

# Wessex Gardens Primary and Nursery School



## Intimate Care Policy 2020 – 2023

At Wessex Gardens we believe that every child has the right to feel safe and to be protected from any situation or practice that could result in them being harmed. Each child's welfare is of paramount importance and we are committed to safeguarding and promoting the welfare of all children in our care and we expect all staff, governors, placements and volunteers to share this firm commitment.

Growing Together

Wessex Gardens Primary and Nursery School is a place where we grow kind, confident, resilient and independent lifelong learners in a trusting and honest environment. Here everyone is welcome and valued. We are motivated and supported to reach our full potential as we continue to aspire to excellence.

Approved by:	Alexander Banks	Jill Summers
	Headteacher	Chairman of the Governing Body
Date:	March 2020	Next review due by: March 2023

## Introduction

**Wessex Gardens Primary and Nursery School** is committed to safeguarding and promoting the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

This policy applies to all staff undertaking personal care tasks with children but particularly to those who are in the Early Years Foundation Stage and staff supporting children with additional needs on a one to one basis. In addition to this there are other vulnerable groups of children 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 with limbs in plaster
- children needing wheelchair support
- children and young people with pervasive medical conditions

This intimate care policy should be read in conjunction with the following school policies;

- Safeguarding Policy
- Child protection Policy
- Medical Needs Policy
- Health and Safety Policy
- Staff Code of Conduct
- Special Educational Needs Policy
- Whistle Blowing Policy
- Confidentiality Policy

## Definition

Intimate care is any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their age, physical difficulties or other special needs. In most cases this involves procedures associated with personal hygiene such as washing, toileting, nappy changing and dressing, but may also include specific procedures such as the administration of certain medicines. It also includes supervision of pupils involved in their own intimate self-care.

Intimate personal areas are any parts of the body other than the face, neck, hands, arms or legs below the knee.

## Principles

All children will be treated with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain. Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Careful consideration will be given to each child's situation to determine how many carers will need to be present during an intimate care procedure.

The management of all children with intimate care needs will be carefully planned. Staff will work in partnership with parents/carers and other appropriate agencies to provide continuity of care. 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 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.

In order to safeguard both individual children and members of staff, intimate care procedures will be recorded. All records will be kept securely to ensure privacy and confidentiality.

Intimate care procedures will be carried out with due regard to health and safety procedures to ensure the safety of both children and staff.

Members of staff will be given the choice as to whether they are prepared to provide intimate care to pupils.

All staff undertaking intimate care will be given appropriate training.

Wherever possible, staff involved in intimate care will not be involved in the delivery of sex education to the children in their care as an extra safeguard to both staff and children involved.

Wherever possible the child should be cared for by an adult of the same gender. However, in certain circumstances this principle may need to be waived where the failure to provide appropriate care would result in negligence for example, female staff supporting boys when no male staff are available.

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. School employees may include agency staff where the appropriate safeguarding checks have been made and received by the school.

## **Procedures**

Individual intimate care plans and risk assessments will be drawn up for children who require intimate care procedures on a regular basis (see Appendix 1 and Appendix 2). These will involve parents/carers, school staff, the child (where appropriate) and any appropriate external agencies. Intimate care plans will be reviewed at least annually. Sometimes these details may be recorded on an IEP or Health Care Plan instead of on an Intimate Care Plan.

Class teachers are responsible for ensuring there are suitable facilities for intimate care on trips. These need to be included on the trip risk assessment.

If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Inclusion Leader. The matter will be investigated at an appropriate level (usually by the Inclusion Leader) and parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules may be altered to resolve the issue. Further advice will be taken from outside agencies if necessary.

It is essential that the adult who is going to carry out personal care 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.

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

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. Where the pupil is of an appropriate age and level of understanding, permission should be sought before starting an intimate procedure.

Written records will be kept of all intimate care procedures carried out.

## **Toileting and nappy changing (including sanitary ware)**

- A changing area will be identified for each child which affords 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.
- Mobile children are changed standing up. If this is not possible the next best alternative is to change a child on a purpose built changing bed.
- Children in the Early Years may be changed on a mat on a suitable surface or floor if it is not possible for them to change standing up or on a changing bed.
- Children in Year 1 and above should only be changed either on a changing bed or standing up.
- Speak to the child personally by name so that they are 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 their 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 themselves .
- Respect a child's preference for a particular carer and sequence of care.

The same precautions as applied to spillages of bodily fluids will be applied when assisting with toileting and changing;

- staff to wear fresh disposable aprons and gloves while changing a child
- changing area/ toilet to be left clean
- hot water and soap available to wash hands as soon as changing is done
- paper towels to be available to dry hands
- parents to supply changes of clothes
- soiled clothes to be double wrapped and given to parent
- Wet nappies to be single wrapped in nappy sack, soiled nappies to be double wrapped and placed in yellow bins in the nursery, welfare room or swimming pool.

