

Intimate Care Policy

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1. INTRODUCTION

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam). This type of procedure should also be accompanied by a care plan approved by the parent and school.

The issue of intimate care is a sensitive one and will require 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 shall be a high awareness of child protection issues. Staff behaviour may be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

Veritas MAT schools are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

This policy is to be read in conjunction with the following policies:

- *Safeguarding*
- *Intimate Care*
- *Positive Handling*
- *Anti-Bullying;*
- *Health and Safety*
- *E-Safety and ICT acceptable use*
- *Managing allegations of abuse against staff*
- *Equality Scheme*
- *Admission*
- *Whistleblowing.*

2. Our Approach to Best Practice

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training as needed for specific pupils with statements/disabilities) and are fully aware of best practice.

Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required. 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/young people will not usually be involved with the delivery of sex and relationship education to the children/young people in their care as an additional safeguard to both staff and children/young people involved. Exceptions may be made for pupils with learning disabilities with parental consent/ agreement (APPENDIX 3).

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 he/she can. This may mean, for example, giving the child responsibility for washing

themselves. Individual Intimate Care Plans will be drawn up for particular children as appropriate to suit the circumstances of the child (APPENDICES 1-2).

Each child's right to privacy will be respected. When a child is in need of intimate care, two adults should be present. One to carry out the necessary care and one to support and safeguard the adult and child. The carers will generally be the same people who are involved with the care and have had the suitable training but there should be several people who are capable of supporting the child and are aware of their needs.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan (APPENDIX 1). The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

3. The Protection of Children

Veritas MAT 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. s/he will immediately report concerns to the appropriate manager/designated person for child protection.

If a child makes an allegation against a member of staff, all necessary procedures will be followed (see Safeguarding Policy).

4. Changing Facilities

Children who have long-term incontinence will require specially adapted facilities. The dignity and privacy of the child should be of paramount concern. Consideration is given to the sighting of this area from a health and safety aspect. The area should not be situated in a thoroughfare, as a changing mat may have to be used on the floor when a child is being changed. This method of changing a child is recommended, as it avoids having to lift a child and cause possible back injury (see **APPENDICES 1-3**). Alternatively a changing table can be used provided the child can access this via a step.

5. Toileting

If a child has soiled themselves, it is essential staff protect the child (and themselves) by:

1. Phoning the parent/carer for permission to clean/change the child. If the parent/carer refuses, they must come to the school straight away to manage the situation;
2. Two adults are involved in the process if the parent/carer gives permission (one to clean and the other to stand by the door to manage privacy);
3. Depending on the age of the child – the child should have autonomy at all times;
4. The situation must be dealt with in a toilet.

In the case of supporting a child who requires regular toileting, Veritas MAT schools have a Toilet Management Plan which is completed prior to support taking place (**APPENDICES 1-3**). If the toilet management plan has been agreed and signed by parents and staff, it is acceptable for two members of staff to assist a child unless there is an implication for safe moving and handling of the child.

6. Equipment Provision

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

7. Health and Safety

Staff should wear a plastic apron and gloves when dealing with a child who is bleeding or 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. Staff should be made aware of the trust's Health and Safety Policy.

8. Special Needs and/or disabilities

Children who have special educational needs and/or disabilities (SEN) have the same rights to safety and privacy when receiving intimate care. Additional vulnerabilities that may arise from a physical disability or learning difficulty must be considered with regard to individual teaching and individual education plans for each child. As with all arrangements for intimate care needs, agreements between the child, those with parental responsibility and the school should be easily understood and recorded (**APPENDICES 1-3**).

Parents of pupils with regular soiling/wetting will be encouraged to leave a change of clothes in school for the use of their child.

