

# Sibsey Free Primary School

## Intimate Care Policy



Approved by:

Date: October 2023

Last reviewed on: October 2022

Next review due by: October 2025

# **Sibsey Free Primary School**

## **Intimate Care Policy**

Sibsey Free School is committed to providing personal care that has been recognised as an assessed need, as well as general personal care that may be required from time to time for any child within our school. Personal care will be provided in ways that:

- Maintains the dignity of the individual child.
- Is sensitive to the needs of the child and their preferences.
- Maximises safety and comfort.
- Protects against intrusion and abuse.
- Respects the child's right to give or withdraw their consent.
- Encourages the child to care for themselves as much as they are able and protects the rights of everyone involved.

The diversity of individuals is valued and respected.

Arrangements for intimate and personal care will be open and transparent and will be accompanied by a recording system. A signed record will be kept of all intimate and personal care tasks undertaken.

All staff employed by Sibsey Free Primary School have enhanced DBS (Disclosure Barring Service) clearance.

This policy must be read in conjunction with the school's policies on administering medication/special medical needs, and all other relevant policies and procedures.

### **1.0 Introduction**

- 1.1 Staff who work with young children or young people will realise that the issue of intimate care is a difficult one and one which requires staff to be respectful of children's needs.
- 1.2 Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene which demands direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing (or showering).
- 1.3 Children's dignity will be preserved and a high 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/safeguarding issues. Staff behaviour is open to scrutiny and staff at Sibsey Free Primary school work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.
- 1.4 Staff deliver a personal safety curriculum, as part of PSHE/RSE, to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

- 1.5 Sibsey Free Primary School 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. The school recognises that there is a need to treat all children with respect when intimate care is given. No child will be attended to in a way that causes distress or pain.

## 2.0 **Best Practice**

- 2.1 All children who require intimate care are treated with dignity and respect at all times; the child's welfare is of paramount importance.
- 2.2 Staff who provide intimate care will have received appropriate training (including Child Protection/Safeguarding issues, and training in moving and handling when appropriate) and will be made fully aware of best practice. Equipment may be needed to assist with children who need special arrangements.
- 2.3 Any child requiring regular intimate care will have an individual care plan prepared to identify/meet their specific needs. The plan will include a full risk assessment to address issues such as moving and handling, personal safety of the child and the staff, and health.
- 2.4 Any child who is known to regularly need intimate care as a result of regular incidents of wetting/soiling, will need to have a change of clothes provided and available in school.
- 2.5 Parents/Staff will be involved in drawing up arrangements for a child's intimate care. The agreed arrangements will be recorded on the Plan. The needs and wishes of the child will be carefully considered alongside those of the parents, but taking into account any possible constraints e.g. staffing.
- 2.6 There is careful communication with any child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to establish their needs and preferences. The child will be made aware of each procedure that is to be carried out and the reasons for it.
- 2.7 As a basic principle, children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage the child to do as much for themselves as possible.
- 2.8 Wherever possible, one child will be cared for by two adults. Ideally, where a child has a care plan, there will be a rota of carers who will take turns in providing care.
- 2.9 Where a child in school wears nappies, an intimate care plan will be prepared, outlining who in school will be responsible for changing the child, and where and when this will be carried out.

- 2.10 Where necessary, a child will have an assigned member of staff to act as an advocate to whom they will be able to communicate any issues or concerns that they have about the quality of care they receive.

### **3.0 Health and Safety Guidance – when a child has an accident/nappy changing**

- 3.1 Staff should always wear a protective apron and gloves when dealing with a child who has had an accident (or when changing a nappy). (Aprons and gloves are located in the wet area between classes 2 and 3.) The school will have a supply of ‘wipes’ to support the cleaning process.
- 3.2 If any child in school wears nappies, then any soiled waste should be double-bagged in polythene waste disposal bags and sealed. The bags should then be placed in the bin (with a liner) specifically designed for such waste, which is located in the Disabled Toilet facility in the foyer.
- 3.3 When a child has an accident and needs changing, as much as possible the child should be encouraged to change themselves. This will be done in the toilet area under supervision of an adult. If the child needs support, then whenever possible, two adults should supervise, but the child will still be encouraged to clean themselves as far as they are able. When adults have needed to support a child in this way, this should always be recorded on the ‘Record of Intimate Care Intervention’ log sheet. The soiled clothes will then be double-bagged for the child to take home at the end of the day. During any times of heightened infection rates e.g. COVID, provision of support may be altered accordingly e.g. keeping a safe distance from the child as far as possible.
- 3.4 If a child soils themselves, then they will be encouraged to clean themselves as much as possible. The child will change within the toilet area, under supervision of an adult. If the child needs support, then whenever possible, two adults should supervise, but the child will still be encouraged to clean themselves as far as they are able. When adults have needed to support a child in this way, this should always be recorded on the ‘Record of Intimate Care Intervention’ log sheet. The soiled clothes will then be double-bagged for the child to take home. During any times of heightened infection rates e.g. COVID, provision of support may be altered accordingly e.g. keeping a safe distance from the child as far as possible.
- 3.5 Should a child regularly soil themselves as a result of a medical condition or current medicine, then a care plan will be devised. Parents will be encouraged in such cases to provide wipes for the child to clean themselves. Parents will also be requested to provide the child with a change of clothes to be kept in school.

