

## Cheadle Catholic Infant School Intimate Care Policy

Version	Author	Policy approved by	Approval date	Review date
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## **Introduction**

Cheadle Catholic Infant School is committed to safeguarding & promoting the welfare of children. We are committed to ensuring staff responsible for intimate care of children will undertake their duties in a professional manner at all times. The Intimate Care Policy has been developed to safeguard children and staff.

Intimate care may be defined as an activity required to meet the personal care needs of each individual child in partnership with the parent, carer and the child. In school this may occur on a regular basis or during a one-off incident. Intimate care is any care which involves one of the following:

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

\*As per the Managing Medical Needs Policy in the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure.

## **Principles of Intimate Care**

No child should be attended to in a way that causes distress and staff must be sensitive to each child's individual needs. The following are the fundamental principles of intimate care upon which our policy guidelines are based as applicable:

- Every child has a right to be safe
- Every child has the right to personal privacy
- Every child has the right to be valued as an individual
- Every child has the right to be treated with dignity and respect
- All children have the right to be involved & consulted in their own intimate care and to have their views taken into account
- Every child has the right to have levels of intimate care that are appropriate & consistent

## **Parental Responsibility**

Parents/ carers must endeavour to ensure their child is continent before admission to school/ nursery (unless the child has additional needs). Parents/

carers must inform school if a child is not fully toilet trained before starting school, after which a meeting will be arranged to discuss their child's needs. It is expected that most children should be able to carry out personal tasks for themselves.

Partnership with parents is of importance when managing children's intimate care needs. It is important that parents:

- Discuss any concerns with staff about their child's intimate care or toileting needs prior to the child starting school/nursery
- Accept that on occasions their child may need to be collected from school
- Provide wipes and changes of clothing for any child with a personal toileting need.

### **Assisting a child to change his/her clothes:**

This is more common in the Early Years Foundation Stage. On occasions an individual child may require some assistance with changing if, for example, he/ she has a toileting accident, gets wet outside or has vomit on his/ her clothes.

Staff will always encourage children to attempt dressing and undressing 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 give the child the opportunity to change in private, unless the child is in distress and this is not possible. If staff are concerned in any way parents will be sent for and asked to assist their child.

### **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 whether to 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.

Intimate care routines should always take place in an area which protects the child's privacy & dignity by an assigned member of staff.

The following guidelines outline our procedures but we will also seek to make age appropriate responses.

- Another member of staff should be alerted to ensure that protocol is followed appropriately
- Appropriate equipment & clothes should be collected before escorting the child to a designated area.
- Toilets should be cleared and blocked for use by others during the process
- The child will be given the opportunity to change his/her underwear in private and carry out this process independently.

- Dependant on age and circumstances if a child is not able to complete this task unaided, school staff will attempt to contact the emergency contact to inform them of the situation.
- If the emergency contact 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, avoiding further stress and preserving dignity.
- If the emergency contact cannot attend, school will seek verbal permission for staff to change the child. If none of the contacts can be reached the Headteacher will be consulted and the decision taken on the basis of loco-parentis and our duty of care to meet the child's needs.
- If a child is heavily soiled parents/ carers are requested to collect the child and take him/her home for a shower or bath before returning the child to school.
- If the incident is believed to be due to illness or infection parents/carers will be requested to keep the child off school for 48 hours after symptoms have passed.

#### **Safeguarding Guidelines:**

- Ensure that the action you are taking is necessary
- Get verbal agreement to proceed
- Ensure the child is happy with who is changing him/her
- Be responsive to any distress shown

#### **Basic hygiene routines:**

- Always wear protective disposable gloves and apron
- Double bag soiled clothing for return to parents
- Area to be cleaned & disinfected by adult
- Ensure appropriate hand washing (child and adult)

All intimate care incidents should be recorded in the intimate care file stored in the medical room, out of sight of visitors and parents.