Appendix 1

Intimate Care Plan

Child's Name: _____

Date of Birth: _____

Name of Staff Involved: _____

Area of Need: _____

Equipment Required: _____

Location of Suitable Facilities: _____

Frequency of Support: _____

Other details:

Working towards Independence

The child will try to:

Staff assisting will support by:

Review date:

Agreed and signed

Parents/Carer: _____ Date: _____

Child (if appropriate) _____ Date: _____

Staff involved _____ Date: _____

SENCo _____ Date: _____

Appendix 2

Toilet Management Plan -Agreement between Staff and Child**Child's name:** _____**Date of Birth:** _____**Support staff name(s):** _____**Class teacher** _____

As the person helping you in the toilet you can expect me to do the following:

- I will stop what I am doing to help you in the toilet as soon as you ask me;
- I will avoid all unnecessary delays;
- When you use our emergency agreed signal, I will stop what I am doing and come and help;
- I will treat you with respect and ensure privacy and dignity at all times;
- I will ask permission before touching you or your clothing;
- I will check that you are as comfortable as possible, both physically and emotionally;
- If I am working with a colleague to help you, I will ensure that we talk in a way that does not embarrass you;
- I will look and listen carefully if there is something you would like to change about your Toilet.

Child

As the child who needs help in the toilet you can expect me to do the following:

- I will try, whenever possible to let you know a few minutes in advance, that I need to go to the toilet, so that you can come and help me;
- I will try to use the toilet at break time or at the agreed times;
- I will only use the agreed emergency signal for real emergencies;
- I will tell you if I want you to stay in the room or stay with me in the toilet;
- I will tell you straight away if you are doing anything that makes me feel uncomfortable or embarrassed;
- I will work with you to practice the things I need to do to become more independent in using the toilet.

We will review this agreement on: _____**Signed:** _____**Child (if appropriate):** _____**Support staff / CT involved:** _____

Date: _____

Appendix 3

Parental Permission for Academy Staff to Provide Intimate Care

I understand that:

- I give permission to the school to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting
- I will advise the head teacher of any medical reason my child may have which affects issues of intimate care
- I understand that the intimate care provided for my child at Academy will be given by familiar members of staff
- I understand that the members of staff providing the care for my child have had appropriate training, including in safeguarding.

Parent/Carer Name: _____

Signature: _____

Relationship to child: _____

Date: _____

Child's Name: _____

Class: _____

Date of birth: _____



Health Care Plan for a Pupil with Medical Needs

Name:

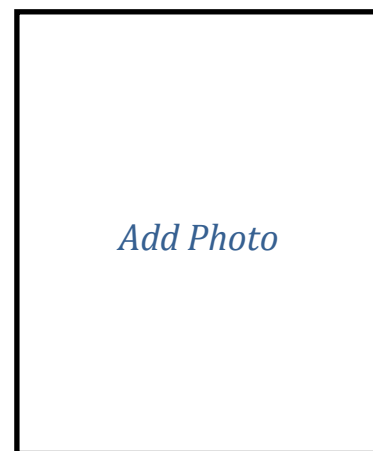
Date of Birth:

Class and Year Group:

Medical Condition(s): *(Please Give Details)*

Date Plan Agreed:

Review date:



CONTACT INFORMATION

Family contact 1

Name: _____

Phone no (Work) _____

(Home) _____

(Mobile) _____

Relationship _____

Clinic/Hospital contact

Name _____

Family contact 2

Name _____

Phone no (Work) _____

(Home) _____

(Mobile) _____

Relationship _____

G.P.

Phone no _____

Phone no _____

Describe condition and give details of individual symptoms:

Daily care requirements: (e.g. before sport/at lunchtime/):

Preventative Actions:

What should the pupil and/or adults in charge do or not do in order to manage the condition during the course of the school day?

What Resources May be needed?

Describe what constitutes an emergency for the staff member, and the action to take if this occurs:

Follow-up care:

Who is responsible in an Emergency: (State if different on off-site activities)

Form copied to:

Information Sharing Checklist:

- Class Teacher(s) informed: _____ Signed: _____
- Teaching Assistants informed: _____ Signed: _____
- MDS Informed _____ Signed: _____
- SLT informed _____ Signed: _____

Ensure a copy is added to the pupil's file.

Signed: (Staff Member) _____ Date: _____

Signed: (Team Leader) _____ Date: _____

Signed: (First Aid at Work Leader) _____ Date: _____

Signed: (Headteacher) _____ Date: _____