



Lytchett Matravers Primary School and Preschool

Intimate Care Policy

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Approved By: Governor Board

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1. Principles

This school and preschool take 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.

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 intimate care policy should be read in conjunction with the schools' policies:

- Safeguarding and Child Protection Policy
- Staff Code of Conduct and guidance on safer working practice
- Health and Safety Policy
- Special Educational Needs Policy

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.

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.

Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

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.

Where procedures require specialist training, staff undertaking intimate medical care will be given this.

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

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

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.

2. Preschool specific – children in nappies

Children at preschool who are still wearing nappies will require changing regularly whilst in the setting.

Key persons are responsible for changing nappies where possible. Back-up key persons take over in the key person's absence, but where it is unavoidable that other members of staff are brought in, they must be briefed as to their responsibilities towards designated children, so that no child is inadvertently overlooked and that all children's needs continue to be met.

Nappy changing is always done in an appropriate/designated area. Children are not changed in play areas or next to snack tables. Changing areas are warm, appropriately sited and there are safe areas to lay young children to be cleaned. Key persons ensure that nappy changing is relaxed and a time to promote independence in young children.

If children do not wish to lie down for nappy change, they can be changed whilst standing up, providing it is still possible to clean them effectively. This is to be discussed with parents/carers.

Key persons ensure children keep their dignity and are shown respect. Each young child has their own bag with their nappies/pull ups and changing wipes – parents provide this. Spares are to be kept in preschool, but only used after permission from parent/carer. Where needed, single use cloths and water are used to clean the child.

Young children from two years may be put into 'pull ups' as soon as they are comfortable with this and if parents agree.

Young children are encouraged to take an interest in using the toilet. Children are encouraged to wash their hands after being in the toilet.

Any soreness must be noted and discussed with the parent. If a medicated nappy cream is used, written permission must be given by the parent/carer and this must be recorded as per procedure in administering medicine.

Children who no longer use nappies in preschool use the toilet when needed and are encouraged to be independent.

Members of staffs do not carry out intimate care on children who are able to use the toilet, unless there is an intimate care plan in place as the child is unable to clean themselves. This intimate care plan is created with parents and preschool staff.

Parents are encouraged to provide enough changes of clothes for accidents when children are potty training, however, spare clothes are kept by the setting.

3. Intimate care plans

Pupils who are at School age and need regular intimate care will have an intimate care plan.

Pupils who have a medical condition that means they are unable to carry out intimate care independently, will have an intimate care plan.

This is a written document that explains what will be done, when and by whom.

It will be written with input from the pupil (where possible), parents / carers, school staff and other professionals, such as a school nurse or physiotherapist. Ideally, this will take the form of a meeting. Any historical concerns will be taken into account.

If needed, we will agree appropriate terminology for private parts of the body and functions and note this in the plan.

The religious views, beliefs and cultural values of pupils and their families will be taken into account.

The child's right to privacy and modesty will be respected. The meeting will consider carefully who will support the pupil with intimate care and if this needs to be more than one person. As far as possible, each pupil will have a choice about who supports them.

We will take into account safer working practice and make sure our processes are transparent.

The plan will be reviewed as necessary, but at least annually.

In some cases, the support for a pupil's intimate care needs will be written into their Education, Health and Care (EHC) plan or their SEN Support plan (or

equivalent document) rather than an intimate care plan or individual healthcare plan.

4. Equipment Provision

Where a child is in nappies, parents/carers will be responsible for ensuring the school and preschool has a supply of nappies, wipes and nappy bags.

Parents are encouraged to provide a change of clothes.

Parents will be supported with toilet training by preschool/school staff and the school nurse/health visitor, depending on the child's age.

The school and preschool will be responsible for providing gloves, plastic aprons, a bin and liners to dispose of any soiled nappies on site.

Nappy changes 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.

If necessary, advice will be taken from the Dorset County Council Procurement Department regarding disposal of large amounts of waste products.

5. Best practice

Pupils will be supported to do as much as they can for their own intimate care needs, taking into account their age and ability.

The pupil's preferred means of communication will always be used.