### **4.0 Special Needs**

- 4.1 Children with special needs have the same rights to privacy and safety as other children when receiving intimate care. Additional vulnerabilities (any physical disability or learning disability) will be considered when drawing up the care plan.

- 4.2 Regardless of age or ability, the views and emotional responses of the child will be sought when drawing up the plan. If necessary a risk assessment will also be undertaken to ensure that all eventualities have been considered and planned for. The Plan will be agreed by parents, and shared with all relevant staff.

## **5.0 First Aid and Intimate Care**

- 5.1 Staff who administer first aid should ensure that they administer first aid taking into account the child's dignity, which should be considered at all times.
- 5.2 Where an accident is of a more intimate nature, another member of staff should be in the vicinity and should be made aware of the task being undertaken.
- 5.3 A second adult will always be present when a child has to remove their skirt/trousers/underwear to show an injury.
- 5.4 In such cases, both adults should sign the incident record.

## **6.0 Protection of Children**

- 6.1 Child Protection/Safeguarding procedures, including Inter-agency Child Protection procedures will be followed at all times.
- 6.2 If a member of staff has any concerns relating to any child these should be reported to the school's Designated Safeguarding Lead (Headteacher). The Designated Safeguarding Lead will take the appropriate action. Where appropriate, the parents of the child will be notified of the concern by the Designated Safeguarding Lead.
- 6.3 If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated and outcomes recorded. Parents will be contacted at the earliest opportunity as part of this process in order to reach a resolution. A change of appropriate staff will be made until the matter is resolved – the child's needs remain paramount.
- 6.4 If a child makes an allegation against a member of staff, all necessary procedures will be followed as per the school's relevant policy.

This Policy will be reviewed biennially.

October 2022

## Toilet Management Plan

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_ Year: \_\_\_\_\_

Name of Support Staff Involved: \_\_\_\_\_

Date Plan Agreed: \_\_\_\_\_ Review Date: \_\_\_\_\_

<b>Area of Need:</b>  	
<b>Equipment required/by whom:</b>  	
<b>Location of suitable toilet facilities:</b>  	
<b>Support Required:</b>  	<b>Frequency of Support:</b>  

### Working Towards Independence:

<b>School will:</b>	<b>Parents will:</b>	<b>Child will try to:</b>	<b>Target Achieved (Date):</b>

Signed: \_\_\_\_\_ Parents/Carers

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

Signed: \_\_\_\_\_ Child (If appropriate)

**Risk Assessment**

Child's name: \_\_\_\_\_

Date of Risk Assessment: \_\_\_\_\_

	Yes	Notes
1. Does weight/size/shape of pupil present a risk?		
2. Does communication present a risk?		
3. Does comprehension present a risk?		
4. Is there a history of child protection concerns?		
5. Are there any medical considerations? (Including pain/discomfort?)		
6. Have there ever been allegations made by the child or family?		
7. Does moving and handling present a risk?		
8. Does behaviour present a risk?		
9. Is staff capability a risk? (back injury/pregnancy)		
10. Are there any risks concerning pupil capability <ul style="list-style-type: none"><li>• General fragility</li><li>• Fragile bones</li><li>• Head control</li><li>• Epilepsy</li><li>• Other medical conditions</li></ul>		
11. Are there any environmental risks? e.g. heat/cold		

If the answer is 'Yes' to any of the above, then a personal care plan may be required.

Name of Person completing the assessment: \_\_\_\_\_

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

**Record of Intimate Care Intervention**

**Personal Care Plan**





