

# Central Primary School



## NPT Guidance Intimate Care Policy

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13<sup>th</sup> July 2016

Date Adopted

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July 2019

Review Date

## Intimate Care

### Background:

The Disability Discrimination Act (DDA), which is subsumed within the Equality Act 2010, requires all education providers to re-examine all policies, consider the implications of the Act for practice and revise current arrangements. In light of historical practices that no longer comply with new legislation, changes will particularly be required wherever blanket rules about continence have been a feature of a schools policy for admitting a child below the statutory school age. Schools will also need to set in motion action that ensures they provide an accessible toileting facility if this has not previously been available. Any school policy that sets a blanket standard of continence, or any other aspect of development, for all children is discriminatory and therefore unlawful under the Act. All such issues have to be dealt with on an individual basis, and settings are expected to make reasonable adjustments to meet the needs of each child.

**Asking parents of a child to come and change a child is likely to be a direct contravention of the Equality Act, whilst leaving a child in a soiled nappy, pants for any length of time pending return of the parent is a form of abuse.**

### Child Protection:

The normal process of changing a child should not raise child protection concerns, and whilst **there are no regulations that indicate that a second member of staff must be available to supervise the changing process**, to ensure that abuse does not take place; Governors feel staff may request two members of staff to support each other during the changing process if required. Few schools will have the staffing resources to provide two members of staff for changing and DBS checks are carried out to ensure the safety of the children. **If there is known risk of false allegation by a child then a single practitioner should not undertake changing alone.**

Schools must consult the Social Worker whenever planning toilet training or special toileting arrangements for children on the **Child Protection Register** or whenever social care teams are involved.

When recruiting new staff it is important that duties relating to personal care are specified in the contract of employment.

### Rationale

It is our intention to develop independence in each child, however there will be occasions when help is required. Our Intimate Care Policy has been developed to safeguard children and staff. It is one of a range of specific policies that contribute to our pastoral care policy. The principles and procedures apply to everyone involved in the intimate care of children.

There shall be a high awareness of child protection issues throughout the use of intimate care and 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.

School staff are working within local authority insurance cover; provided that the Intimate Care Policy in conjunction with the pupil's Health Care Plan are agreed and recorded by the parents, health and education.

Children are generally more vulnerable than adults; and staff involved with any aspect of pastoral care need to be sensitive to their individual needs.

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.

Intimate care can be defined as any activity that is required to meet the personal needs of an individual child on a regular basis **or during a one-off incident**. Such activities can include:

- feeding
- oral care
- washing
- changing clothes
- toileting
- first aid and medical assistance, in conjunction with the relevant Health Care Plan and/or Medicine Administration form (Appendix 5)
- supervision of a child involved in intimate self-care

Parents have a responsibility to advise the school of any known intimate care needs relating to their child.

### **Principles of Good Practice in Intimate Care**

The following are the fundamental principles of intimate care upon which our policy guidelines are based:

- All children have an educational entitlement irrespective of their difficulties with toileting
- 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
- all children have the right to be involved and consulted in their own intimate care to the best of their abilities

- all children have the right to express their views on their own intimate care and to have such views taken into account; and
- every child has the right to have levels of intimate care that are appropriate and consistent
- Schools should work in partnership with parents and carers in planning for toileting needs and effective toilet training, acknowledging that continence and independent toileting may not be achieved by some children

## School Responsibilities

All staff working with children will be subject to the usual safer recruitment procedures. This includes students on work placement and volunteers. Vetting includes DBS checks at an enhanced level and two written references.

Only those members of staff who are familiar with the Intimate Care Policy and other pastoral care policies of the school are to be involved in the intimate care of children.

Where anticipated; intimate care arrangements are agreed between the school and parents and if appropriate, by the child. Intimate care agreements are signed by the parent and stored in the child's file. **Only in an emergency would staff undertake any aspect of intimate care that has not been agreed by parents and school. Parents would then be contacted immediately.**

Intimate care arrangements should be reviewed at least six monthly. The views of all relevant parties should be sought and considered to inform future arrangements.

If a staff member has concerns about a colleague's intimate care practice he or she must report this to the designated teacher for child protection.

## Guidelines for Good Practice

The school will identify a suitable changing area for pupils, to enable the privacy of pupils to be maintained and to provide sufficient staff to safeguard the pupil. It is recommended that where possible, intimate care is delivered by one person; this ensures the dignity of the child/young person involved; however there may be occasions where a risk assessment shows this to be an unsuitable arrangement and double staffing may be required.

