

Crofton Junior School



Intimate Care Policy

October 2018

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.

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.

Crofton Junior 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. Crofton Junior 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.

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 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.

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.

Each child's right to privacy will be respected. Two adults must be present when care is being provided. 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.

Intimate care arrangements will be discussed with parents/carers and recorded on the child's care plan. 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 Protection of Children

Education 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 appropriate designated person for child protection, Mr Birdsall, Mrs Chinn and Mrs Charles being the designated senior lead members of staff 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 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, all necessary procedures will be followed.

Nappies & pull ups

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. A note book to record who changes the child, how often this task is carried out and the time they left /returned to the classroom following this task will be kept.

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. The Medical Room is the designated changing facility.

Equipment Provision

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

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. The bin should be emptied on a weekly basis and collected as part of the usual refuse collection service as this waste is not classed as clinical waste. Staff should be made aware of the school's Health and Safety Policy.

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

All staff engaged in the care and education of children need to exercise caution in the use of physical contact. The expectation is that staff will work in "limited touch" cultures and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background. Staff should be aware that even well intentional physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny. Physical contact, which is repeated with an individual child or young person, is likely to raise questions unless the justification for this is formally agreed by the child, the organisation and those with parental responsibility. Children with special needs may require more physical contact to assist their everyday learning. The general culture of "limited touch" will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny. Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported. Extra caution may be required where a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to staff vulnerable to allegations of abuse.

First Aid and Intimate Care

Staff who administer first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing) another member of staff must be present. Regular requirements of an intimate nature should be planned for. Agreements between the school, those with parental

responsibility and the child concerned should be documented and easily understood. The necessity for such requirements should be reviewed regularly. The child's views must also be actively sought and, in particular, any discomfort with the arrangements addressed. A letter of agreement will be required between school and those with parental responsibility.

Procedure for changing/cleaning children

Where?

- Medical Room

Procedure

- Promote independence
- Support independence
- Adult to change and clean child

Equipment to use

- Plastic aprons
- Gloves
- Non-allergic wet-wipes
- Nappy sacks for soiled wipes (place in special bin)
- Nappy sacks for soiled underwear/clothes
- Soil bin
- Note to be sent home
- Record of incident

Dear Parent/Carer,

Your child currently wears nappies/soils/wets regularly. We will support your child in developing independence in changing/cleaning themselves.

Attached is our Intimate Care Policy for you to read. Please sign and return the slip.

Yours sincerely

Mr P. Birdsall

Headteacher and Safeguarding Lead

Child's Name _____

I have read the Intimate Care Policy and agree to my child being supported to develop independence in changing/cleaning themselves.

Parent's signature

Dear Parent/Carer

Your child _____ soiled/wet themselves today.

they changed their clothes independently
they changed their clothes with adult support
they were changed by an adult

In accordance with our policy the incident has been recorded.

In your child's bag you will find soiled/wet clothes. Would you kindly wash and return any of the school's clothes loaned to your child.

Thank you.

Yours sincerely

Mr .P Birdsall

Headteacher and Safeguarding Lead

This policy will be reviewed at any time on request from the governors, or every two years.

Signed: P. Birdsall

Date: October 2018