

Thurlton Primary School

Intimate Care Policy



Policy Consultation & Review

This policy is referred to in our School Prospectus, is available on request from the School Office and is also on our website.

This policy was reviewed and ratified by the Governing Body on: 27th Sept 2021

Signature *Ms Howley* Headteacher

Date: 27th Sept 2021

Signature *J Howell* Chair of Governors

Date: 27th Sept 2021

At Thurlton Primary School we recognise that all children have different rates of development and differing needs during their time at school.

Most children achieve continence before starting full-time school. With the development of more early years' education and the drive towards inclusion, however, there are many more children in mainstream educational establishments who are not fully independent. Some children remain dependent on long term support for personal care, while others progress slowly towards independence.

The achievement of continence can be seen as the most important single self-help skill, improving the person's quality of life, independence and self-esteem. The stigma associated with wetting and soiling accidents can cause enormous stress and embarrassment to the children and families concerned. Difficulties with continence severely inhibit a child's inclusion in school and the community. Children with toileting problems who receive support and understanding from those who act in loco parentis are more likely to achieve their full potential.

We are committed to ensuring that all pupils are able to access the whole curriculum and are able to be included in all aspects of school life. This includes providing suitable changes of clothing and attending to continence needs of our pupils where necessary.

PRINCIPLES

1.1 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Safeguarding Children and Safer Recruitment in Education' (2006) to safeguard and promote the welfare of pupils at this school.

1.2 Thurlton Primary School takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

1.3 The Governing Body is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

1.4 We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

1.5 Staff will work in close partnership with Parent/Carers and other professionals to share information and provide continuity of care.

1.6. Where pupils with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

1.7 All staff undertaking intimate medical care must be given appropriate training.

1.8 This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

CHILD FOCUSED PRINCIPLES OF INTIMATE CARE

2.1 The following are the fundamental principles upon which the Policy and Guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible

DEFINITION

3.1 Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence as well as more ordinary tasks such as help with washing, toileting or dressing.

3.2 It also includes supervision of pupils involved in intimate self-care.

BEST PRACTICE

4.1 Equipment Provision

- Where a child is in nappies, Parents/Carers will be responsible for ensuring the school has a supply of nappies, wipes and nappy bags. Parents/Carers of children who regularly soil themselves will be required to provide a change of clothes in a named bag on a daily basis.
- The school will be responsible for providing gloves, plastic aprons, a bin and liners to dispose of any soiled nappies on site.
- Pupils who require regular assistance with intimate care have written Individual Education Plans (IEP), Health Care Plans or Intimate Care Plans agreed by staff, Parents/Carers and any other professionals actively involved, such as school nurses. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

4.2 Where a Care Plan or IEP is not in place, Parents/Carers will be informed the same day if their child has needed help with meeting intimate care needs (eg has had an **accident** and wet or soiled him/herself). Nappy changes should not be routine for pupils who are in the setting for 3 hours or less and should be based on the needs and comfort of the child. It is recommended practice that information on intimate care should be treated as confidential and communicated in person at handover or by telephone.

4.3 In relation to record keeping, a written record should be kept in a format agreed by Parents/Carers and staff every time a child has an invasive medical procedure (ie support with catheter usage) (Appendix 4 – with possible amendments suitable to need)

4.4 Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case. (Appendix 4)

4.5 These records will be kept in an Intimate Care File and available to Parents/Carers on request.

4.6 All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.

4.7 Staff who provide intimate care are trained in personal care (eg health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

4.8 There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

4.9 Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

4.10 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many staff might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff

involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account. It is recommended by the school that two people should be present when carrying out intimate care and both must sign the Changing Proforma record. However if a plan has been agreed and signed by Parents/Carers and staff it is acceptable to have one staff member present (though it is always preferable to have two members of staff) unless there are implications regarding safe handling. (Appendix 3)

4.11 An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.

4.13 The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the support staff.

4.14 Adults who assist pupils with intimate care should be employees of the school, not students or volunteers and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

4.15 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

4.16 Health & Safety guidelines will be adhered to regarding waste products, regular collection of clinical waste is undertaken and the appropriate receptacles must be used. If waste product bags are to go in a nappy bin with liner, then these only need single bagging. Any bagging of clothes etc. should be double bagged.

4.17 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

CHILD PROTECTION

5.1 The Governors and staff at Thurlton Primary School recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

5.2 The school's child protection procedures will be adhered to at all times.

5.3 From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

5.4 Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.

5.5 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Senior Person for Child Protection or Headteacher. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if appropriate, in accordance with the school's child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

5.6 If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated at an appropriate level and outcomes recorded.

5.7 Parents/carers will be contacted at the earliest opportunity as part of the process of reaching a resolution. Further advice will be taken from partner agencies.

5.8 If a child makes an allegation about a member of staff this will be investigated in accordance with agreed procedures.

MEDICAL PROCEDURES

6.1 Pupils who are disabled might require assistance with invasive or non-invasive medical procedures. These procedures will be discussed with Parents/Carers, documented in the health care plan or IEP and will only be carried out by staff who have been trained to do so.

6.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

6.3 Any members of staff who administer first aid should be appropriately trained.. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

LIABILITY AND INDEMNITY

The LGB will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

We are a member of the Department for Education's risk protection arrangement (RPA)

Membership number: t8347874

COMPLAINTS

Parents/Carers with a complaint about their child's intimate care should discuss these directly with the Headteacher in the first instance. If the Headteacher cannot resolve the matter, they will direct Parents/Carers to the School's Complaints Procedure.

