



## Sileby Redlands Community Primary School

# Intimate Care Policy 2023-24

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Prepared by:	School SENDCo	Reviewed Issues:	
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### Statement of Intent

Redlands Primary School takes the health and wellbeing of our pupils very seriously. We aim to support pupils with physical disabilities and illnesses, to enable them to have a full and rich academic life whilst at school.

The Advisory Board recognises its duties and responsibilities in relation to the Equality Act (2010) which requires that any child with an impairment that affects his/her ability to carry out normal day-to-day activities must not be discriminated against.

Redlands Community 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. 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 or left feeling embarrassed.

### 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 requires 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 will always 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.

The following policy is a model based on best practice.

### **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.

Any child with intimate care needs 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/her as s/he can. This may mean, for example, giving the child responsibility for washing themselves.

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 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 reasons should be clearly documented. 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.

Individual intimate care plans will be drawn up by the class teacher and SENDCo for particular children as appropriate to suit the circumstances of the child.

Intimate care arrangements will be discussed with parents on a regular basis 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.

### 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 staff member has any concerns about a child's physical changes (bruises, marks) they will immediately report concerns as per school procedures.

If a child becomes distressed or unhappy regarding being cared for by a particular member of staff, the matter will be looked into, parents will be consulted, and outcomes recorded. Staffing schedules will need to be altered until the issue is resolved as the child's needs remain paramount. If a child makes allegations against a member of staff, necessary procedures will be followed.

### **Facilities**

Staff members who provide intimate care are trained to do so and are fully aware of best practice. Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from a physiotherapist/occupational therapist. This may include:

- Adjustable bed.
- Changing mat.
- Non-slip step.
- Cupboard.
- Adapted toilet seat or commode seat.
- Hoist.
- Swivel mat.
- Disposable gloves/aprons.
- Nappies/pads.
- Tissue roll (for changing mat/cleansing) and supply of hot water.
- Soap, antiseptic cleanser for staff, barrier creams.
- Antiseptic cleanser for the changing bed/mat.
- Clinical waste bag.
- Spillage kit.

**Redlands Primary School has:** 

- A disabled toilet in the Early Years unit with a shower
- A disabled toilet in the preschool setting with a pull down changing table
- A disabled toilet off the corridor of the main building
- A disabled toilet in the year 5/6 block

Mobile children will generally be changed standing up, depending on their needs. Children who are not mobile or if age appropriate will be changed on a purpose-built changing bed or mat.

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.

### **Children Wearing Nappies**

Any child wearing nappies will have an intimate care plan which must be signed by the parent/carer. This plan will outline who is responsible in school for changing the child, and where and when this will be carried out. This agreement allows school and parents to be aware of all issues surrounding the task from the outset.

### Children with toileting needs

Any child who struggles with toileting independently and needs assistance in cleaning themselves should have an intimate care plan which must be signed by the parent/carer. Like nappy changing, this plan will outline who is responsible in school for changing the child, and where and when this will be carried out. This agreement allows school and parents to be aware of all issues surrounding the task from the outset.

### **Health & Safety Guidance**

Our full Health and Safety Policy lays out specific requirements for cleaning and hygiene, including how to deal with spillages, vomit and other bodily fluids.

Staff should always wear a fresh apron and disposable gloves when dealing with a child who is soiled, assisting a child in the toilet or when changing a nappy. Any soiled waste should be placed in a polythene waste disposal bag and sealed. This should be taken directly to the bin in the school car park. The bin should be collected on a weekly basis as part of the usual refuse. It is not classed as clinical waste.

The changing area or toilet will be left clean and, where necessary, the premises officer/cleaning staff will be informed. Hot water and soap are available to wash hands and paper towels are available to dry hands.

### **Special Needs**

Children with special needs have the same rights to privacy and safety when receiving intimate care. Additional vulnerabilities (any physical disability or learning difficulty) must be considered when drawing up care plans for individual children. Regardless of age and ability, the views and emotional responses of children with special needs should be actively sought when drawing up or reviewing a care plan.

- Storing spare clothes for children parents should provide spare changes of clothing.
- Wet wipes in school parents should provide suitable materials to clean the child.
- Soiled children should be changed in a suitable room with adequate privacy (e.g. disabled toilet).
- Two adults will be aware when a child requires support in changing/cleaning.

