

LEARNING TOGETHER TO BE OUR BEST

**DOVER PARK
PRIMARY SCHOOL**



Intimate Care Policy

Date agreed: Sept 2021

Review date: Sept 2023

Signed: _____

Chair Board of Governors

Dover Park Primary School

Revision No.	Date Issued	Prepared By	Approved	Comments
1	May 2017	AW	FGB	New Policy
2	September 2020	AW	FGB	Annual Update
3	September 2023	AW	FGB	

All the governors and staff of Dover Park Primary Schools are committed to sharing a common objective to help keep the children and staff of the school community safe. We ensure that consistent effective safeguarding procedures are in place in order to support families, children and staff of the school.

Intimate Care Policy

Introduction

Dover Park Primary School is committed to providing personal care that has been recognised as an assessed need and indicated in the care plan for an individual child, in ways that:

- Maintain the dignity of the individual child
- Are sensitive to their needs and preferences
- Maximise safety and comfort
- Protect against intrusion and abuse
- Respect the child's right to give or withdraw their consent
- Encourage the child to care for themselves as much as they are able and protect the rights of everyone involved

The diversity of individuals and communities is valued and respected. No child or family is discriminated against.

This policy applies to all staff undertaking personal care tasks with children but particularly to those who are in the Early Years Foundation Stage, One and Two. The normal range of development for this group of children indicates that they may not be fully toilet trained.

In addition to this there are other vulnerable groups of children and young people that may require support with personal care on either a short, longer term or permanent basis due to SEN and disability, medical need or a temporary impairment. This could include:

- Children and young people with limbs in plaster
- Children and young people needing wheelchair support
- Children and young people with pervasive medical conditions

1. Principles

1.0 The Governors will act in accordance with Section 175 of the Education Act 2002 and [Keeping Children Safe in Education 2020](#) to safeguard and promote the welfare of pupils at this school.

1.1 The Governing Body and Executive Headteacher will act in accordance with any supplementary DfES guidance.

1.2 This school 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.

1.3 The Governing Body 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 day-to-day activities must not be discriminated against.

1.4 This intimate care policy should be read in conjunction with the following Federation Policies:

- Child Protection policy
- Health and Safety policy and procedures
- Policy for the administration of medicines
- Allegations of abuse against staff policy

1.5 Dover Park Primary School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

1.6 Dover Park Primary School recognises that there is a need to treat all children, whatever their age, gender, disability, religion or ethnicity, 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.

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

Definition

2.0 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 personal care tasks can include:

- Body bathing other than to arms, face and legs below the knee
- Toileting, wiping and care in the genital and anal areas
- Dressing and undressing
- Application of medical treatment, other than to arms, face and legs below the knee
- Supporting with the change of sanitary protection

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

2. Best Practice

3.0 Staff who provide intimate care at Dover Park Primary School are trained to do so including child protection and health and safety training in moving and handling and are fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate.

3.1 Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation.

3.2 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.

3.3 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.

3.4 All pupils needing intimate care will have manual handling/risk assessments/individual risk assessments/medical care plans, as appropriate, agreed by staff, parents/carers and any other professionals actively involved.

3.6 Where a child does not have a relevant plan 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, not through the home/school diary.

3.7 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 on a one-to-one basis must be employees of the school and be DBS checked at the appropriate level.

3.8 It is recommended that two members of staff are present to assist with intimate procedures, however, it is not always practical for two members of staff to be present and also this does not take account of the child's privacy. It is necessary, however, for a member of staff to inform another adult when they are going to assist a child alone with intimate care and that they do not lock the cubicle or door.

3.9 Wherever possible the same child 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.

3.10 Wherever possible staff should care for a child of the same gender. However, in some circumstances this principle may need to be waived; for example, female staff's supporting boys in a primary school as no male staff are available. Male members of staff will NEVER provide routine intimate care (such as toileting or changing) for girls. This is safe working practice to protect children and to protect staff from allegations of abuse.

3.11 The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

3.12 All staff will be aware of the Federation's code of conduct relating to confidential matters. Sensitive information will be shared only with those who need to know.

