

Bomere and the XI Towns Federation

'With God all things are possible'

Matthew 19:26

Our school nurtures all pupils and those in our school community to flourish as individuals; educationally, spiritually and morally, promoting Christian values through the experience we offer to all. Our core Christian values are Hope, Love and Respect.



A STATEMENT OF POLICY

INTIMATE CARE

(Including Early Years)

The following policy is a result of staff, parent, governor and pupil discussion, workshops, training, development and review of practice, and is based on LA guidance.

Date; January 2020

Contents:

Statement of intent

1. Legal framework
2. Definitions
3. Health and safety
4. Staff and facilities
5. School responsibilities
6. Parental responsibilities
7. Safeguarding
8. Swimming
9. Offsite visits
10. Policy review

Appendices

- a) Record of Intimate Care Intervention
- b) Toilet Management Plan
- c) Agreement between Pupil and Personal Assistant
- d) Intimate Care Parental Consent Form
- e) Toilet Introduction Procedures

Statement of intent

Bomere and the XI Towns Federation takes the health and wellbeing of its pupils very seriously. As described in the Supporting Pupils with Medical Conditions Policy, the school aims to support pupils with physical disabilities and illnesses to enable them to have a full and rich academic life whilst at school.

The governing board recognises its duties and responsibilities in relation to the Equality Act 2010, which states that any pupil with an impairment affecting their ability to carry out normal day-to-day activities must not be discriminated against.

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.

Pupils will always be treated with care and respect when intimate care is given, and no pupil will be left feeling embarrassed.

From a child protection 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

Signed by:

J Ball

Headteacher

Date: 6th January 2020

K Lister

Chair of governors

Date: 6th January 2020

0. Legal framework

This policy has due regard to relevant legislation and guidance, including, but not limited to, the following:

- Children and Families Act 2014
- Safeguarding Vulnerable Groups Act 2006
- Education Act 2011
- Childcare Act 2006
- Education Act 2002
- The Control of Substances Hazardous to Health Regulations 2002 (as amended in 2004)
- Health Act 2006
- Equality Act 2010
- DfE (2019) 'Keeping children safe in education'

This policy will be implemented in conjunction with the school's:

- Health and Safety Policy
- Supporting Pupils with Medical Conditions Policy
- Child Protection and Safeguarding Policy
- Staff Code of Conduct
- Whistleblowing Policy
- Administering Medication Policy

1. Definitions

1.1. For the purpose of this policy, “**intimate care**” is the hands-on, physical care in personal hygiene, as well as physical presence or observation during such activities and may involve the following:

- Washing
- Body bathing other than to the arms and face, and to the legs below the knee
- Application of medical treatment other than to the arms and face, and to the legs below the knee
- Toileting, wiping and care in the genital and anal areas
- Dressing and undressing
- Carrying out an invasive procedure
- Changing a child who has soiled themselves

- Providing oral care
- Feeding
- Assisting in toilet issues
- Providing comfort to an upset or distressed pupil

Intimate care tasks are associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with, or exposure of, the genitals.

Examples of intimate care include support with dressing and undressing (underwear), changing incontinence pads, nappies or medical bags such as colostomy bags, menstrual hygiene, helping someone use the toilet, or washing intimate parts of the body.

Pupils may be unable to meet their own care needs for a variety of reasons and will require regular support.

2. Health and safety

The Health and Safety Policy lays out specific requirements for cleaning and hygiene, including how to deal with spillages, vomit and other bodily fluids.

Any member of staff that is required to assist a pupil with changing a medical bag will be trained to do so and will carry out the procedure in accordance with the Supporting Pupils with Medical Conditions Policy.

Staff will wear disposable aprons and gloves while assisting a pupil in the toilet or while changing a nappy, incontinence pad or medical bag.

Soiled nappies, incontinence pads and medical bags will be securely wrapped and disposed of appropriately.

Where one pupil requires intimate care/toileting, nappies, incontinence pads and medical bags will be disposed of in an ordinary bin, as per health and safety guidelines.

Where more than one pupil requires intimate care, nappies, incontinence pads and medical bags will be disposed in line with current legislative guidelines:

The changing area or toilet will be left clean.

Hot water and soap are available to wash hands.

Paper towels are available to dry hands.

3. Staff and facilities

Staff members who provide intimate care are trained to do so, and are fully aware of best practice. Suitable equipment and facilities will be provided to assist pupils who need special arrangements following assessment from a physiotherapist or occupational therapist. This may include the following:

- Adjustable bed
- Changing mat
- Non-slip step
- Cupboard
- Adapted toilet seat or commode seat
- Hoist
- Swivel mat
- Disposable gloves/aprons
- Nappies, pads and medical bags
- Tissue rolls (for changing mat/cleansing)
- Supply of hot water
- Soap
- Barrier creams
- Antiseptic cleanser for staff
- Antiseptic cleanser for the changing bed/mat
- Clinical waste bag
- Spillage kit

The school has two extended disabled toilet facilities with a washbasin and two changing areas.