Parents will be encouraged to attend school to meet their own child's intimate care needs where practical and possible; however, it is accepted that on some occasions; and with prior consultation between parents and school staff; it is not always practical or possible for this to be achieved and on these occasions intimate care might be required.

If the school lacks a suitable changing area or is unable to provide adequate supervision, arrangements will need to be agreed with parents to attend school and change the child. If

this necessitates the child leaving the school site with the parent then there is an expectation that the parent will return the child to school to complete the school day.

All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children.

Young children and children with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs.

Staff also need to be aware that some adults may use intimate care, as an opportunity to abuse children. It is important to bear in mind that some forms of assistance can be open to misinterpretation. Adhering to the following guidelines of good practice should safeguard children and staff.

### **1. Involve the child in the intimate care**

The child 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/herself as he/she can. This may mean, for example, giving the child the responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances.

Where a situation renders a child fully dependent; talk about what is going to be done and provide choices where possible. Check your practice by asking the child or parent about any preferences while carrying out the intimate care.

### **2. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.**

**Where appropriate it is recommended that intimate care should always be delivered by one person; unless a risk assessment indicates otherwise. However, if staff require support, Governors at Central are in agreement that two members of staff may support each other during the changing process.**

### **3. Make sure practice in intimate care is consistent.**

As a child may have multiple carers a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent. Issues regarding complex areas would need to be explicit within the pupils Healthcare Plan, which must be referred to.

#### **4. Be aware of your own limitations**

Only carry out activities you understand and feel competent with. If in doubt, ASK. Some procedures must only be carried out by members of staff who have been formally trained and assessed.

#### **5. Promote positive self-esteem and body image.**

Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.

#### **6. If you have any concerns you must report them.**

If you observe any unusual markings, discolouration or swelling, report it immediately to the designated teacher for child protection and record in the relevant observation log.

If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the designated teacher. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's personal file.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs are paramount. Further advice will be taken from outside agencies if necessary.

If a child or parent/carer makes an allegation against a member of staff, all necessary child protection procedures must be followed and the designated teacher must be informed immediately; as will the LEA's Child & Vulnerable Adult Safeguarding Officer. (See schools Child Protection Policy for details)

#### **Working With Children of the Opposite Sex**

There is positive value in both male and female staff being involved with children. Ideally, every child should have the choice for intimate care but the current ratio of female to male staff means that assistance will more often be given by a woman.

The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:

- when intimate care is being carried out, all children have the right to dignity and privacy, i.e. they should be appropriately covered, the door closed or screens/curtains put in place
- If the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance
- report any concerns to the designated teacher for child protection and make a written record; and
- Parents must be informed about any concerns

### **Communication with Children**

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Depending on their maturity and levels of stress children may communicate using different methods - words, signs, symbols, body movements, eye pointing, etc. To ensure effective communication:

- make eye contact at the child's level
- use simple language and repeat if necessary
- wait for response
- continue to explain to the child what is happening even if there is no response; and
- treat the child as an individual with dignity and respect

### **Equipment Provision**

Parents should provide clean change of clothing, nappies, disposal bags, wipes, changing mat etc and parents must be made aware of this responsibility. Schools are responsible for providing gloves, plastic aprons, a bin and liners to dispose of waste.

### **Health and Safety**

Staff should always wear an apron and gloves when dealing with any child who is bleeding or soiled, or when changing a soiled nappy. Any soiled waste should be placed in a polyurethane waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with liner) which is specifically designated for such waste. The bin should be emptied on a weekly basis and it can be collected as part of the usual waste collection as this waste is not classified as clinical waste

### **Administration of Medicines**

If it is necessary for a child to receive medicine during the school day, parents/carers must complete and sign a Medicine Administration Form( See appendix 5) and discuss their child's needs with a member of staff before the school agrees to administer medicines or medical care. If prescribed medicine is required, the medicine must be in the original container and have the label which includes the child's name and dosage. This must be



supported by a healthcare plan where appropriate. Parents may be required to administer medicine where necessary.

**Recording the use of Intimate Care:**

Where it is agreed that intimate care might be required for a child an agreement between parents/carers and the school will be completed. This agreement will detail what care is to be provided and by whom. (See appendix 1)

Alongside this parents and the school will work together to complete a toileting plan for the child (see appendix 2)

For each use of intimate care staff will record using the personal care intervention log (see appendix 3)

Where there are particular issues which might indicate a need for the intimate care to be delivered by two members of staff; a risk assessment must be completed and retained on the child's record eg: manual handling, safeguarding issues (see appendix 4)

Intimate care agreements must be reviewed on a regular basis according to the developing needs of the child; this should take place at least on a termly basis and the toileting plan will then be updated.

