



Clarendon Primary School & Children's Centre
Intimate Care Policy
'Doing our best to achieve our best'

Context

This policy follows the guidance laid down in the Surrey Policy on Touch and the use of Restrictive Physical Intervention and associated guidance and should be read in conjunction with the school's nappy changing policy.

For definitions of Intimate and Personal Care, please refer to Appendices A and B.

Background

An increasing number of children with disabilities and medical needs are being included in mainstream schools. Some of these children may require assistance from time to time with intimate care tasks, especially those relating to toileting. Other children may also experience difficulties with toileting for a variety of reasons. Babies are too young to toilet independently and will need care to ensure they are comfortable.

Clarendon Primary School and Children's Centre main concern is to address the needs of all children to help them achieve their full potential, to be fully included in our school and centre community and to experience success. We work in partnership with families and encourage and support the involvement and inclusion of all children. It is for this reason that we have an Intimate Care Policy. Clarendon Primary School & Children's Centre's Intimate Care and Toileting Policy follows the guidance provided by Surrey County Council.

Policy aims:

- To safeguard the rights and promote the welfare of babies, children and young people.
- To provide guidance and reassurance to staff.
- To assure parents and carers that staff are knowledgeable about personal care and that their individual concerns are taken into account.
- To remove barriers to learning and participation, protect from discrimination, and ensure inclusion for all babies and children.
- To check nappies at regular intervals and change when required.
- To ensure nappies are changed promptly when wet or soiled.

Key policy principles followed when supporting a baby or child with intimate care tasks:

- Children have a right to feel safe and secure.
- Children have a right to an education and schools have a duty to identify and remove barriers to learning and participation for pupils of all abilities and needs.
- Children should be respected and valued as individuals.
- Children have a right to privacy, dignity and a professional approach from staff when meeting their needs.
- Children have the right to information and support to enable them to make appropriate choices.
- Children have the right to be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs.
- Children have the right to express their views and have them heard.

- Any support provided or plan developed should be designed to lead to independence.
- The school and children's centre has a complaint procedure that can be implemented if required / requested.

General practice principles

- Staff who work with babies, young children or children who have special needs will realise that the issue of intimate care is a difficult one and will require staff to be respectful of the child's needs.
- Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene.
- When supporting any child with intimate care tasks, their dignity will be preserved and an appropriate level of privacy, choice and control will be provided to them. Staff, who provide intimate care to children, have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at Clarendon work in partnership with parents/carers to provide continuity of care to children wherever possible.
- As part of Personal, Social and Health Education, staff deliver a full personal safety curriculum to all children, as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce these personal safety messages within the home.
- Clarendon Primary School and children's centre are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect when any intimate care support is given and that no child should be attended to in a way that could cause distress.
- Where a routine procedure needs to be established, there will be an agreed plan of care involving discussion with school staff, parents or carers, any relevant health personnel involved and, where appropriate, the child.

Our approach to best practice

- All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is always of paramount importance.
- Staff who provide intimate care are aware of best practice.
- Staff will be supported to adapt their practice in relation to the needs of individual children or babies taking into account their current and future developmental stage.
- There is always careful communication with each child who needs help with intimate care. This is always in line with their preferred means of communication and focuses on discussing individual needs and preferences.
- The main basic principle always followed by staff is that 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 as they can for themselves.
- Each child's right to privacy will be respected. Where possible, one child will be cared for by one adult unless there is a sound reason for having two adults present.
- Protection for a single member of staff is facilitated in the following ways:
 - Staff supporting a child with an 'intimate' care task will discreetly notify the teacher, line manager or other member of staff that they are taking the child/young person off to carry out a personal care procedure.
 - A signed record is made. This includes the date, time and details of any intervention required that is not part of an agreed routine.
 - If a situation occurs which causes personal care staff embarrassment or concern, a 2nd member of staff should be called, if necessary, and the incident reported and recorded.

Appendix D provides further examples of points considered when supporting a child with intimate care tasks.

Working with parents and any other outside agencies involved

Parents/carers will be involved with their child's intimate care arrangements on a regular basis. The needs and wishes of children and parents/carers will be carefully considered alongside any possible constraints and best practice guidelines provided by Surrey County Council. Where doubt or questions arise, further advice will always be obtained from the school nurse or other appropriate Surrey County Council Professional.

Babies, children, and young people with special care needs or disabilities will often be known to a range of other agencies. In these cases it is important that positive links are made with all those involved in the care or welfare of individual children/young people. This will enable our support arrangements to take account of the knowledge, skills and expertise of other professionals and will ensure the child/young person's well-being and development remains the focus of concern. As a school we believe it is good practice to identify a named member of staff to co-ordinate links with other agencies. This person is likely to be the SENCO (Special Educational Needs Co-ordinator) or school's welfare assistant.

Respecting religious and cultural beliefs

Religious and cultural values are always taken into account when making arrangements for managing intimate/personal care needs of children and babies. With this in mind, stereotypes are always challenged.

Staff begin this process by simply asking questions about the child being supported & try to discover things about their background & experience. In the case of a baby we would ask the parents. (These are subsequently built into any support arrangements given.)

The protection of children

- Child Protection procedures will be accessible, and adhered to, by all staff.
- 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 Safeguarding Leads (DSL). A clear record of the concern will be completed and referred if necessary.
- If a member of staff is concerned about a child's actions or comments whilst carrying out the personal care procedure, this should also be recorded and discussed with a line manager immediately.

The guidelines from this policy will be adhered to in cases where a child might have had an isolated 'accident' at school or where there is a need for daily care. In all cases, staff will administer Intimate Care only when parent/carer consent has been given.

