

Staploe Education Trust

Excellence through partnership



INTIMATE CARE POLICY

Policy owned by Kennett and The Shade Advisory Body, and The Weatheralls Advisory Body	
Version:	1.1
Author:	Headteacher
Date:	Spring 2019
Review Date:	Spring 2020



Policy statement

The Advisory Body will act in accordance with Section 175 of the Education Act 2002 and 'Safeguarding Children and Safer Recruitment in Education' (DfES 2006) to safeguard and promote the welfare of pupils at this school.

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.

The Advisory 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.

Staploe Education Trust 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.

Staploe Education Trust recognise 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.

No child is excluded from participating in our setting who may, for any reason, not yet be toilet trained and who may still be wearing nappies or equivalent. We work with parents towards toilet training, unless there are medical or other developmental reasons why this may not be appropriate at the time.

We make necessary adjustments to our bathroom provision and hygiene practice in order to accommodate children who are not yet toilet trained.

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

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. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing. It also includes supervision of children involved in intimate self-care.

All parents/carers sign data collection forms that include a statement about intimate care. a permission form for the setting to provide intimate care for their child. See Annex 1- This permission form is kept with the child's records.

Best Practice

Staff who provide intimate care at Staploe Education Trust are trained to do so including in child protection and health and safety training in moving and handling (which can be provided by the appropriate LA officers/advisers) and are fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate.

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.

As an additional safeguard, staff involved in meeting intimate care needs will not usually be involved with the delivery of sex education to the same children, wherever possible.

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.

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.

Children who require regular assistance with intimate care may have a Child Support Plan (CSP) or Education Health Care Plan (EHCP) agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists.

Where a care plan or CSP is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg: 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 letter.

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 one-to-one should be employees of the school and have relevant DBS checked at the appropriate level.

It is not always practical for two members of staff to assist with an intimate procedure and also this does not take account of the child's privacy. It is advisable, however, for a member of staff to inform another adult when they are going to assist a child with intimate care.

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.

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 supporting boys in a primary school if no male staff is available. Male members of staff should not normally provide routine intimate care (such as toileting, changing or bathing). This is safe working practice to protect children and to protect staff from allegations of abuse.

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.

All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

If necessary, advice should be taken from the local council regarding disposal of large amounts of waste products.

Toilet Training & Nappy Changing Procedures

- Staff endeavour to check all non or recently toilet trained children around mid-morning, lunch and mid-afternoon, plus if any signs of soiling/wetting are presented.
- Young children from two years should wear pull-ups or other types of trainer pants as soon as they are comfortable with this and their parents/carers agree.
- Parents/carers will provide pull-ups, baby wipes and cream for their own children.
- Key persons undertake changing young children in their key groups; back up key persons change them if the key person is absent.
- Changing areas are warm and there are safe areas to lay young children if they need to be cleaned.
- Gloves and aprons are put on before changing starts and the areas are prepared.
- Paper towel is put down on the changing mat freshly for each child.
- All staff are familiar with the hygiene procedures and carry these out when changing nappies.
- In addition, key persons explain fully each task that is carried out, and the reason for it.
- Staff encourage children to do as much for themselves as they can, lots of praise and encouragement will be given to the child when they achieve.

Nappies and pull-ups are disposed of hygienically. Any faeces in nappies or pull-ups are flushed down the toilet and the nappy or pull-up is double bagged and put in the bin. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are

bagged for the parent/carer to take home. If young children are left in wet or soiled nappies or pull-ups in the setting this may constitute neglect and will be a disciplinary matter. Settings have a 'duty of care' towards children's personal need.

We ask parents/carers to bring in the child's own spare set of clothes in a bag which they can hang on their peg. If clothes have been donated by parent they will be labelled inside with an indelible 'S' for easy identification.

Children are always encouraged to use the toilet and if they have had an 'accident' to change themselves if possible.

Urine, faeces, blood and vomit will be cleaned up immediately and disposed of safely into the nappy bins. When dealing with body fluids, staff wear protective clothing (disposal plastic gloves and aprons) wash themselves thoroughly afterward. Soiled/wet children's clothing will be bagged to go home.

All staff maintain high standards of personal hygiene, and will take all practicable steps to prevent and control the spread of infection.

Partnership with Parents/Carers

When toilet training children we have high expectations and approach the whole subject in a calm and non-blaming way. Little attention is given to continual wetting or soiling and positive reinforcement given when the child manages to use the toilet or stay dry. Simple explanations are given to the child about why it is so good to stay clean and dry. These principles can be shared with parents/carers who may need support in this area.

Parent sign intimate care permissions as part of data collection when children start school. This covers any intimate care to be carried out by staff in the event of an emergency or routinely.

We would hope to talk about any or all aspects of toilet training with parents at all stages to keep them fully informed about progress or concerns at school.

Parents will be called where extensive cleaning of their child is required, as a result of soiling.

Child Protection

The Advisory Body members and staff at Staploe Education Trust recognise that children with special needs and disabilities are particularly vulnerable to all types of abuse.

Staff are trained on the signs and symptom of child abuse and are aware of the DFES booklet 'What to do if you think a child is being abused' and the Trust's Safeguarding and Child Protection Policy and will follow the guidance given.

If a member of staff is concerned about any physical or emotional changes, such as marks, bruises, soreness, distress etc. they will inform the Designated Safeguarding Lead immediately. The Safeguarding Policy will then be implemented.

Should a child become unhappy about being cared for by a particular member of staff, a senior member of staff will look into the situation and record any findings. These will be discussed with the child's parents/carers in order to resolve the problem.

If a child makes an allegation against a member of staff, the procedure set out in the Safeguarding Policy will be followed.

The school's safeguarding policy will be accessible to staff must be adhered to. From a safeguarding 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.

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

Record Keeping

It is good practice for a written record to be kept in an agreed format every time a child requires assistance with intimate care, including date, times and any comments such as changes in the child's behaviour. It should be clear who was present.

Where accidents are more frequent each child will have their own record sheet to record patterns in toileting and if required to hand onto parents, GP or school nurse. See Annex 1

This policy will be reviewed annually. This review may be brought forward as required by the Trust to reflect changes in supporting advice/guidance

