



# TRIMLEY ST. MARTIN

## Intimate Care Policy

Trimley St Martin Primary School

Updated March 2019

# Intimate Care Policy

## Aim

Trimley St Martin 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.

Trimley St Martin Primary School recognises that there is a need to treat all children with respect & dignity, especially when intimate care is given. No child should be attended to in a way that causes distress, pain or embarrassment.

Intimate care is any care which involves one of the following:

1. Assisting a child to change his/her clothes
2. Changing or washing a child who has soiled him / herself
3. Assisting with toileting issues
4. Supervising a child involved in intimate self-care
5. Providing first aid assistance
6. Providing comfort to an upset or distressed child
7. Feeding a child
8. Providing oral care to a child
9. Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided. \*

\* In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam.) Parents have the responsibility to advise the school of any known intimate care needs relating to their child.

## Our approach to best practice

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care will be treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so, (this includes Safeguarding training and training in manual handling) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.

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. Wherever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex education to the children/young people in their care as an additional safeguard to both staff and children/young people involved.

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, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. Each child in Key Stage 2 will have 2:1 adult support with intimate care needs.

Intimate care arrangements will be discussed with parents/carers on a regular basis. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

### **The Protection of Children/Safeguarding**

All children will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the designated person for safeguarding.

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 remain paramount. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed, by referring concerns to the designated person for safeguarding.

### **Health and Safety**

Health and Safety advice for schools can be found in the Health and Safety: advice for schools and Health & Safety in schools documents, available to schools through [www.gov.uk](http://www.gov.uk).

### **Further Guidance**

- 'Keeping Children Safe in Education (2018)
- 'What To Do IF You're Worried A Child Is Being Abused (2015)
- 'Working Together to Keep Children Safe (2018)

# Additional Guidance

## Introduction

Schools often ask how they can ensure that an individual child's needs are met whilst having regard to the needs of all the other children within the school. There are a number of issues to consider when responding to an individual child's needs. The following advice/strategies are some suggestions as possible ways to actively promote inclusion and the welfare of pupils.

## Assisting a child to change his / her clothes

On occasions an individual child may require some assistance with changing, for example, he / she has an accident at the toilet, gets wet outside, or has vomit on his / her clothes etc. Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given. Staff will always ensure that they have a colleague in attendance when supporting dressing/undressing and will always give the child the opportunity to change in private, unless the child is in such distress that it is not possible to do so. If staff are concerned in any way parents will be sent for and asked to assist their child and informed if the child becomes distressed.

## Changing a child who has soiled him/herself

If a child soils him/herself in school a professional judgement has to be made whether it is appropriate to change the child in school, or request the parent/carer to collect the child for changing. In either circumstance the child's needs are paramount and he/she should be comforted and reassured throughout. The following guidelines outline our procedures but we will also seek to make age-appropriate responses.

- The child will be given the opportunity to change his / her underwear in private and carry out this process themselves.
- School will have a supply of clean underwear and spare uniform for this purpose.
- If a child is not able to complete this task, staff will assist in the most appropriate way, ensuring the safety of the child and of themselves.
- If a child is not able to complete this task unaided and it is appropriate for the child to be collected; school staff will attempt to contact the parent/carer to inform them of the situation.
- If the parent/carer is able to come to school within an appropriate time frame, the child will be accompanied and supported by a staff member until they arrive. This avoids any further distress and preserves dignity.

## Children wearing nappies

It is good practice to provide information for parents of the Intimate Care Policy and practice in the school. Such information should include a simple agreement form for parents to sign-outlining who will be responsible, for changing the child as well as when and where this will be carried out. This agreement allows the school and the parent to be aware of all the issues surrounding this task right from the outset.

Some pupils have a note book to record who changes a child, how often this task is carried out and the time they left/returned to the classroom following this task, examples of such good

practice provide reassurance for parents that systems are in place and that schools have implemented procedures for staff to follow.