School and preschool staff will always explain or seek the permission of the pupil before starting an intimate care procedure, according to the pupil's age and level of understanding.

Staff will be aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

Staff will be supported to adapt how they support individual pupils when changes happen, such as the onset of puberty and menstruation.

Staff who are able to support a child with the intimate care are named on the Intimate Care plan which is agreed by parents.

Sensitive information will be shared only with those who need to know.

Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

6. Record keeping

School and Preschool staff will inform another member of staff when they are going to assist a pupil with intimate care.

If a child has an intimate care plan, staff should follow these care plans, and two members of staff should always be present when carrying out intimate care.

A written record will be kept every time a child has an invasive medical procedure, e.g. support with catheter usage. This will be kept in an agreed format.

Records will be kept when a pupil receives intimate care. These will include date, time and any comments, such as changes in the child's behaviour. It will be clear who was present in every case. These records will be written or recorded on the 'Nursery In A Box' system.

Parents will be informed of any intimate care children have received, which will include, the date, time, frequency on the day it has happened.

If a pupil without an intimate care plan (or another support plan) has an 'accident' whilst at school/preschool (e.g. wetting or soiling themselves) and they need help with intimate care, the parents/carers will be contacted and support needed to be provided discussed.

7. Child Protection

We recognise that pupils with special educational needs or who are disabled are vulnerable to all types of abuse. The school and preschool's child protection policy will be adhered to.

Intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. As such, best practice will be followed and staff will be encouraged to be always vigilant, seek advice where relevant and take account of safer working practice. Staff will follow the intimate care policy for that child, if one is in place.

Where appropriate, pupils will be taught personal safety skills according to their age and level of understanding.

Safeguarding procedures in school and preschool will be rigorously followed if needed, to ensure the safety of the child receiving the intimate care.

If a member of staff has any concerns about a pupil's presentation, e.g. unexplained marks or bruises etc. they will report these to the Designated Safeguarding Lead and follow school and preschool safeguarding procedures.

8. Physiotherapy

School or preschool staff may be asked to undertake a physiotherapy regime (such as assisting children with exercises).

School or preschool staff must only do this once the technique has been demonstrated by a physiotherapist and written guidance has been provided. The physiotherapist will observe the member of staff undertaking the exercises. These will be recorded in the pupil's support plan and reviewed regularly.

Any concerns about the regime or any failure in equipment will be reported to the physiotherapist.

School and preschool staff will not devise and carry out their own exercises or physiotherapy programmes.

9. Medical procedures

Pupils who are disabled might need help with medical procedures such as the administration of rectal medication, managing catheters or colostomy bags.

These procedures will be discussed with parents/carers and documented in the pupil's individual healthcare plan.

They will only be carried out by staff who have been trained.

Staff will follow infection control guidelines and ensure that any medical items are disposed of correctly.

Off-site trips and visits

Where a child has an intimate care plan or requires nappy changing due to their age, consultation with colleagues should take place where any deviation from arrangements is anticipated e.g. on a school trip or visit as the same standard and level of facilities may not be available off site. Any deviation from the agreed plan will be documented and reported with parents.

Appendix 1 Model Intimate Care Plan

Intimate Care Plan							
<i>Respectful of child's needs Encourage independence</i>	<i>Child's dignity will be preserved</i>						
<i>High level of privacy, choice and control</i>							
Child name and year group:							
Area of need:							
Details of assistance needed:							
Responsibility for supply of resources needed: <i>(List resources needed)</i>							
Staff who are able to carry out care needed:							
Location of toilet to use:							
Liaison with parents/methods of communication:							
Working towards independence:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px; width: 20%;">School will:</td> <td style="height: 50px;"></td> </tr> <tr> <td style="padding: 5px;">Parent/carer will:</td> <td style="height: 50px;"></td> </tr> <tr> <td style="padding: 5px;">Children will try to:</td> <td style="height: 50px;"></td> </tr> </table>	School will:		Parent/carer will:		Children will try to:	
School will:							
Parent/carer will:							
Children will try to:							
Review Date:							
Staff signature:							
Parent signature:							