MONITORING ARRANGEMENTS

This policy will be reviewed and approved by the LGB bi-annually and at every review it will be approved by Clarion Academy Trust.

LINKS TO OTHER POLICIES

This policy links to the following policies:

- Equality Policy
- Safeguarding Policy
- Whistle-blowing Policy
- Health and Safety Policy and Procedures
- Special Educational Needs policy
- Medical Needs Policy

LEGISLATION AND STATUTORY RESPONSIBILITIES

The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

This policy also complies with our funding agreement and articles of association.

INTIMATE CARE CHECKLIST

Pupil's Personal Details		
Full Name:		
Date of Birth:	Admission date:	
	Discussion	Actions Requires
Facilities Suitable toilet identified? Adaptations required? <ul style="list-style-type: none"> • Changing table/bed • Grab rails • Step • Locker for supplies • Hot and cold water • Lever taps • Mirror at suitable height • Disposal unit/bin • Hoist/Other moving and handling equipment • Emergency alarm • Other 		
Family provided supplies <ul style="list-style-type: none"> • Nappies/pads • Catheters • Wipes • Spare clothes • Other 		
School provided supplies <ul style="list-style-type: none"> • Toilet rolls • Antiseptic cleanser • Cloths/paper towels • Soap • Disposable gloves/aprons • Disposal sacks • Urine bottles • Bowl/bucket • Milton/sterilising fluid • Other 		
Good practice <ul style="list-style-type: none"> • Advice sought from Health professionals? • Moving and Handling Co-ordinator? • Parent/Carer views • Pupil's views • How does child communicate? • Agree use of language to be used • Preferences for gender of carer • Training required for staff? • Awareness raising for all staff 		

<p>PE issues</p> <ul style="list-style-type: none"> • Discreet clothing required? • Privacy for changing? • Other <p>Specific advice for swimming</p> <ul style="list-style-type: none"> • From Parents/Carers • From Health professionals • Moving and Handling Co-ordinator 		
<p>Support</p> <p>Designated staff Back-up staff Training for back-up staff Transport School visits After school clubs</p> <p>Toilet management/intimate care plan to be prepared</p> <ul style="list-style-type: none"> • By whom • When • To be reviewed when 		

INTIMATE CARE RECORD OF AGENCIES INVOLVED

Pupil's Personal Details
Full Name:
Date of Birth:

Name/Role	Address/Phone/email
Parent/Carer	Name: Address: Tel No: Mobile: Email:
GP	Name: Address: Tel No: Mobile: Email:
School nurse/ Health visitor	Name: Address: Tel No: Mobile: Email:
	Name: Address: Tel No: Mobile: Email:
	Name: Address: Tel No: Mobile: Email:
	Name: Address: Tel No: Mobile: Email:
	Name: Address: Tel No: Mobile: Email:
	Name: Address: Tel No: Mobile: Email:

Possible other agencies: Continence adviser: Physiotherapist: Occupational Therapist: Hospital consultant: Educational Psychologist: Social Worker.

INTIMATE CARE

TOILETING DISCUSSION WITH PARENTS/CARERS

<i>Pupil's Personal Details</i>	
<i>Full Name:</i>	
<i>Date of Birth:</i>	<i>Date of meeting:</i>
<i>Persons present:</i>	

	<i>Details</i>	<i>Action</i>
Working towards independence, e.g. taking pupil to toilet at timed intervals, rewards		
Arrangements for nappy changing e.g. who, where, privacy		
Level of assistance needed, e.g. undressing, hand washing, dressing		
Moving and handling needs, e.g. equipment, training needs, hoisting equipment		
Infection control, e.g. wearing gloves, nappy disposal		
Sharing information, e.g. nappy rash, infection, family/cultural customs		
Resources needed, e.g. toilet seat, step, nappies, creams, nappy sacks, change of clothes, gloves Who will provide?		
Other		

INTIMATE CARE PLAN AGREEMENT

Following discussion with staff at Thurlton Primary School:

PARENT/CARER

- I/We agree to ensure that the child is changed at the latest possible time before being brought to the setting/school
- I/We will provide the setting/school with spare nappies or pull ups and a change of clothing
- I/We understand and agree the procedures that will be followed when my child is changed at school – including the use of any cleanser or wipes
- I/We agree to inform the setting/school should the child have any marks/rash
- I/We agree to a 'minimum change' policy i.e. the school will not undertake to change the child more frequently than if s/he were at home.
- I/We agree to review arrangements should this be necessary

If I/we have any concerns I/we will contact the school immediately.

Name

Signed: (Parent/Carer) Date

Name

Signed: (Parent/Carer) Date

THE SCHOOL:

- We agree to change the child during a single session should the child soil themselves or become uncomfortably wet
- We agree to monitor the number of times the child is changed in order to identify progress Made.
- We agree to report should the child be distressed, or if marks/rashes are seen
- We agree to review arrangements should this be necessary.

Name: (Member of staff and Role)

Signed: (staff) Date:.....

Name: (Member of staff and Role)

Signed: (staff) Date:.....

Name: (Member of staff and Role)

Signed: (staff) Date:.....