Mobile pupils will be changed while standing up.

Pupils who are not mobile will be changed on a purpose-built changing bed or changing mat on the floor.

Staff will be supported to adapt their practice in relation to the needs of individual pupils, taking into account developmental changes such as the onset of puberty or menstruation.

Massage; massage is now commonly used with children who have complex needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation. Staff at St John the Baptist CE Primary School are involved in delivering aspects of programmes devised by therapists. It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and children.

Any members of staff who administer first aid should be appropriately trained. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

Physiotherapy; children who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the PCP or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes. Adults (other than the physiotherapist) carrying out physiotherapy exercises with pupils should be employees of the school. Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

4. School responsibilities

The headteacher is responsible for:

- 4.1.1. Ensuring that intimate care is conducted professionally and sensitively.
- 4.1.2. Ensuring that the intimate care of all children is carefully planned, including the creation of individual plans following discussions with the parent and the child and with input from the SENCO.
- 4.1.3. Communicating with parents in order to establish effective partnerships when providing intimate care to children.
- 4.1.4. Handling any complaints about the provision of intimate care in line with the school's Complaints Procedures Policy.

Parents/ carers are responsible for:

- 4.1.5. Liaising with the school to communicate their wishes in regard to their child's intimate care.
- 4.1.6. Providing their consent to the school's provision of their child's intimate care.
- 4.1.7. Adhering to their duties and contributions to their child's intimate care plan, as outlined in this policy

Arrangements will be made with a multi-agency to discuss the personal care needs of any pupil prior to them attending the school.

Pupils who require intimate care will be involved in planning for their own healthcare needs wherever possible.

In liaison with the pupil and parents/carers, an individual intimate care plan will be created to ensure that reasonable adjustments are made for any pupil with a health condition or disability.

The privacy and dignity of any pupil who requires intimate care will be respected at all times.

A qualified member of staff will change the pupil, or assist them in changing themselves if they become wet, or soil themselves.

Any pupil with wet or soiled clothing will be assisted in cleaning themselves and will be given spare clothing, nappies, pads, etc., as provided by the parents.

Members of staff will react to accidents in a calm and sympathetic manner.

Accurate records of times, staff, and any other details of incidents of intimate care will be kept, and they will be stored in the school office.

Arrangements will be made for how often the pupil should be routinely changed if the pupil is in school for a full day, and the pupil will be changed by a designated member of staff.

Each child using nappies will have a bag from home daily in which there will be clean nappies, wipes and any other individual changing equipment necessary.

Any soiled clothing will be placed in a tied plastic bag in the child's personal box and will be returned to parents/ carers at the end of the school day.

A minimum number of changes will be agreed.

The family's cultural practices will always be taken into account for cases of intimate care.

Where possible, only same-sex intimate care will be carried out.

Parents will be contacted if the pupil refuses to be changed, or becomes distressed during the process.

Excellent standards of hygiene will be maintained at all times when carrying out intimate care.

Members of staff will use the Toilet Introduction Procedures, as outlined in the appendices of this policy, to get children used to using the toilet and encourage them to be as independent as possible.

5. Parental responsibilities

Parents will change their child, or assist them in going to the toilet, at the latest possible time before coming to school.

Parents will provide spare nappies, incontinence pads, medical bags, wet wipes and a change of clothing in case of accidents.

A copy of this policy will be read and signed by parents to ensure that they understand the policies and procedures surrounding intimate care.

Parents will inform the school should their child have any marks/rashes.

Parents will come to an agreement with staff in determining how often their child will need to be changed, and who will do the changing.

Parents will liaise with the school to communicate their wishes in regard to their child's intimate care.

Parents provide their consent to the school's provision of their child's intimate care.

Parents will adhere to their duties and contributions to their child's intimate care plan, as outlined in this policy

6. Safeguarding

Intimate care is a regulated activity; therefore, only members of staff who have an enhanced DBS certificate with a barred list check are permitted to undertake intimate care duties.

Wherever possible, staff involved in intimate care will not be involved in the delivery of sex education to the pupils in their care as an extra safeguard to both staff and pupils involved.

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.

Individual intimate care plans will be drawn up for pupils as appropriate to suit the circumstances of the pupil.

Each pupil's right to privacy will be respected. Careful consideration will be given to each pupil's situation to determine how many carers will need to be present when the pupil requires intimate care.

If any member of staff has concerns about physical changes to a pupil's presentation, such as marks or bruises, they will report the concerns to the Designated Safeguarding Lead immediately.