## **Changing facilities**

Children who have long - term incontinence will require specially adapted facilities.

When children need to be changed in school this procedure should not necessarily cause the school a great deal of extra expense. Very few schools have purpose - built toilets suitable to be used by people with a disability. The dignity and privacy of the child should be of paramount concern. An area, which can be made private by the use of a screen, is acceptable. Consideration should be given to the sighting of this area from a health and safety aspect. The area should not be situated in a thoroughfare, as a changing mat will have to be used on the floor when a child is to be changed. This is the recommended method of changing a child, as it avoids an adult having to lift a child and cause possible back injury.

At Trimley St Martin we have a bed and electric hoist situated in the Key Stage changing room and a separate toilet within the first aid area.

## **Equipment Provision**

Parents have a role to play when their child is still wearing nappies. The parent should provide nappies, disposal bags, wipes, changing mat etc. Parents will be made aware of this responsibility. Schools are responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.

## **Health and Safety**

Staff should always wear gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste. The bin should be emptied on a weekly basis and it can be collected as part of the usual refuse collection service as this waste is not classed as clinical waste. Staff should be aware of the school's Health and Safety policy.

## **Special needs**

Children with special needs have the same rights to safety and privacy when receiving intimate care. Additional vulnerabilities that may arise from a physical disability or learning difficulty must be considered with regard to individual teaching and care plans for each child. As with all arrangements for intimate care needs, agreements between the child, those with parental responsibility and the organisation should be easily understood and recorded.

Regardless of age and ability, the views and/or emotional responses of children with special needs should be actively sought (with advocacy arrangements made for those who can't) in regular reviews of these arrangements.

## **Providing comfort or support to a child**

There are situations and circumstances where children seek physical comfort from staff (particularly children in Early Years). Where this happens staff need to be aware that any physical contact must be kept to a minimum. When comforting a child or giving reassurance, staff must ensure that at no time can the act be considered intimate. If physical contact is deemed to be appropriate, staff must provide care which is professionally appropriate to the age and context. 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. If a child touches a member of staff, as noted above, this should be discussed, in confidence with the Designated Safeguarding Lead.

## **Swimming**

Children are entitled to respect and privacy when changing their 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, teasing or other unacceptable behaviour does not occur. Where a child needs additional support for changing parental permission will be sought. Showering Children are entitled to respect and privacy when changing their clothes or taking a shower. 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, teasing or other unacceptable behaviour does not occur. This means that staff should announce their intention of entering changing rooms, avoid remaining in changing rooms unless pupil needs require it, avoid any physical contact when children are in a state of undress and avoid any visually intrusive behaviour. Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is present. However, this may not always be possible and therefore Staff need to be vigilant about their own conduct.

## **Residential Trips**

Residential educational visits are an important part of our Primary school experience. Particular care is required when supervising pupils in this less formal setting. As with Extra-Curricular activities, although more informal relationships in such circumstances tend to be usual, staff are still guided by our safeguarding procedures and behaviour policies. Some specific intimate care issues may arise in a residential context.

## **Guidance to safeguard children and education staff with regard to situations which may lend themselves to allegations of abuse (Physical contact, Restraint, Pupils in Distress, first aid and out of school activities)**

### **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 be open to scrutiny.

Physical contact which is repeated with an individual child or young person is likely to raise questions unless the justification for this is formally agreed by the child, the organisation and those with parental responsibility.

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. Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported.

Extra caution may be required where a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to staff vulnerable to allegations of abuse. Additionally, many such children are extremely needy and seek out inappropriate physical contact. In such circumstances staff should deter the child without causing them a negative experience. Ensuring that a witness is present will help to protect staff from such allegations.

### **Restraint**

There may be occasions where it is necessary for staff to restrain children physically to prevent them from inflicting damage on either themselves, others or property.

In such cases only the minimum force necessary should be used for the minimum length of time required for the child to regain self-control.