**Review**

This policy will be reviewed annually.



**Agreement and Consent to the use of Intimate Care for a child/Young Person**

The purpose of this agreement is to ensure that both parents/carers and professionals are in agreement with what care is to be given and that staff have received any appropriate training that may be relevant.

Teaching of certain care procedures may be carried out by the parent/carer or by the professional experienced in that procedure.

When the parent/carer and/or professionals are agreed that the procedure has been learned or where routine intimate care is to be provided, the details will be recorded fully below and all parties must sign this record and be provided a copy; an additional copy is to be retained on the child's file in school and where appropriate a copy is to be provided for the child's medical record.

Child/Young Persons Name:

Reasons why intimate care is to be provided:

Who will provide this care (if parents, how are they to be contacted and what contingency is in place should they be uncontactable or unable to attend? for staff members please details names and designation of those staff who will be providing care):

Details of care to be provided:

**Consent provided by:**

Parent/carer name:

**Agreement signed by:**

Parent/carer name:

Staff Carer names & designation:

Staff carer signatures:

**Date agreement to be reviewed:**

Review date:

Outcome of review to be recorded:

### Toileting Plan

Child/Young Persons Name	D.O.B.	Date Agreed

	Details	Action
<u>Working Towards Independence:</u> e.g. taking child/young person to toilet at timed intervals, using sign or symbols, any rewards used		
<u>Arrangements for nappy/pad changing:</u> e.g. who, where, when, arrangements for privacy		
<u>Staffing Requirements:</u> e.g. how many, who, when		
<u>Level of Assistance Needed:</u> e.g. undressing, dressing, hand washing, talking/signing to child/young person		
<u>Infection Control:</u> e.g. wearing disposable gloves, arrangements for nappy/pad disposal		
<u>Resources Needed:</u> e.g. special seat, nappies/pull ups/pads, creams, disposable sacks, change of clothes, toilet step etc		
<u>Sharing Information:</u> eg if child/young person has nappy rash or any marks, cultural or family customs, birthmarks etc		

Date of Plan	
Parent Name	
Parent Signature	
Staff Name	
Staff Signature	
Review Date	

## Record of Intimate Care Provided

Child/Young Persons Name	D.O.B.	Date of IC agreement

[illegible]



## Risk Assessment Form

Activity to be Assessed			Assessment Number							
Persons undertaking or affected by the activity										
<input type="checkbox"/> Employees        <input type="checkbox"/> Pupil										
Identified Hazards		Severity	Likelihood	Risk Level						
1										
2										
3										
4										
Control Measures Required										
Prioritise Controls By Risk Level	Activity Hazard Number									
Reassessment of Activity Hazards		Severity	Likelihood	Risk Level						
1										
2										
3										
4										
Name		Signed		Date Completed						
Position										
Reviews		Key		Risk Level Table						
Review Date :		Likelihood	Severity	Severity of Injury	5	5Y	10R	15	20	25
Reviewed by:		1 very unlikely 2 unlikely 3 likely 4 very likely 5 certainty	1 nuisance 2 minor 3 medical treatment 4 major 5 fatal		4	4	8	12	16	20
Review Date :					3	3	6G	9	12	15
Reviewed by:					2	2	4	6Y	8	10Y
Review Date :					1	1	2	3	4	5G
Reviewed by:					0	1	2	3	4	5
Review Date :					Likelihood of Injury					
Reviewed by:		Low Risk		Medium Risk		High Risk				



## Medicine Administration Permission Form

### Central Primary School

Please note: All medication must be in the original container and display the prescription label as dispensed by the pharmacy for it to be administered by staff.

<b>Date (s)</b>	
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<b>Pupil's Name</b>	
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<b>Class</b>	
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<b>Medication Details</b>	

<b>Dosage</b>		<b>Time to be given</b>	
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<b>Parent / Carer Signature</b>		<b>Date</b>

<b>Staff Signature</b>		<b>Date</b>

<b>Additional Information</b>	

<b>Administered By</b>					
<b>Date</b>					

Appendix 5

### Record of Medication Administered

Child's Name: \_\_\_\_\_

[illegible]

## Appendix 6