7. Swimming

Pupils regularly participate in swimming lessons: during these lessons, pupils are entitled to privacy when changing; however, some pupils will need to be supervised during changing.

Parental consent will be obtained before assisting any pupils in changing clothing before and after swimming lessons.

Special consideration will be taken to ensure that bullying and teasing does not occur.

Details of any additional arrangements will be recorded in the pupil's individual intimate care plan.

8. Offsite visits

Before offsite visits, including residential trips, the pupil's individual intimate plan will be amended to include procedures for intimate care whilst off the school premises.

Staff will apply all the procedures described in this policy during residential and off-site visits.

Meetings with pupils away from the school premises, where a chaperone is not present, will not be permitted, unless approval has been obtained by the Executive Headteacher.

Consent from a parent will be obtained and recorded prior to any offsite visit.

9. Policy review

This policy is reviewed every two years by the Executive Headteacher and the DSL.

The scheduled review date for this policy is January 2022.

Toilet Management Plan

Pupil's name:	Class/year group:
Name of personal assistant:	
Date:	Review date:
Area of need	
Equipment required	
Locations of suitable toilet facilities	
Support required	Frequency of support

Working towards independence

Pupil will try to	Personal assistant will	Parents will	Target achieved date

Signed _____ Parent

Signed _____ Personal assistant

Signed _____ Second member of staff

Signed _____ Pupil (where appropriate)

Agreement between Pupil and Teaching / Personal Assistant

Pupil's name: _____ Class/year group: _____

Name of support staff involved: _____

Date: _____ Review date: _____

Support staff

As the personal assistant helping you with intimate care, you can expect me to do the following:

- When I am the identified person, I will stop what I am doing to help you. I will avoid all unnecessary delays.
- When you use our agreed emergency signal, I will stop what I am doing and come and help.
- I will treat you with respect and ensure privacy and dignity at all times.
- I will ask permission before touching you or your clothing.
- I will check that you are as comfortable as possible, both physically and emotionally.
- If I am working with a colleague to help you, I will ensure that we talk in a way that does not embarrass you.
- I will listen carefully if there is something you would like to change about your Intimate Care Plan.

Pupil

As the pupil who requires help with intimate care, you can expect me to do the following:

- I will try, whenever possible, to let you know a few minutes in advance that I am going to need help with intimate care, so that you can make yourself available and be prepared to help me.
- I will try to use the toilet at break time, or at the agreed times.
- I will only use the agreed emergency signal for real emergencies.
- I will tell you if I want you to stay in the room or stay with me in the toilet.
- I will tell you straight away if you are doing anything that makes me feel uncomfortable or embarrassed.
- I may talk to other trusted people about how you help me. They too will let you know what I would like to change.

Signed: _____ Teaching / Personal assistant

Signed: _____ Pupil

Intimate Care Parental Consent Form

This form is to be completed by the EYFS lead and signed by parents.

Name of child:		Date of birth:	
Name of class teacher:		Class:	

Care requirements, including frequency:

The table below outlines the member of staff responsible for carrying out your child's intimate care programme, as well as the member of staff responsible in their absence:

Name of staff member:	
Name of staff member (in the above staff member's absence):	

Where will the intimate care be carried out?

What equipment/resources will be required?

What infection control procedures are in place?

What disposal procedures are in place?

What actions will be taken if any concerns arise?

What do parents need to provide?

What are the reporting procedures for parents?

I have read the Intimate Care Policy (including Early Years) provided by Bomere and the XI Towns Federation and I agree to the intimate care plan outlined above:

Signature of parent:		Date:	
Signature of EYFS lead:		Date:	

Toilet Introduction Procedures

As children develop bladder control, they will pass through the following three stages:

1. The child becomes aware of having wet and/or soiled pants
2. The child knows that urination/defecation is taking place and can alert a member of staff
3. The child realises that they need to urinate/defecate and alerts a member of staff in advance

During these stages, members of staff will assess the child over a period of two weeks to determine:

- If there is a pattern to when the child is soiled/wet.
- The indicators that the child displays when they need the toilet, e.g. facial expressions.

Staff will implement the following strategies to get children used to using the toilet and being independent:

- Familiarise the child with the toilet, washing their hands, flushing the toilet and referencing other children as good role-models for this practice
- Encourage the child to use the toilet when they are using their personal indicators to show that they may need the toilet
- Take the child to the toilet at a time when monitoring has indicated that this is when they would usually need the toilet
- Ensure that the child can reach the toilet and is comfortable doing so
- Stay with the child and talk to them to make them more relaxed about using the toilet
- Don't force the child to use the toilet if they don't want to, but still encourage them to do so using positive language and praise
- Deal with any accidents discreetly, sensitively and without any unnecessary attention
- Be patient with children when they are using the toilet, and use positive language and praise to encourage them