particularly children in The Early Years). 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.

### ***Physiotherapy/Exercise Programmes/Manual Handling Procedures***

For some children and young people physiotherapy/exercise and manual handling procedures are advised by qualified physiotherapists and regularly delivered by school staff. Parents/carers and Health and Education personnel involved should agree all aspects of the programme. Many exercises involve touch and should be carried out in line with the professional advice. It is recommended that this advice be given in writing.

Regular consultation with all parties is recommended, in order to identify any changes required and ongoing training to be given as and when required. Any agreed moving and handling procedures should be followed at all times. It is the responsibility of individual staff to monitor his/her own safety at all times and continually assess the risks involved.



## **6 Hygiene**

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

## **7 Facilities and resources**

We ensure there are suitable hygienic changing facilities for changing any children who are in nappies and that there is an adequate supply of spare clothes and any other necessary items is always available. The school has a disabled toilet for these purposes with a changing table.

Wherever possible

- mobile children are changed standing up
- if this is not possible the next best alternative is to change a child on the purpose built changing bed

Checks should be made beforehand to ensure that there are suitable facilities for intimate care available on excursions where they will be necessary and consider how intimate care can be dealt with in relation to PE, swimming, after school clubs, transport to and from school etc.

## 8 Regular requirements for intimate care

Where a pupil has daily requirements for intimate care this will be defined within the Pupil's Health Care Plan.

This might include:

- agreeing to change the child at the latest possible time before coming to school
- providing spare nappies, 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.
- 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.

## 9 Parental Permission

Intimate care should only be given to a child after the parents have given permission for staff to clean and change the child.

Parents who have children in school may sign a permission form so that the staff can clean and change their child in the event of the child soiling themselves. (Appendix 2)

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 few minutes, the child is comforted and kept away from the other children to preserve dignity until the parent arrives.

Children are not left on their own whilst waiting for a parent to arrive, an adult will stay with them, giving comfort and reassurance. The child will be dressed at all times and never left partially clothed.

**If a Parent/Carer or emergency contact cannot attend, the school seeks to gain verbal consent from parents/carers for staff to clean and change the child. This permission will be sought on each occasion that the child soils him or herself.**

If the parents and emergency contacts cannot be contacted the Head Teacher 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.

## **10 Record keeping and Informing Parents**

All procedures of intimate care should be recorded on the Intimate Care Proforma provided in Appendix 2 and kept alongside the child's medical record in a confidential file in a locked cupboard.

## **11 Confidentiality**

Confidentiality is an important issue. We have as part of partnership working, a Confidentiality section which is shared with all staff, parents and, where possible, pupils. 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 well-being or safety arising from something said by the child or an observation made by the staff then the school's Responsible Person for Safeguarding will be informed. This may lead to the procedures set down in the school's Safeguarding 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.**

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 schools is important to secure the best care for pupils but the consent of parents and their children who are able to give such consent is needed for the Headteacher to pass on information about their child's health to school staff or other agencies.

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.

## **12 Protection for staff**

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.
  - Allow the child, wherever possible, to express a preference to choose his/her carer and encourage them to say if they find a carer to be unacceptable.
  - **Have two members of staff change present when the child is changed.**
- Allow the child a choice in the sequence of care.
- Be aware of and responsive to the child's reactions.

## **13 Safeguards for children**

There is an obligation on local authorities to ensure that staff who have substantial, unsupervised access to children undergo police checks. All staff are DBS checked on application and cannot undertake tasks within school until all checks are completed satisfactorily.

The DBS's aim is to help organisations in the public, private and voluntary sectors by identifying candidates who may be unsuitable to work with children or other vulnerable members of society. Personal and professional references are also required and unsuitable candidates are not permitted to work within the school.

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.**

## **14 The Protection of Children**

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 possibly include the health visitor and head teacher 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.

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.

## **Guidance Sheet for staff on providing Intimate Care (APPENDIX 1)**

Staff should take care (both verbally and in terms of their body language) to ensure that the child is never made to feel insecure.

### **In summary**

- Be fully aware of the legislative framework
- Recognise that for most children, achieving continence is one of many developmental milestones,
- Work in partnership with parents/ carers prior to and after admissions into the school.
- Take full account of the religious views and cultural values attached to aspects of intimate care related to the child
- Agree with parents, staff and children, the appropriate terminology for private parts of the body and functions. Use these terms as appropriate.
- Agree a written procedure for personal care/ toileting
- Respect each child's personal dignity
- Get to know the child in a range of contexts to gain an appreciation of his/her moods and verbal/non-verbal communication
- Ensure clarity in job descriptions of the personnel involved in changing children
- View 'changing' time as a positive learning experience (aiming to gradually increase the child's independence and self-worth).

### **During 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 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; bathing changing one child at a time
- 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

**APPENDIX 2**

**Oak Trees Multi-academy Trust           XXXXXXXXXXXX Primary School**  
**Permission form for the Provision of Care**

(To be filled out before starting Early Years or on admission to school if required)

If a child wets or soils themselves while they are at school, it is important that measures are taken to have them changed (and if necessary cleaned) as quickly as possible. Our staff are experienced and trained at carrying out this task if you wish them to do so or, if preferred, the school can contact you or your emergency contact who will be asked to attend without delay.

XXXXXXXXXXXX School has an Intimate Care Policy which is available to view on our website or ask for a copy from the office.

Please fill out the permission slip below stating your preference.

Yours sincerely

XXXXXXXXXXXX (Headteacher)

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Name of Child.....Class.....

**Please delete as appropriate**

\*I give consent for my child to be changed and cleaned by staff if they wet/soil themselves while in the care of XXXXXXXXX School.

\*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 the child.

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



**Record of Intimate Care Intervention**

**APPENDIX 3**

Child's Name \_\_\_\_\_ Year Group/Class \_\_\_\_\_

Date	Time	Procedure	1 <sup>st</sup> Staff signature	2 <sup>nd</sup> Staff signature