Accurate records should also be kept when a child requires assistance with regular intimate care; these can be brief but should include full date, times, the procedure carried out and the names of staff present (see Appendix 3 and appendix 4).

### **First Aid**

If a child has injured to an intimate area of their body, the same principles of privacy, dignity and safeguarding should be adhered to

- The child will be asked to show the adult the injury and if necessary remove their own clothing.
- A second member of staff will be present during treatment if possible.
- The child will be treated in privacy; other children will be asked to leave the area.
- If the genitals are injured eg hit by a ball, a cold compress may be applied by the child on top of their clothing. For injuries where there is bleeding, unless it is a medical emergency or causing immediate distress the parent should be called to attend to it.
- A record will be kept
- Parents must be informed of any injury to a child's intimate areas.

## **Medical procedures**

All the above principles and procedures will be applied. Additional health and safety, safeguarding and privacy issues will form part of the child's individual care plan. These will vary according to the needs of the child and type of medical procedure being carried out and will usually be planned with health professionals. Individual training will be given to school staff.

## **Physiotherapy**

Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the IEP or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.

All intimate areas of the child's body should be covered during physiotherapy carried out by school staff.

## **Training**

Staff who provide intimate care to children will have a high awareness of safeguarding issues and be fully aware of best practice.

Induction procedures and continued CPD should be in place within the school to support staff in dealing appropriately with issues of intimate care.

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 or menstruation.

## **Child Protection**

Wessex Gardens recognise that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

All staff are expected to confirm that they have read the Intimate Care Policy annually. Time will be allocated to this as part of safeguarding induction and update training at the beginning of each school year.

The Staff code of conduct gives detailed advice and guidance on how to minimise risks to children. This is provided to all members of staff.

Children are taught personal safety skills carefully matched to their level of development and understanding throughout the year.

If any member of staff has concerns about physical changes to a child's presentation, e.g. marks, bruises, soreness etc. they will immediately report concerns to the appropriate designated person for safeguarding.

If 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 to identify the areas of concern and how all present can address them. If these concerns continue there should be discussions with a member of the school's safeguarding team about the appropriate action to take to safeguard the welfare of the child.

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 Chairman of Governors if the concern is about the Headteacher)

who will consult the Local Authority Designated Officer in accordance with the school's policy 'Dealing with Allegations of Abuse against Members of Staff and Volunteers'. It should not be discussed with any other members of staff or the member of staff the allegation relates to. 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 Chairman of Governors, in accordance with the child protection procedures and the 'Whistle-blowing policy'.

### **Confidentiality**

All staff are made aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

Intimate care records will be kept in children's personal files where they can be accessed by the staff involved.

Where an Intimate care plan, Health care plan or IEP is not in place, parents/carers will be informed the same day, in person or by phone, if their child has needed help with meeting intimate care needs (eg has had an 'accident' and wet or soiled themselves).

In the case of a 'one off' toilet/soiling incident, the parent will be informed discreetly at the end of the day and informed of who the adult was that changed their child.

## Appendix 1

### Intimate Care Plan

Name of child:

Class:

Staff involved:

Date of plan:

Review date:

Area of need:	
Equipment required/by whom?	
Location of suitable area/facilities	
Support required	Frequency of support

#### Working towards independence

School will	Parents/Carers will	Child will try to
-------------	---------------------	-------------------

Review notes/targets achieved (with dates)
--

Parent/Carer signature:

Staff signature:

Child signature (if appropriate):

**Appendix 2****Intimate Care Risk Assessment****Child's Name:****Date of Risk Assessment:**

Area of risk	Yes	Actions to reduce/prevent risk
Does the weight/size/shape of pupil present a risk?		
Does communication present a risk?		
Does the child's comprehension present a risk?		
Is there a history of child protection concerns?		
Are there any medical considerations including pain/discomfort?		
Has there ever been allegations made by the child or family?		
Does moving and handling present a risk?		
Does behaviour present a risk?		
Is staff capability a risk? (back injury / pregnancy)		
Are there any risks concerning individual capability (pupil)  General Fragility  Fragile bones  Head control  Epilepsy  Other		
Are there any environmental risks? eg heat/ cold		

**Date:****Signed:****Name:**



**Appendix 3****Record of intimate care intervention****Name of pupil:****Class:****Names of staff usually involved:**

<b>Date</b>	<b>Time</b>	<b>Procedure</b>	<b>Name of Staff present and signature</b>	<b>Second signature</b>

## Appendix 4

### Record of Intimate Care

Date	Time	Name of child	Procedure carried out	Staff present and signature	Second signature