



Fairchildes Primary School

Intimate Care Policy

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Introduction

The Trust is committed to safeguarding and promoting the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding. This policy applies to all staff undertaking personal care tasks with children and is particularly important for staff working in the Early Years Foundation stage and for staff supporting children with additional needs/SEN. In addition to this, there are other vulnerable groups of children that may require support with personal care on either a short, long term or permanent basis due to SEN, disability, medical needs, vulnerability or temporary impairment. This could include:

- Wheelchair users
- Children with short term medical conditions
- Children with limbs in plaster

Definition

Intimate care is any care which involves washing, touching or carrying out a procedure involving personal, intimate areas of the body which most people carry out themselves. Some pupils are unable to do this because of their age, physical difficulties or other special needs. In most cases intimate care involves procedures associated with personal hygiene such as; Washing, toileting, nappy changing and dressing, but may also include specific procedures such as catheterization. It also includes the supervision of pupils involved in their own intimate self-care and changing. Intimate personal areas are any parts of the body other than the face, neck, hands, arms or legs below the knee.

Principles

All pupils will be treated with respect and dignity when intimate care is given. Pupil's dignity will be preserved and a high level of choice, privacy and control will be provided to them. Careful consideration will be given to each child's situation to determine which, and how many, members of staff will need to be present during an intimate care procedure.

The management of intimate care will be managed in partnership with parents/carers and other appropriate agencies to provide continuity of care. The needs and wishes of those involved will be taken into account wherever possible within the constraints of staffing. For pupils with ongoing care needs, a personal care plan will be written in conjunction with pupils, staff, parents/carers and professionals.

The child will be supported to achieve the highest possible level of independence given their age and ability. Staff will encourage each child to do as much for him/herself as they are able.

In the cases of ongoing care, in order to safeguard both individual children and members of staff, intimate care procedures should be recorded.

Any records will be kept securely to ensure privacy and confidentiality. Intimate care procedures will be carried out with due regard to health and safety procedures to ensure the safety of children and staff.

All staff undertaking intimate care will be given appropriate information and, where necessary, appropriate training.

Members of staff will be given the choice as to whether they are prepared to provide intimate care to pupils.

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

Procedures

Individual intimate care plans and risk assessments will be drawn up for children who require intimate care procedures on a regular basis. These will involve parents/carers, school staff, the child (where appropriate) and appropriate external agencies. Intimate care plans will be reviewed at least annually. Sometimes these details may be recorded on an IEP or Health care plan instead of on an intimate care plan.

Class teachers/lead organisers are responsible for ensuring that there are suitable facilities for intimate care on trips. These need to be included on the trip risk assessment.

If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher and designated safeguarding lead. This matter will be investigated at an appropriate level (usually by the designated safeguarding lead or a member of SLT) and parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules may be altered in order to resolve the issue. Further advice will be taken from outside agencies if necessary.

It is essential that the adult who is going to carry out intimate care informs the class teacher and/or another member of staff that they are going to do this. There is no written legal requirement that two adults must be present. However, in order to completely secure against any risk of allegation, a second member of staff may be present where resources allow. No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate in a way that reflects the age/understanding of that child. Where the pupil is of an appropriate age and level of understanding, permission should be sought before starting an intimate procedure.

Toileting and nappy changing (including sanitary products)

- An area will be identified for each child which affords privacy and modesty.
- Children will be changed standing up (unless the child has specific mobility difficulties) Where a child has specific mobility needs, meaning that they cannot be changed whilst standing, alternative changing methods can be discussed with OT/physiotherapists/parents.
- Explanation of what is happening during changing, should be given to the child in a straightforward and reassuring way.
- Staff will prompt children to use the facilities independently where possible. Assistance may be necessary to support children with the removal of garments and in cases of clothing being soiled.
- When washing or cleansing is required, the child will be encouraged to attempt to wash private parts of the body themselves, using toilet paper, wet wipes or disposable cloth. For children with ongoing toileting requirements, parents/carers will provide the child with a hygiene pack containing required items. (e.g. wet wipes, disposal bags, pads/nappies, spare underwear)
- Girls who require assistance during their menstrual cycle, may use designated toilets where there are disposal bins. During this time girls will need their own care packs containing sanitary products etc.