#### **Special Needs:**

The school recognises that some children may arrive at school with under developed toilet training skills. **If a child is not toilet trained/ able to use the toilet independently because of a disability his/her rights to inclusion are additionally supported by the SEN & Disability Act 2001 & Part iv of the Disability Discrimination Act.**

If a child's toileting needs are substantially different than those expected of a child his/her age, an individual toileting plan will be agreed with parents. The SEN coordinator may signpost parents to support or make a referral so that an assessment can be made where there is no progress over time.

The management of all children with intimate care needs will be carefully planned. Where specialist equipment & facilities above that currently available in school are required, every effort will be made to ensure appropriate provision in a timely fashion, following assessment by a Physiotherapist and/or Occupational Therapist.

### **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 should be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable. Any instances of this should be discussed, in confidence with the Designated Safeguarding Lead.

### **Medical Needs:**

Our Managing Medical Conditions in School Policy outlines arrangements for the management and administration of medicines in school.

A small number of children will have specific medical needs and in addition to the Managing Medical Needs Policy will have an Individual Healthcare Plan. This plan will be formulated by the School Nurse in conjunction with the parents and the school. Staff will receive appropriate training as required.

### **School Staff:**

Only those members of staff who are familiar with the Intimate Care Policy and the contents of the School Safeguarding Handbook should be involved in the intimate care of children.

Where anticipated intimate care arrangements are agreed between the school and parents and when appropriate the child, consent forms are signed by the parent and stored by the teacher.

If a staff member has concerns about a colleagues intimate care practice he or she must report this to the Designated Safeguarding Lead.

### **Good Practice Guidelines:**

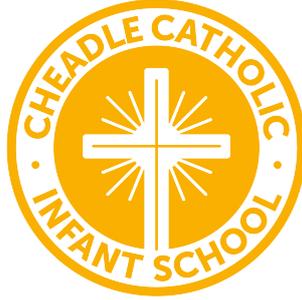
- Involve the child in intimate care. Talk about what is being done or going to be done and where possible give choices. Ask the parent or child about any preferences while carrying out intimate care.

- Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.
- **Do not work alone to provide intimate care to a child.**
- Make sure practice in intimate care is consistent.
- A child may have multiple carers so a consistent approach, achieved through effective communication between all parties is essential.
- Be aware of your own limitations. Only carry out activities you understand and feel competent with. If in doubt, ask. Some procedures e.g. medical must only be carried out by members of staff who have been fully trained and assessed.
- Promote positive self-esteem and body image. Confident, self-assured children who feel their bodies belong to them are less vulnerable to sexual abuse. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.
- If you have any concerns you must report them. If you observe any unusual markings, discolouration or swelling report it immediately to the Designated Safeguarding Lead.
- If a child is accidentally hurt during intimate care or misunderstands/ misinterprets something, reassure the child, ensure his/ her safety and report the incident immediately to the Designated Safeguarding Lead. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's file.

### **Key Roles:**

The Designated Safeguarding Lead in our school is Pamela Glynn.  
The Deputy Designated Safeguarding Leads are Claire lees & Debbie Dixon.

Teachers, Teaching Assistants and designated Learning Support Assistants will carry out intimate care in our school. Every situation will depend on the context and whether a designated trained person is required for the situation.



## Appendix 1

### Parental Permission for Intimate Care

Should it be necessary, I give permission for:

\_\_\_\_\_ to receive intimate care (e.g. help with changing or following toileting.)

I understand that staff will endeavour to encourage my child to be independent.

I understand that I will be informed directly should the occasion arise.

I will come to school to attend my child's intimate care needs if requested by staff.

Signed: \_\_\_\_\_

Adult with parental responsibility for:

\_\_\_\_\_

Date: \_\_\_\_\_





Where the care will be carried out:

Equipment/resources required to safely carry out the procedures:

Infection control procedures in place:

Disposal procedures in place:

Actions that will be taken if any concerns arise:

Parent's responsibility to provide:

Name of parent:	Signature:	Date:
Name of SENCO:	Signature:	Date:
Name of Teacher:	Signature:	Date:

Signed by Headteacher

Date \_\_\_\_\_

Chair of Governors

Date \_\_\_\_\_