



THE DISTRICT

CE PRIMARY SCHOOL

Intimate Care Policy

Chair of Governors	Mr F Maguire
Headteacher	Mrs L Shelford
Date adopted: June 2018	Review Date: June 2021

The caring path to achievement, reflecting the values of Christ.

1 Introduction

- 1.1 Intimate care is any care which involves washing, touching or carrying out an invasive procedure that most children carry out for themselves, but which some are unable to do due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development. 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.
- 1.2 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 must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.
- 1.3 The District CE Primary School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times and in accordance with the school's Safeguarding/Child Protection Policy. The District CE Primary School recognises 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.

2 Our approach to best practice

- 2.1 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. Medical professionals will support the development and implementation of a health care plan for any child as required.
- 2.2 Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in lifting and moving) 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.
- 2.3 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. 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 APDRS/intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.
- 2.4 Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers may need to be present when a child is toileted. Where possible, one child will be catered for by one adult unless there is a sound reason for having more adults present. If this is the case, the reason will be clearly documented
- 2.5 Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally 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, whilst at the same time guarding against the care being carried out by a succession of completely different carers.
- 2.6 Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence, for example, female staff supporting boys in a primary school, as no male staff are available.

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

Staff administering intimate care; please refer to the appendices for equipment and steps to be followed.

Procedures for intimate care

Gloves

Whilst the risk of infection can be minimised by thorough hand washing, the wearing of gloves in certain circumstances can give added protection. However it should be remembered that wearing gloves does not replace the need for hand washing and hands **MUST** be washed when gloves are removed.

Gloves should be worn when hands are likely to become contaminated by the following bodily fluids:

- Blood
- Faeces
- Urine
- Secretions
- Vomit
- Saliva

Gloves should be low protein, powder free latex gloves unless allergic to latex or dealing with a child who has latex allergy, then a synthetic alternative e.g. Nitrile should be used.

Plastic Aprons:

It is likely that body fluids will soil the clothing of staff; plastic aprons should be worn.

Plastic aprons afford greater protection to clothing than gowns, as they are water repellent and impervious to microbial contamination. They are single use items, i.e. use once and discard. Plastic aprons should be worn for all care procedures and when wet contamination of the front of the body is anticipated in the following circumstances:

- Changing nappies
- Bathing children
- Emptying catheter bags
- Emptying stoma bags

Disposal of Waste: Seal waste in plastic bags and dispose of carefully. Soiled nappies/pads can be put into domestic refuse collection. If in doubt contact the local council environmental health department.

Personal Health: All staff can help to prevent the spread of infection by following a few basic guidelines to protect themselves, their colleagues, the children and their parents.

The Protection of Children

The District CE Primary School's Child Protection Procedures and Inter-Agency 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 designated person for child protection, and recorded on My Concern.

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. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, the LADO will be contacted by the headteacher/designated person and the allegations against staff/child protection policy will be followed.

Additional Guidance for schools

Appendix 1

Introduction

Schools often ask how they can ensure that an individual child's needs are met whilst having regard to the needs of all the other children within the school. There are a number of issues to consider when responding to an individual child's needs. The following advice/strategies are some suggestions as possible ways to actively promote inclusion and the welfare of pupils.

Children wearing nappies

Schools may have concerns regarding Child Protection issues when they are asked by parents to admit a child who is still wearing nappies.

Child protection need not present an issue. It is good practice to provide information for parents of the policy and practice in the school. Such information should include a simple agreement form for parents to sign- outlining who will be responsible, within the school, for changing the child and when and where this will be carried out. This agreement allows the school and the parent to be aware of all the issues surrounding this task right from the outset.

As part of our practice we have introduced a record of intimate care format (see appendix 2) to record who changes a child, how often this task is carried out and the time they left/returned to the classroom following this task. This serves to provide reassurance for parents that systems are in place and that school has implemented procedures for staff to follow.

Changing facilities

Some schools have expressed concerns regarding difficulties in identifying a suitable place where a child can be changed.

Children who have long - term incontinence will require specially adapted facilities.

When children need to be changed in school this procedure should not necessarily cause the school a great deal of extra expense. Very few schools have purpose - built toilets suitable to be used by people with a disability. The dignity and privacy of the child should be of paramount concern. An area, which can be made private by the use of a screen, is acceptable. Consideration should be 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 will have to be used on the floor when a child is to be changed. This is the recommended method of changing a child, as it avoids an adult having to lift a child and cause possible back injury.

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 parents should be made aware of this responsibility. Schools are responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.

Health and Safety

Staff should always wear an 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 a liner) which is specifically designated for the disposal of such waste. The bin should be emptied on a weekly basis and it can be collected as part of the usual refuse collection service as this waste is not classed as clinical waste. Staff should be aware of the school's Health and Safety policy

Special needs

Children with special needs 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 care plans for each child. As with all arrangements for intimate care needs, agreements between the child, those with parental responsibility and the organisation should be easily understood and recorded.

Regardless of age and ability, the views and/or emotional responses of children with special needs should be actively sought (with advocacy arrangements made for those who can't) in regular reviews of these arrangements.



THE DISTRICT

CE PRIMARY SCHOOL

Headteacher

Lavern Shelford

Deputy Headteacher

Julie Clewes

PERMISSION FOR SCHOOLS 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 complaint my child may have which affects issues of intimate care.

Name.....

Signature.....

Relationship to child.....

Date.....

Child's Full Name	
Address	
Male/Female	
Date of birth	
Parent/carers name	