



# **Intimate Care Policy**

## **VERSION: September 2024**

## **NEXT REVIEW: September 2026**

This policy represents the agreed principles for intimate care throughout the school.

### **Introduction**

The purpose of this policy is:

- To safeguard the rights and promote the best interests of the children
- To ensure children are treated with sensitivity and respect, and in such a way that their experience of intimate care is a positive one
- To safeguard adults required to operate in sensitive situations
- To raise awareness and provide a clear procedure for intimate care
- To inform parents/carers in how intimate care is administered
- To ensure parents/carers are consulted in the intimate of care of their children

### **Principles**

It is essential that every child is treated as an individual and that care is given as gently and as sensitively as possible. As far as possible, the child should be allowed to exercise choice and should be encouraged to have a positive image of his/her own body. It is important for staff to bear in mind how they would feel in the child's position. Given the right approach, intimate care can provide opportunities to teach children about the value of their own bodies, to develop their safety skills and to enhance their self-esteem.

Parents and staff should be aware that matters concerning intimate care will be dealt with confidentially and sensitively and that the young persons' right to privacy and dignity is maintained at all times.

### **Definition**

Intimate care is one of the following:

- Supporting children with medically-related toilet needs, where necessary and as agreed with parents/carers
- Supporting a pupil with dressing/undressing
- Assisting a pupil requiring medical care, who is not able to carry this out unaided
- Cleaning a pupil who has soiled him/herself, has vomited or feels unwell

### **Supporting children with medically-related toilet needs**

Sometimes children join the school whose needs include that of support in going to the toilet. Staff will always encourage children to attempt toileting unaided, but will provide encouragement and support where needed, in close consultation with parents about the minimum level of support that can be offered.

### **Supporting dressing/undressing**

Sometimes it will be necessary for staff to aid a child in getting dressed or undressed particularly in Early Years Foundation Stage. Staff will always encourage children to attempt undressing and dressing unaided.

### **Providing comfort or support**

Children may seek physical comfort from staff (particularly children in EYFS). Where children require physical support, staff need to be aware that physical contact must be kept to a minimum and be child initiated. When comforting a child or giving reassurance, the member of staff's hands should always be seen and a child should not be positioned close to a member of staff's body which could be regarded as intimate. If physical contact is deemed to be appropriate staff must provide care which is suitable to the age, gender and situation of the child. If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable.

### **Medical procedures (See Policy on Medicines)**

If it is necessary for a child to receive medicine during the school day parents must fill out a permission form from the school office and discuss their child's needs with a member of staff before the school agrees to administer medicines or medical care. As stated in our policy staff administration of medicines is voluntary.

Any member of staff giving medicine to a pupil should check:

- The pupil's name
- Written instructions provided by parents or doctor
- Prescribed dose
- Expiry date

Particular attention should be paid to the safe storage, handling and disposal of medicines. The Head Teacher has prime responsibility for the safe management of medicines kept at school. This duty derives from the Control of Substances Hazardous to Health Regulations 2002 (COSHH). School staff are also responsible for making sure that anyone in school is safe. Medicines should generally be kept in a secure place, not accessible to pupils but arrangements must be in place to ensure that any medication that a pupil might need in an emergency is readily available.

### **Soiling**

Intimate care for soiling should only be given to a child after the parents have given consent for staff to clean and change the child via our intimate care permission slip. If a parent does not give consent, the school will contact the parents or other emergency contact giving specific details about the necessity for cleaning the child. If the parent/carer or emergency contact is able to come within a few minutes, the child is comforted and kept away from the other children to preserve dignity until the parent arrives. Children are not left on their own whilst waiting for a parent to arrive; an adult will stay with them, giving comfort and reassurance. The child will be dressed at all times and never left partially clothed.

If a parent/carer or emergency contact cannot attend, the school seeks to gain verbal consent from parents/carers for staff to clean and change the child. This permission will be sought on each occasion that the child soils him or herself. If the parents and emergency contacts cannot be contacted the Head Teacher will be consulted. If put in an impossible situation where the child is at risk, staff will act appropriately and may need to come into some level of physical contact in order to aid the child.

When touching a child, staff should always be aware of the possibility of invading a child's privacy and will respect the child's wishes and feelings.

If a child needs to be cleaned, staff will make sure that:

- Protective gloves are worn
- The procedure is discussed in a friendly and reassuring way with the child throughout the process
- The child is encouraged to care for him/herself as far as possible

- Physical contact is kept to the minimum possible to carry out the necessary cleaning
- Privacy is given appropriate to the child's age and the situation
- All spills of vomit, blood or excrement are wiped up and flushed down the toilet
- Any soiling that can be, is flushed down the toilet
- Soiled clothing is put in a plastic bag, unwashed, and sent home with the child
- Two members of staff (not volunteers) who are known to the child where possible, are in attendance
- If considered necessary, parents are informed at the end of the day
- A record is made of date, time and staff involved

### **Hygiene**

All staff must be familiar with normal precautions for avoiding infection, must follow basic hygiene procedures and have access to protective, disposable gloves. Baby wipes will be used and disposed of in a nappy sack in a specifically allocated bin in the EYFS area.

### **Care Plans**

Where a pupil has particular needs (e.g. wearing nappies or pull-ups regularly, or has continence difficulties which are more frequent than the odd 'accident', staff will work with parents/ carers (and health visitors/ school nurse, if appropriate) to set out a care plan to ensure that the child is able to attend daily. The written care plan will include:

- Who will change the child
- Where changing will take place
- What resources and equipment will be used and clarification of who is responsible (parent or school) for the provision of the resources and equipment
- How wet or soiled clothes will be kept and returned
- What infection control measures are in place
- What the staff member will do if the child is unduly distressed
- Arrangements for school trips and outings
- Care plan review arrangements

A written care plan agreement will also be signed by the parent/ carer and member of staff (see Appendix A)

### **Protection for staff**

Members of staff need to have regard to the danger of allegations being made against them and take precautions to avoid this risk. These should include:

- Gaining a verbal agreement from another member of staff that the action being taken is necessary
- Allow the child, wherever possible, to express a preference to choose his/her carer and encourage them to say if they find a carer to be unacceptable
- Allow the child a choice in the sequence of care
- Be aware of and responsive to the child's reactions
- Having another member of staff in attendance during any intimate care

### **Safeguarding**

There is an obligation on local authorities to ensure that staff who have substantial, unsupervised access to children undergo police checks. All staff, students and volunteers at Donisthorpe Primary School are DBS checked on application and cannot undertake tasks within school until all checks are completed satisfactorily. The DBS's aim is to help organisations in the public, private and voluntary sectors by identifying candidates who may be unsuitable to work with children or other vulnerable members of society. Personal and professional references are also required and unsuitable candidates are not permitted to work within the school.

It is not appropriate for volunteers to carry out intimate care procedures. Teaching placement students should only do so under the supervision of a trained member of staff, following consultation with the student's college/ university supervisors.

## APPENDIX A

<b>Donisthorpe Primary School Intimate Care Plan *for use with children requiring regular intimate care</b>	
Name of child	
Type of intimate care needed	
Names of people to change the child	
Other named people to change if main carers unavailable	
Where changing will take place	
Resources and equipment to be used	
Provision of resources and equipment to be used	
Training requirements for staff	
Infection control measures	
Special arrangements for trips/ outings	
Name of senior member of staff responsible for making sure care is carried out according to the intimate care plan	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date of plan	
When will the plan be reviewed	

