

### **INTIMATE CARE POLICY**

#### **This policy supports the following school aims:**

- Understand and accept that we are all individuals and respect each other's differences.
- Care for everyone's well-being.

#### **To achieve this, we need to:**

- Ensure a whole school approach which ensures that the needs of the children are paramount and their rights and privacy are respected.
- Recognise 'intimate care' includes medical and dietary needs, attending to toileting accidents, medical conditions caused by soiling, menstruation, supervising toileting habits and prescribing medication for skin conditions.
- Ensure children are able to express choice and have a positive image of their own body.
- Ensure children feel safe and secure.
- Ensure children are respected and valued as individuals.
- Ensure intimate care procedures minimise any risks associated with intimate care.
- Ensure the procedures are non-discriminatory and that parents of children with disabilities are not asked to do more than their peers who do not have children with disabilities.

#### **Procedures**

All staff carrying out intimate care of children in the school must be aware of and follow the procedures and advice outlined below:

- Any adult involved in intimate care should be DBS checked.
- Any adult involved in intimate care should be a member of the school staff or the pupil's parent, **not** a volunteer or parent helper.
- Ensure they are aware of the Child Protection Policy and procedures in place within the school.
- If concerned about a child's actions or comments whilst carrying out intimate care, staff should alert members of the school safeguarding team and record the incident on the school's safeguarding system.
- Children who need changing during lesson time, lunch and break times due to a toileting accident and/or the child is not toilet trained, should be changed in the nearest appropriate toilet or the disabled toilet to allow for privacy and/or supervision.
- Children still undergoing toilet training or who require ongoing toileting support should have all necessary materials provided as appropriate (e.g. nappies, wipes, change of clothing etc) by the parents, after discussion between school and parents.
- Use the nature of the accident/incident and the knowledge of the child to make a judgement on how many adults should be involved in intimate care. It is advisable to have two adults in attendance where the child is identified as vulnerable, is on the Child Protection Register or where knowledge of the child or family indicates that there could be difficulties or allegations made.
- Consider the dignity of the child and allow them to decide on how they are assisted. Ask the following if relevant:

Would you like some help?

Would you like me to help you?

Would you like me to come with you and wait outside the door in case you need any help?

- (NB If staff suspect soiling and it is denied by the child the matter should be referred to the parent for advice-usually by a telephone call)
- A child's refusal to allow themselves to be changed will result in an immediate telephone call to inform parents. Parent /carer can choose to visit the school to change the child or take them home to change-then return to school.
- Ensure another member of staff, preferably the class teacher if during lesson time, knows that you are withdrawing the child and why.
- Speak to the child by name and explain what is happening. Ensure privacy appropriate to the child's age and situation.
- If children can change themselves, wait outside the door with the younger children and reassure them you are there. If the child is mature enough, offer the option of going alone without an adult. Professional judgement should be used.
- Be aware and responsive to the child's reactions if assisting with intimate care.
- Ensure any religious and cultural values are taken into account.
- Ensure spare clothing is readily available e.g. classroom, medical room or disabled toilets.
- If washing is required, use a disposable cloth. Encourage the child to wash any intimate parts of the body with antibacterial flushable wipes.
- Any injuries needing intimate care should be dealt with sensitively by First Aiders. The Headteacher, Deputy Headteacher or SENCO should be called in such circumstances and parents will be requested to attend as appropriate.
- Gloves should be used in assisting in any form of intimate care (kept with wipes).
- Dispose of any used items appropriately in tied plastic bags. Nappies must go into a specified nappy bin.
- If necessary, clean and disinfect any soiled surfaces with antibacterial fluid once the child has returned to the classroom.
- Inform the Site Manager if any cleaning has occurred.
- If a child has need of support or reassurance after the incident, an appropriate space should be used.
- Record all incidents of intimate care on Medical Tracker and send email notification to parent / carer.
- See below for procedures regarding children who require daily or regular intimate care.
- Confidentiality should be maintained at all times between child, school and parent / carer although it should be recorded on Medical Tracker.
- Staff with concerns over any aspect of intimate care should discuss these with the Headteacher, Deputy Headteacher or SENCO.

### **Regular Occurrences**

- If the child has an ongoing problem that requires intimate care procedures, the School Nurse plus Headteacher, Deputy Headteacher or SENCO should be informed so that an Individual Health Care Plan can be prepared and shared with parents.
- Children with special medical needs who need changing on a daily basis will be recorded on Medical Tracker and an email notification will be sent to parent / carer.

### **Parents and carers**

- If the child has been assisted with intimate care, parent / carer will be informed via an email notification via Medical Tracker. Alternatively, a telephone call may be more appropriate e.g. periods starting.
- Parent / carer will be able to view the policy at any time.

### **Reviewed annually**