In all cases of restraint the incident must be documented and reported.

Under no circumstances would it be permissible to use physical force as a form of punishment, to modify behaviour, or to make a pupil comply with an instruction. Physical force of this nature can, and is likely to, constitute a criminal offence.

## **Pupils in distress**

There may be occasions when a distressed pupil needs comfort and reassurance that may include physical touch such as a caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and not subject to misinterpretation.

Judgement will need to take account of the circumstances of a pupil's distress, their age, the extent and cause of the distress. Unless the child needs an immediate response, staff should consider whether they are the most appropriate person to respond. It may be more suitable to involve the child's relative or class teacher.

Particular care must be taken in instances which involve the same pupil over a period of time.

Where a member of staff has a particular concern about the need to provide this type of care and reassurance they should seek further advice, from their line manager or other appropriate person.

## **First Aid and intimate care**

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.

## **Physical Education and other skills coaching**

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.

Where it is anticipated that a pupil might be prone to misinterpret any such contact, alternatives should be considered, perhaps involving another member of staff or a less vulnerable pupil in the demonstration.

## **Out of school trips, clubs etc.**

Employees should take particular care when supervising pupils in the less formal atmosphere of a residential setting or after-school activity. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of staff will be no different from the behaviour expected within school. Staff involved in such activities should also be familiar with their school's/establishment's policy and all LA Guidance regarding out of school activities.

To ensure pupils' safety, increased vigilance may be required when monitoring their behaviour on field trips, holidays etc. It is important to exercise caution so that a pupil is not compromised and the member of staff does not attract allegations of overly intrusive or abusive behaviour.

## Personal care checklist

Considerations to discuss when admitting a child with intimate care needs.

Considerations to be discussed	Tick if in place	Required
<ul style="list-style-type: none"> <li>• Medical and care advice.</li> <li>• Continence Service/school nursing</li> <li>• Discussion with parents/ carers, leading to written agreement, protocols and care plan - with review schedule.</li> <li>• Training for staff - including safeguarding, manual handling and intimate care.</li> <li>• Risk Assessment.</li> <li>• Update job descriptions</li> <li>• Staff identified and appointed.</li> <li>• Action in case of an emergency</li> <li>• Care plan and review procedure</li> </ul>		
<b>Equipment and resources</b>		
<ul style="list-style-type: none"> <li>• Will existing toilet area require adaptation ?</li> <li>• Is a changing bench needed?</li> <li>• Will rails be needed?</li> <li>• Is hot water available?</li> <li>• Will the pupil require a hoist?</li> <li>• Will the pupil require symbols?</li> <li>• Is there sufficient and appropriate storage?</li> </ul>		
<b>Supplies</b>		
<p>Who will provide if needed?</p> <ul style="list-style-type: none"> <li>• Pads/nappies</li> <li>• Wipes</li> <li>• Spare clothes</li> <li>• <b>Gloves</b></li> <li>• <b>Disposable aprons</b></li> <li>• <b>Plastic bags, if necessary?</b></li> <li>• <b>Hand wash and chlorine based surface disinfectant</b></li> </ul>	<p>normally parents</p> <p>normally setting</p>	
<b>Additional information</b>		
Checklist completed by (signature).....date.....		
Full name ..... Role/Job title .....		
Name and signature of parent/carer .....		
Date of creation of record .....		
Anticipated review date .....		

## Permission for School to provide intimate Care

Child's last	
Child's first	
Male/Female	
Date of Birth	
Parent/Carers	
Address	

I understand that;

I give permission to the school to provide appropriate intimate care to my child

E.g. changing, toileting, feeding, showering, medical support or other.

I wish to advise you that I would like the following to be the approach to this:

Special arrangements for my child should be as follows

I will advise the head teacher of any medical issues which impact on the intimate care of my child.

The medical issues are

Name .....

Signature .....

Relationship to child .....

Date .....