



# Intimate Care Policy

Policy Name:	Intimate Care Policy
Approved Date:	September 2022
Review Date:	September 2024

## Contents

Rationale .....	3
Introduction .....	4
Medical procedures (See Policy on Medicines) .....	4
Definition .....	4
Principles .....	4
Approaches to Best Practice .....	5
Supporting dressing/undressing .....	6
Providing comfort or support .....	6
★ Soiling .....	6
Hygiene .....	7
Protection for staff .....	7
Safeguards for children .....	7
Review .....	8
Date of next review .....	Error! Bookmark not defined.

# Intimate Care Policy

## Rationale

The Intimate Care Policy represents the agreed principles for intimate care throughout the school and have been developed to safeguard both children and staff. They apply to everyone involved in the intimate care of children.

Intimate care can be defined as care tasks that support the personal care needs of each individual child. Parents and staff have the responsibility to work in partnership to plan for the intimate care needs of a child. Examples of intimate care include, feeding, oral care, washing, dressing/undressing, toileting. Children's dignity will be preserved, and a high level of privacy, choice and control will be provided appropriate to their level of developmental need.

All children will require some degree of intimate care at some point during their educational journey. This could be due to routine 'accidents' which are experienced by the vast majority of children or, more rarely due to developmental or medical issues.

It is important at Manor Primary School that staff who provide intimate care to children have a high level of awareness of child protection issues as the provision of intimate care obviously makes staff more vulnerable to accusation. Because of the sensitive nature of intimate care, staff behaviour is open to scrutiny and staff should work in partnership with parents/carers to provide continuity of care to children/young people wherever possible

This policy has been agreed by all staff and our CEO within the school.

All children at Manor Primary School have the right to be safe and be treated with dignity, respect and privacy at all times so as to enable them to access all aspects of the schools provision. This policy sets out clear principles and guidelines on supporting intimate care with specific reference to toileting. It should be considered in line with the Safeguarding, Health and Safety, Supporting Pupils with Medical Conditions and Administering of Medicines policies. This policy supports the safeguarding and welfare requirements of Early Years Foundation Stage (EYFS) 2012 and the Equality Act 2010. Manor Primary School as part of Manor Multi Academy Trust will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Keeping Children Safe in Education' Sept 2019 to safeguard and promote the welfare of pupils at the school

**At Manor Primary School we will ensure that**

- We attain a welcoming, calm, nurturing and purposeful atmosphere and provide positive role models for all
- Our school environment this is safe, attractive, stimulating and informative.

- No child or young person's physical, mental or sensory impairment will have an adverse effect on their ability to take part in day to day activities
- No child or young person with a named condition that affects personal development will be discriminated against
- Children and young people are to be encouraged to express choice and to have a positive image of their body
- Partnerships with parents will be developed to enable effective support for individual children

## Introduction

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

## Medical procedures (See Policy on Medicines)

We do not administer medicines in school except medication for medical conditions including ADHD, diabetes and the epi-pen. If children have prescription antibiotic medication parents are welcome to come into school to administer them to their child.

Particular attention should be paid to the safe storage, handling and disposal of medicines.

The Headteacher has prime responsibility for the safe management of medicines kept at school. This duty derives from the Control of Substances Hazardous to Health Regulations 2002 (COSHH). School staff are also responsible for making sure that anyone in school is safe. Medicines should generally be kept in a secure place, not accessible to pupils but arrangements must be in place to ensure that any medication that a pupil might need in an emergency is readily available.

## Definition

Intimate care is one of the following:

- Supporting a pupil with dressing/undressing
- Providing comfort or support for a distressed pupil
- Assisting a pupil requiring medical care, who is not able to carry this out unaided
- Cleaning a pupil who has soiled him/herself, has vomited or feels unwell

## Principles

It is essential that every child is treated as an individual and that care is given as gently and as sensitively as possible. As far as possible, the child should be allowed to exercise choice and should be encouraged to have a

positive image of his/her own body. 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.

## Approaches to Best Practice

All children who require intimate care are treated respectfully at all times; the child's welfare and dignity are of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in moving and handling) 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.

There is careful communication with each child who needs help with intimate care in line with their age and understanding to discuss the child's needs and preferences.

The child is aware of each procedure that is carried out and the reasons for it.

As a basic principle, children 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 themselves as they 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. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care.

Where possible one child will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented. A second adult will however be required to stay outside the room whenever a child needs intimate care.

Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.

Each child/young person will have an assigned senior member of staff to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

### **Partnership with Parents and Carers**

Where regular intimate care is required, this will be agreed in advance. The SENDCo at Manor Primary School will work in partnership with parents/carers to establish an Intimate Care plan to provide care appropriate to the needs of the individual child

The care plan will set out:

- What care is required
- Number of staff needed to carry out the task (if more than one person is required, reason will be documented) Reviewed June 2022
- Additional equipment required
- Child's preferred means of communication (e.g. visual, verbal). Agree terminology for parts of the body and bodily functions
- Child's level of ability i.e. what tasks they are able to do by themselves
- Acknowledge and respect for any cultural or religious sensitivities related to aspects of intimate care
- Be regularly monitored and reviewed in accordance with the child's development

Parents/Carers are asked to supply the following where regular intimate care is required:

- Spare clothes
- Spare underwear
- Any other identified consumables

### **Supporting dressing/undressing**

Staff will aid, whilst developing independence, a child in getting dressed or undressed particularly in Early Years. Staff will always encourage children to attempt undressing and dressing unaided.

### **Providing comfort or support**

Children may seek physical comfort from staff (particularly children in 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.

### **Soiling**

Intimate care for soiling should only be given to a child after the parents have given permission and should be carried out by staff in extreme circumstances. In the first instance children should be encouraged to change

and wipe themselves. Staff will then follow the intimate care plan that has been agreed with parents and carers.

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.

If a child needs to be cleaned, staff will make sure that:

- Protective gloves are worn along with an apron and visor
- The procedure is discussed in a friendly and reassuring way with the child throughout the process.
- The child is encouraged to care for him/herself as far as possible
- Physical contact is kept to the minimum possible to carry out the necessary cleaning.
- ★ • Privacy is given appropriate to the child's age and the situation
- All spills of vomit, blood or excrement are appropriately cleaned.
- Any soiling that can be, is flushed down the toilet
- Soiled clothing is put in a double plastic bag, unwashed, and sent home with the child

## Hygiene

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

## 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
- ★ • Allow the child a choice in the sequence of care
- Be aware of and responsive to the child's reactions
- Have another adult present

## Safeguards for children

Education Child Protection Procedures and Inter-Agency Child Protection procedures will be accessible to staff and adhered to.

Where appropriate, 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. bruises, soreness etc. s/he will immediately report concerns to the appropriate manager/designated person for child protection –

Headteacher or other DSL. A clear record of the concern will be completed and referred to social care if necessary. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm. (See the Education Child Protection Procedures, available on request).

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. 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. (See policy for dealing with allegations against staff).

#### \* **Review**

This policy will be reviewed bi-annually by staff and CEO.

However, staff and CEO in consultation with other relevant bodies may review the policy earlier than this if Government introduce new regulations or if the Directors receive recommendations about how the policy may be improved.