The same precautions as applied to spillage of bodily fluids, will be applied when assisting with toileting and changing:

- Staff will wear disposable aprons and gloves whilst changing a child.
- Changing area/toilet will be left clean after use.
- Hot water and soap will be available to cleanse hands as soon as changing is completed. Soiled clothing will be wrapped in sealed plastic bags and given to parent/carer.
- Wet nappies will be placed into disposal bags and sealed by tying handles. They will be disposed of into a lidded bin. (Not sanitary bin)
- Soiled nappies should be double wrapped/bagged, sealed with tied handles and placed into lidded bin. (Not into sanitary bins)
- Used aprons and gloves are to be disposed of into a lidded bin.

First aid

In the event of an injury to genitalia, two First Aiders must be present whilst the child is allowed to examine themselves privately. If the child reports swelling, bleeding or bruising, unless it is a medical emergency, parents are to be contacted to attend to it. Parents/carers must always be informed of any injury to a child's intimate areas.

Medical procedures

All of the above principles and procedures will be applied. Additional health and safety, safeguarding and privacy issues will form part of the child's individual care plan/EHCP. These plans will vary according to the needs of each individual child and the type of

medical procedure being carried out and will usually be planned with, or provided by, health care professionals. These plans will be updated regularly according to individual needs.

Occupational therapy/physiotherapy

Pupils who require OT/physiotherapy whilst at school should have this carried out by a trained therapist. If it is agreed in an EHCP, IEP or care plan that a member of the school staff is to undertake part of the plan/regime (such as assisting the child with exercises), then the required techniques should be demonstrated to that member of staff by a trained therapist with written guidance given and updated regularly. Children should be appropriately clothed, with all intimate areas of the body covered, during therapy sessions.

Training

Staff providing intimate care to children will have a high awareness of safeguarding issues and be fully aware of best practice. Induction procedures and continued CPD should be in place within the school to support staff in dealing appropriately with issues of intimate care. Staff will be supported to adapt their practise in relation to the needs of individual children, taking into account the age of each child and developmental changes such as the onset of puberty or menstruation.

Members of staff will be given the choice as to whether they are prepared to undertake training to provide intimate care to pupils. If they no longer wish to be responsible for intimate care, they shall inform their line manager.

Safeguarding

The Trust recognise that intimate care involves risks for children and adults as it may involve staff touching intimate parts of a pupils body. Best practice will be promoted and all adults (including those involved in intimate care and staff in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

The staff code of conduct and Safeguarding policy gives detailed advice and guidance on how to minimise the risks to children. This is provided to all members of staff.

Children are taught personal safety skills carefully matched to their level of development and understanding throughout the year.

If any member of staff has concerns about physical changes to a child's presentation, e.g. marks, bruises, soreness etc. they will immediately report concerns to the appropriate designated person for safeguarding in line with safeguarding procedures.

If parents do not cooperate with intimate care agreements, concerns should be raised with the parents in the first instance. A meeting may be held to identify the areas of concern and how all present can address them. If these concerns continue, there should be discussions with a member of the school's safeguarding team about the appropriate action to take in order to safeguard the welfare of the child.

If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the chair of Governors if the concern is about the Headteacher)

Confidentiality

All staff are made aware of the school's confidentiality policy. Sensitive information will be shared only with others who need to know. Intimate care records will be kept safely and securely for individual children, where they can be accessed by the staff involved in their care. Where an intimate care plan, EHCP or medical care plan is not in place, parents/carers will be informed the same day, in person or by phone, if their child has required assistance with intimate care needs (e.g. has soiled/wet themselves). Usually in the case of "one off" toileting incidents, parents/carers will be informed discreetly at the end of the school day/session by a member of staff.