Review

Date discussed by staff :	Autumn term 2015
Date reviewed by governing body:	Autumn term 2015
Date due for review :	Autumn term 2018

Sources

This policy has been created using Surrey County Council's Guidance for Intimate Care and Toileting. Revised July 2014

APPENDIX A

Definition of intimate care

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body. Help may also be required with changing colostomy or ileostomy bags, managing catheters, stomas or other appliances. In some cases, it may be necessary to administer rectal medication on an emergency basis.

Intimate care tasks specifically identified as relevant include:

- Dressing and undressing (underwear)
- Helping someone use the toilet
- Changing continence pads (faeces)
- Changing continence pads (urine)
- Bathing/showering
- Washing intimate parts of the body
- Changing sanitary wear
- Inserting suppositories
- Giving enemas
- Inserting and monitoring pessaries.
- Intimate care and toileting

APPENDIX B

Definition of personal care

Personal care generally carries more positive perceptions than intimate care. Although it may often involve touching another person, the nature of this touching is more socially acceptable, as it is less intimate and usually has the function of helping with personal presentation and hence is regarded as social functioning. These tasks do not invade conventional personal, private or social space to the same extent as intimate care and are certainly more valued as they can lead to positive social outcomes for people.

Those personal care tasks specifically identified as relevant here include:

- Skin care/applying external medication
- Feeding
- Administering oral medication
- Hair care
- Dressing and undressing (clothing)
- Washing non-intimate body parts
- Prompting to go to the toilet.

Personal care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of disability or medical need. Children and young people may require help with eating, drinking, washing, dressing and toileting.

This guidance is not prescriptive but is based on the good practice and practical experience of those dealing with such children and young people.



APPENDIX C

Consent for Intimate Care delivered by staff at Clarendon Primary School and Children's Centre

I / we give consent for intimate care to be given to our child.....(name) when the need arises.

Signed

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Date

Useful notes on changing / intimate care routine:

APPENDIX D

Further examples of points considered when supporting a child with intimate care tasks

- Get to know the child beforehand in other contexts to gain an appreciation of his/her mood and systems of communication.
- Have a knowledge of and respect for any cultural or religious sensitivities related to aspects of intimate care.
- Speak to the child by name and ensure they are aware of the focus of the activity.
- Address the child in age appropriate ways.
- Give explanations of what is happening in a straightforward and reassuring way.
- Agree terminology for parts of the body and bodily functions that will be used by staff and encourage children to use these terms appropriately.
- Respect a child/young person's preference for a particular sequence of care.
- Give strong clues that enable the child to anticipate and prepare for events e.g. show the clean nappy/pad to indicate the intention to change, or the sponge/flannel for washing.
- Encourage the child to undertake as much of the procedure for themselves as possible, including washing intimate areas and dressing/undressing
- Seek the child's permission before undressing if he/she is unable to do this unaided.
- Provide facilities that afford privacy and modesty.
- Keep records noting responses to intimate care and any changes of behaviour.

APPENDIX E

Procedure for staff to follow When Changing Nappies

Changing procedures followed by staff:

- Prepare the changing mat by cleaning it with antibacterial spray.
- Ensure the following items are ready before changing a child's nappy; clean nappy, wipes and nappy cream if required. (**N.B** - where cream is used the child should have their own named cream and written permission obtained from the parent).
- Approach the child and say or sign that it's time for a nappy change.
- Wash and dry your hands and put on a pair of disposal gloves/disposable apron. (**N.B** - staff must put a fresh set of gloves on for every child that has a nappy changed.)
- Support the child on to the nappy changing unit using the 'steps'.
- Remove the child's clothing to access the nappy.
- Staff members will then remove the child's nappy and clean the area, always from front to back using wipes and cream provided by the parents/carers. The member of staff must ensure the child is clean and comfortable by putting on a clean nappy and a clean set of clothes if required.
- If the child's clothes are soiled, they should be bagged separately and sent home, they should not be rinsed by hand.
- The staff member must then wash the changing table with antibacterial spray.
- Soiled nappies will be placed into a tie handle bag then placed into the designated nappy bin.
- The staff member must then place the used gloves in the bin provided and wash their hands with liquid antibacterial soap and running water and then dry them on a disposable paper towel.
- Staff will help the child to wash their hands using liquid soap, warm water and paper towel and then take them back to the nursery room to continue with their activities / play.
- Return to the nappy changing area, clean the changing mat, surrounding area and underneath the mat before leaving to dry.

Toilet trained/training

- If a child is old enough to meet his own toileting needs, the staff member can support the child according to age and ability to use a potty or toilet, ensure they are comfortable, clean and dry and have washed their hands afterwards.
- When changing a child the staff member will wear a disposable apron and clean gloves. To also wash hands after changing and cleaning the child and to engage the child in cleaning their hands as well.
- If a child needs changing the member of staff must ensure the child is clean and comfortable by cleaning the child and by putting a clean set of clothes on. Any wet/soiled clothes will be placed in a bag to be sent home.
- Staff members will also ensure that potties are available for children being toilet trained and cleaned with antibacterial cleaner after every use.

Parental Responsibilities

At Clarendon Primary School we work in partnership with parents and ask them to assist us by ensuring the following:

- Parents understand and agree the procedures that will be followed when their child is changed at school.
- Parents must sign a consent form granting permission for their child's nappy to be changed.

- The school requires parents to supply nappies, wipes and sundries that will be used and applied as necessary.
- Parents understand that they will be asked to collect their child from school if their child shows symptoms of illness or indications of ill health.
- Parents must send their child in nappies or protective underwear until they are dry and clean the majority of the time.