3.13 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

3.14 Soiled nappies and clinical waste will be disposed of appropriately in accordance with IOW council guidelines.

Nappy Changing Procedure

- Staff to wear disposable gloves and aprons while dealing with the incident – including disposal of the nappy

- Soiled nappies to be put into identified yellow bins which contain yellow clinical waste bags which are disposed of within Council guidelines
- Changing area to be cleaned after use with antibacterial spray
- Hot water and liquid soap available to wash hands as soon as the task is completed
- Paper towels available for drying hands.

3. Child Protection

4.0 The Governors and staff of Dover Park Primary School recognise that children with special needs and disabilities are particularly vulnerable to all types of abuse.

4.1 The schools' child protection policy and inter-agency child protection procedures will be accessible to staff and adhered to.

4.2 From a child protection perspective, it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a child's body. It may be unrealistic to expect to eliminate these risks completely but in this school best practice will be promoted and all adults will be encouraged to be vigilant at all times.

4.3 Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.

4.4 If a member of staff has any concerns about physical changes in a child's presentation when carrying out a care procedure, e.g. unexplained marks, bruises, soreness etc. s/he will immediately report concerns to the Headteacher or Head of School other designated senior person for child protection who will then follow safeguarding procedures and protocols.

4.5 If a child becomes distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Head of School. The matter will be investigated at an appropriate level (usually the Head of School) 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 remain paramount. Further advice will be taken from outside agencies if necessary.

4.6 If a child makes an allegation against an adult working at the school, this will be investigated by the Headteacher/DSL in accordance with the agreed safeguarding procedures.

4.7 Any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher of School or to the Chair of the Governing Board if the concern is about the Headteacher.

4. Partnership working

5.0 Partnership with parents is an important principle in any educational setting and is particularly necessary in relation to young people. Much of the information required by the school to make the process of intimate care as comfortable as possible is available from the parents. Regular consultation and information sharing remains an essential feature of this partnership.

5.1 Issues around toileting should be discussed at a meeting with parents/carers prior to admission into the school.

5.2 Prior permission must be obtained from parents before intimate care procedures are carried out. (see Appendix 1)

5.3 Parents responsibilities include:

- Agreeing to change the child at the latest possible time before coming to school
- Providing spare nappies, wet wipes and a change of clothes
- Understanding and agreeing the procedures to be followed during changing at school
- Agreeing to inform the school should the child have any marks/rash
- Agreeing to review arrangements, in discussion with the school, should this be necessary
- Agreeing to encourage the child's participation in toileting procedures wherever possible

5.4 School responsibilities include:

- Agreeing to change the child when they need it
- Agreeing how often the child should be routinely changed if the child is in school for a full day and who would be changing them
- Agreeing a minimum number of changes
- Agreeing to report to the Head teacher or SENCO should the child be distressed or if marks/rashes are seen
- Agreeing to review arrangements, in discussion with parents/carers, should this be necessary
- Agreeing to encourage the child's participation in toileting procedures wherever possible

5. Physiotherapy

6.0 At Dover Park Primary School, any children who require physiotherapy whilst at school are assessed by a trained physiotherapist who then trains appropriate members of the class team. A written programme and guidance is provided and shared with parents. This is updated regularly

6.1 If staff feel at any point that a programme is no longer suitable/or is causing discomfort to the child, they will not carry it out until the physiotherapist has re-assessed that child.

6.2 If a member of staff has any concerns about physical changes in a child's presentation when carrying out a physiotherapy programme, e.g. unexplained marks, bruises, soreness etc. s/he will immediately report concerns to the Headteacher or other designated senior person for child protection who will then follow safeguarding procedures and protocols.

6. Medical Procedures

7.0 Sometimes, children might require assistance with invasive or non-invasive medical procedures such as the administration of emergency or daily medication/ insulin injections and enteral feeding. These procedures are overseen by the school nurse/community nurses, who provides written guidelines and training to appropriate members of staff. Such procedures will only be carried out by those staff trained to do so.

7.1 Any members of staff who administer first aid will be appropriately trained. If an examination of a child is required in an emergency aid situation another adult will be present, with due regard to the child's privacy and dignity. Record Keeping Records are kept of any medical/enteral feeding procedures and first aid interventions.

APPENDIX 1

Permission for Schools to provide intimate care

Child's First Name	
Child's Last Name	
Male/Female	
Date of Birth	
Parent/Carers Name	
Address	

Name

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Signature

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Relationship to child

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Date

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