



Eden Park Primary School and Preston Primary School

Intimate Care Policy

Key Personnel

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| <i>Executive Head Teacher</i> | <i>Mr. Ken Kies</i> |
| <i>Heads of School</i> | <i>Mr. Ian Morgan / Mr. Scott Ord</i> |
| <i>Assistant Heads</i> | <i>Mrs. Adele Clayton, Mrs. Emma King, Mrs. Melissa Oliver</i> |
| <i>DSL and Assistant Head</i> | <i>Mrs. Deb Mawbey</i> |
| <i>Other level 3 trained safeguarding staff</i> | <i>Mrs. Carrol Stephens; Mrs. Sue Killick, Miss Jane Stead</i> |
| <i>Date Approved</i> | <i>23rd November 2015</i> |

Definition

Definition of Intimate Care – “any care which involves washing, touching or carrying out an invasive procedure that most children carry out for themselves but which some are unable to do due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child’s stage of development.”

Principles

This Trust takes 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 Trust has a separate Safeguarding Policy.

The Trust 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 policy supports the safeguarding and welfare requirements of Early Years Foundation Stage (EYFS) 2012 and the Disability Discrimination Act 2005: The Trust will ensure that:

- No child’s physical, mental or sensory impairment will have an adverse effect on their ability to take part in day to day activities.
- No child with a named condition that affects personal development will be discriminated against
- No child who is delayed in achieving continence will be refused admission
- No child will be sent home or have to wait for their parents/carer due to incontinence
- Adjustments will be made for any child who has delayed incontinence



This intimate care policy should be read in conjunction with the schools' policies as below (or similarly named):

- Safeguarding Policy
- 'Whistle-Blowing' and allegations management policies
- Health and Safety Policy and related procedures
- Special Educational Needs policy
- Staff Code of Conduct
- Admissions Policy
- PE changing Guidance

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.

Good practice guidelines for staff

- When intimate care is given, the member of staff explains fully each task that is carried out, and the reason for it. Staff encourage children to do as much for themselves as they can; lots of praise and encouragement will be given to the child when they achieve.
- Pupils who require regular assistance with intimate care have written Provision Maps/ Individual Education Plans (IEP), health care plans or intimate care plans agreed by staff, parents/carers. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes. (See Appendix One.)
- Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.
- Every child is treated with dignity and respect. Privacy is ensured by using the purpose built toilet for people with a disability where appropriate to do so or with additional staffing if this is not available.
- Staff will ensure the religious and cultural values of children and their families are respected at all times through consultation with parents.
- The practice of intimate care will be as consistent as possible, including the staff members / team administering it.
- Should a child become unhappy about being cared for by a particular member of staff, the DSL will investigate the situation and record any findings. These will be discussed with the child's parents/carers in order to resolve the problem. If necessary the DSL will seek advice from other agencies.
- Intimate care procedures will only be carried out by staff employed directly by the school and not by students or volunteers.
- Staff will be supported and trained in carrying out intimate care routines with the support of the family if needed.
- A clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints, e.g. staffing and equal opportunities legislation.



- If a member of staff is concerned during the intimate care, including by the child's reaction, they should report this as soon as possible to the pastoral team and write a safeguarding log. Staff will receive Safeguarding Training annually. Where there is an allegation of abuse the safeguarding policy will be followed including and if needed following the whistle-blowing policy.
- Staff will encourage children to have a positive image of his/her body
- Where a care plan / IEP/ provision map is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs, via the link book, phone or personally if possible. (e.g. has had an 'accident' and wet or soiled him/herself).
- Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.
- Staff should be fully aware of infectious control, including the wearing disposable gloves and aprons where appropriate.
- There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences and permission if appropriate.
- Health & Safety guidelines should be adhered to regarding waste products and advice should be taken regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.
- No member of staff will have a personal mobile phone, camera or similar device out in the presence of children throughout the day. No school device will be used during intimate care.
- Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.
- Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the health care plan or IEP/ Provision map/ intimate care plan and will only be carried out by trained staff.

Safeguarding

A full "safeguarding" policy is available on the school website. The Trust adheres to the latest guidance on keeping children safe in education alongside current disabilities and equalities education.

Physical Education

The trust has a "PE changing guidance" document available on the website.

Young people are entitled to respect and privacy when changing clothes. However, there must be the required level of supervision to safeguard young people with regard to health and safety considerations and to ensure that bullying or teasing does not occur.

Some staff are likely to come into physical contact with pupils from time to time in the course of their duties when participating in games, demonstrating an exercise or the use of equipment. Staff should be aware of the limits within which such contact should properly take place and of the possibility of misinterpretation.



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Physical contact

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact.

The expectation is that staff will work in 'limited touch' cultures and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background.

Staff should be aware that even well intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact is open to scrutiny.

Children with special needs may require more physical contact to assist their everyday learning. The general culture of 'limited touch' will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny.

First Aid and Personal Injury

In the event of a personal injury to a child in an intimate area, the child will be examined by a member of staff of the same gender with the child's permission. Without permission, the child will be asked to examine themselves and report back. A second member of staff or another child will be present / in the immediate vicinity. Such examinations will be recorded as part of the incident log on Behaviour Watch and parents will be informed on the same day.

Staff who administer first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.

Should there be need for such an examination, parents will be informed.

Sun-care

In our Foundation Stage, we have a free-flow environment so that the children can choose where they play and when and therefore go out into the garden when they want to.

To protect the children from the sun, staff are required to:

- apply sun screen to the children's skin at the set times through the day and mark off each child on the Sun Screen Application Checklist
- make sure that children wear t-shirts that cover their shoulders
- encourage children to pick out their own hat and put it on when they go outside – if they do not do this, the member of staff outside is to encourage them to wear it
- encourage children to play in the shade between the hours of 11am and 3pm when the sun is at its strongest and try to limit their time in direct sunlight
- talk to the children about the importance of Sun protection whilst putting on sun screen and hats

When parents bring in sunscreen:-

- All bottles must be labelled with the child's name.
- Bottles must then be handed to a staff member or kept in the child's bag if parents want to take it home each night/weekend.



APPENDIX ONE

Coast Academies Intimate Care Plan

Name:
 Age:
 Class:
 Date implemented:
 Date Reviewed:

Background information:

Agreed terminology (i.e. body parts)

Specialist equipment needed

How the child is communicating (sign/ symbol/ speech)

Child's level of independence (can they change/ wipe/ undress themselves?)

Are there any cultural or religious sensitivities to be considered?

Proposed Daily Plan

Who? (is managing this plan)

What? (Is going to happen?)

Lunchtimes and playtimes

Who takes over when the teacher is absent?

When do we call home?

Who do we call?

Items the parent is required to supply

- Wipes
- Creams
- spare nappies or pull-ups
- spare clothing
- spare underwear

Please sign to say that you give your permission for this plan to happen:

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