### **Physical Contact**

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact. Staff must be aware that even well-intentioned contact might be misconstrued by the child or an observer. Staff must always be prepared to justify actions and accept that all physical contact is open to scrutiny

The expectation is that when staff makes physical contact with pupils it will be:

- For the least amount of time necessary (limited touch)
- Appropriate, given their age, stage of development and background
- In response to the pupil's needs at the time

Arrangements must be understood and agreed by all concerned, justified in terms of the child's needs and consistently applied and open to review. Where possible, consultation with colleagues should take place where any deviation from arrangements is anticipated. Any deviation from the agreed plan must be documented and reported. Extra caution may be needed where a child has previously suffered abuse or neglect. This may lead to staff being vulnerable to allegations of abuse. Many such children seek out inappropriate physical contact. In such circumstances staff should deter the child, seek witnesses and document and report the incident following school systems and notify a designated safeguarding lead.

### Safeguarding

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.

Individual intimate care plans will be drawn up for children as appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers will need to be present when the child is toileted.

If any member of staff has concerns about physical changes to a child's presentation, such as marks or bruises, they will immediately report the concerns to the Designated Safeguarding Leads.

### Responsibilities

### The school will:

Arrange a meeting to discuss the personal care needs of any pupil prior to them attending the school if they have medical needs or special educational needs that prevent them from using the toilet independently.

Involve the child who requires intimate care in planning for their own healthcare needs wherever possible.

Create, in liaison with the child and parents/carers, an Individual Intimate Health Care Plan to ensure that reasonable adjustments are made for any child with a health condition or disability (this may not be necessary for every child who has intimate care needs). If a child does not have a health condition or disability, Intimate Care Guidance will be followed alongside parent/carers and teacher or SENDCo.

Regularly consult with all parents and pupils regarding toilet facilities and ensure the Intimate Care Policy is available on request and on the school website.

Maintain the privacy and dignity of any pupil who requires intimate care.

Change the child or assist them in changing themselves if they become wet, or soil themselves.

Never leave a child in wet or soiled clothing.

React to accidents in a calm and sympathetic manner.

Keep accurate records of times, staff and any other details of incidents of intimate care using the school systems.

Agree how often the child should be routinely changed if the child is in school for a full day and designate a member of staff to change them.

Agree to encourage the child's participation in toileting procedures wherever possible.

Discuss and take the appropriate action to respect the cultural practices of the family.

Where possible, only allow same-sex intimate care (for female students).

Contact parents/carers if the child refuses to be changed or becomes distressed during the process.

Maintain excellent standards of hygiene when carrying out intimate care.

### The parents should:

Change their child or assist them in going to the toilet at the latest possible time before coming to school.

Provide spare nappies/incontinence pads, wet wipes and a change of clothes in case of accidents.

Read this policy to ensure they understand the policies and procedures around intimate care.

Sign the Intimate Care Plan for their child as necessary.

Inform the school should their child have any marks/rashes.

Discuss with the school how often their child will need to be changed, and who will do the changing.

Engage with health professionals eg school nurse team, to support their child's continence if relevant eg attend healthy bladder/bowel workshop and implement strategies at home.

## **Intimate Care Parental Consent Form**

This form is to be completed by the Class Teacher () and signed by parents/carers.				
Name of child:		DOB:		
Care requirements, including frequency:				
The table below outlines the members of staff responsible for carrying out your child's intimate care programme, as well as the members of staff responsible in their absence:  Name of carers:				
Where will the intimate care be carried out? -				
What equipment/resources will be required? -				
What disposal procedures are in place? -				
The school takes safeguarding very seriously and a DSL (Designated safeguarding lead) will contact you if there are any safeguarding concerns unless we believe that your child is at risk of harm at which point we will follow DSAT safeguarding procedure and contact social care.				
What do parent/carer	s need to provide?			
I have read the Intima the intimate care plan	te Care Policy provided by Redl outlined above:	lands Primar	y School and I agree to	
Signature of Parent/Carer:		Date:		
Signature of Class Teacher (Name)		Date:		
Signature of SENDCo (Mrs Worrall)		Date:		