



# GREAT ADDINGTON C.E. PRIMARY SCHOOL

## INTIMATE CARE POLICY



COMMITTEE/GOVERNOR RESPONSIBLE	: Health & Safety : Alison Adkins
STAFF RESPONSIBLE	: Richard Meekings
DATE APPROVED BY GOVERNORS	: September, 2016
	Signed : Chair of Governors
<u>NOTES</u> (If applicable)	:

This Policy is subject to the published Equality Information, in line with the Equality Duty 2011 and is underpinned by the Christian beliefs and values of our School.

NAME OF ACADEMY	Great Addington Church of England Primary School
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This Policy was adopted by the Local Governing Board ("Governing Board"), on: 6 <sup>th</sup> October, 2016	
Chair of Governors	Name: Helen Buckley
	Signature:
	Date: 06.10.2016
Headteacher	Name: Richard Meekings
	Signature:
	Date: 06.10.2016

Great Addington Primary School is committed to safeguarding and promoting the welfare of children and young people. We are committed to ensuring that all staff responsible for intimate care of children and young people will undertake their duties in a professional manner at all times.

It is acknowledged that these adults are in a position of great trust.

Great Addington Primary School recognises that all children, whatever their age, gender, disability, religion or ethnicity, must be treated with respect when intimate care is given. The child's welfare and dignity is of paramount importance. No child should be attended to in a way that causes distress or pain.

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

### **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 children are unable to do because of their young age, physical difficulties or other special needs.

Intimate care tasks are associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with, or exposure of the genitals. Examples include support with dressing and undressing (underwear), changing incontinence pads and nappies, helping someone use the toilet or washing intimate parts of the body. Disabled pupils may be unable to meet their own care needs for a variety of reasons and will require regular support.

Intimate care can be a 'one-off' incident, for example, when a child has a toileting accident and needs assistance with cleaning or undressing. It can also be a more long-term situation such as helping a physically disabled child with daily toileting needs.

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

The Governing Board recognises its duties and responsibilities in relation to the Disability Discrimination Act 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.

We recognise that there is a need for children and young people to be treated with respect when intimate care is given.

No child shall be attended to in a way that causes distress, embarrassment or pain.

Staff will work in close partnership with parents and carers to share information and provide continuity of care.

It is generally expected that most children will be toilet trained and out of nappies before they begin at school. However it is inevitable that from time to time some children will have accidents and need to be attended to. In addition to this, an increasing number of children and young people with disabilities and medical conditions are being included in mainstream settings. A significant number of these pupils require adult assistance for their personal and intimate care needs.

In order to help the children to become aware of their bodily needs and respond to them in time, those who wish to go the toilet are allowed to go, although they are encouraged as they progress through the school to use the toilet during break times. The school undertakes to attempt to support training programmes requested by a child's GP and or the school doctor or parent/carer as necessary.

### **Best Practice**

Staff who provide occasional intimate care at Great Addington Primary School are trained to do so as part of first aid, child protection and health & safety training and are fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate.

In school there is a stock of baby wipes, plastic bags and disposable protective gloves for staff to use which they must do. If a child soils him/herself during school time one member of staff will help the child:

- To remove their soiled clothes
- To clean their skin (usually includes bottom, genitalia, legs and feet)
- To dress in clean clothes
- Double wrap soiled clothes in plastic bags and give to parents/carer to take home

At all times the member of staff pays attention to the level of distress and comfort of the child. If the child is ill the member of staff telephones the parent/carer. In the event a child is reluctant to allow a staff member to clean them, is distressed, or needs further attention, the parent/carer will be contacted immediately.

Our intention is that the child will never be left in soiled clothing, but as soon as a member of staff responsible for him/her is aware of the situation their needs will be addressed. The member of staff responsible will check the child regularly and to ensure that he/she is clean before leaving to go home.

It is intended that the child will not experience any negative disciplining, but only positive encouragement and praise for his/her endeavours to master this necessary skill. It is always our intention to avoid drawing attention to such events and positively to encourage the child in his/her efforts to gain these skills.

### **Our approach to best practice for intimate care needs over and above accidents**

Staff who are required to provide intimate care on a regular basis will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes.

As an additional safeguard, staff involved in meeting intimate care needs will not usually be involved with the delivery of sex education to the same children, wherever possible.

There is careful communication with each child 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 child is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

All children 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 his/herself as possible.

Children who require regular assistance with intimate care have written Individual Education Plans (IEP) or care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. These plans include a full risk assessment to address issues such as moving and handling and personal safety of the child and the carer. Any historical concerns (such as past abuse) should be noted and taken into account.

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 (e.g has had an 'accident' and soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person, by telephone or by sealed letter.

Every 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 needs help with intimate care. Adults who assist children one-to-one will be employees of the school and be DBS checked at the appropriate level.

It is not always practical for two members of staff to assist with an intimate procedure and also this does not take account of the child's privacy. It is advisable, however, for a member of staff to inform another adult when they are going to assist a child with intimate care.

Wherever possible, a child with ongoing intimate care needs will not be cared for by the same adult on a regular basis; 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, while at the same time guarding against the care being carried out by a succession of completely different carers.

### **Partnership with Parents/Carers -**

Staff at Great Addington Primary School work in partnership with parents/carers to provide care appropriate to the needs of the individual child and together will produce a care plan.

The care plan will set out:

- What care is required
- Number of staff needed to carry out the task (if more than one person is required, reason will be documented)
- Additional equipment required
- Child's preferred means of communication (e.g. visual, verbal). Agree terminology for parts of the body and bodily functions
- Child's level of ability i.e. what tasks they are able to do by themselves
- Acknowledge and respect for any cultural or religious sensitivities related to aspects of intimate care
- Be regularly monitored and reviewed in accordance with the child's development

Parents/Carers are asked to supply the following when necessary:-

- Spare nappies, wipes, creams, nappy sacks etc (ONLY if written into a care plan)
- Spare Clothes
- Spare underwear

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

If necessary, advice should be taken from the local authority regarding disposal of large amounts of waste products.

The Governors and staff of Great Addington School recognise that disabled children are particularly vulnerable to all forms of abuse.

The school Safeguarding Policy, Child Protection and Multi-Agency Child Protection procedures will be adhered to at all times. If a member of staff has any concerns about physical changes in a child's presentation (eg unexplained marks) they will immediately report concerns to the DSL for Child Protection.

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.

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

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.