



Intimate Care Policy

Reviewed: March 2024

Approved by Governors on: 18.4.24

Signed by Chair: *A Green*

Next Review on: March 2027

Vision

'St. Mary's Christian Vision

Through God's love and our Christian Values, we encourage each individual to love, respect and value God, themselves and others.

We encourage and nurture everyone to flourish and grow into the unique person God made them to be, ready to go out into the world to love others.

This is rooted in Jesus' words: Love one another as Jesus loved us. (John 13 v 34-35)

Introduction

The purpose of this policy is:

- To safeguard the rights and promote the best interests of the children.
- To ensure children are treated with sensitivity and respect, and in such a way that their experience of intimate care is a positive one.
- To safeguard adults required to operate in sensitive situations.
- To raise awareness and provide a clear procedure for intimate care.
- To inform parents/carers in how intimate care is administered.
- To ensure parents/carers are consulted in the intimate of care of their children.

Rationale

It is our intention to develop independence in each child, however, there will be occasions when help is required. Our intimate care policy has been developed to safeguard children and staff. It is one of a range of specific policies that contribute to our approach to pastoral care. The principles and procedures apply to all staff who are involved in the intimate care of children.

St. Mary's 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. St. Mary's recognises that there is a need to treat all children with respect and dignity when intimate care is given.

Staff deliver a personal safety curriculum, as part of the Personal, Health and Social Education, 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 message at home.

Definition

Intimate care may be defined as any activity that is required to meet the personal needs of an individual child on a regular basis or during a one-off incident. Such activities can include:

- feeding
- oral care
- washing
- changing clothes
- toileting
- first aid and medical assistance
- supervision of a child involved in intimate self-care
- providing comfort or support for a distressed pupil
- assisting a pupil requiring medical care, who is not able to carry this out unaided
- cleaning a pupil who has soiled him/herself, has vomited or feels unwell.
-

Principles of Intimate Care

The following are the fundamental principles of intimate care upon which our policy guidelines are based. Every child has the right to

- be safe
- personal privacy
- be valued as an individual
- be treated with dignity and respect
- be involved and consulted in their own intimate care to the best of their abilities
- express their views on their own intimate care and to have such views taken into account
- have levels of intimate care that are appropriate and consistent.

Parental Responsibilities

It is generally expected that most children will be toilet trained and out of nappies before they begin school. Parents have a responsibility to advise the school of any known intimate care needs relating to their child and their permission is sought to allow the provision of intimate care. **All parents as the pupil enters Reception are asked to sign the intimate care agreement.** (Appendix I)

Where a child has a medical condition which requires regular intimate care parents are requested to provide school with all necessary products such as wipes, bags, nappies and appropriate spare clothing.

School Responsibilities

All staff working with children must obtain an enhanced Disclosure and Barring Service (DBS). Students and volunteers should not undertake any intimate care duties which involve changing or medical care, without appropriate training. They may be asked to assist with less intrusive care such as feeding.

Only those members of staff who are familiar with the intimate care policy and other safeguarding policies of the school are involved in the intimate care of children. When assistance is required, this should normally be undertaken by one member of staff, who is known to them and has a DBS check. Intimate care arrangements which are required on a regular basis are agreed between the school and parents, and when appropriate and possible, by the child.

If a staff member has concerns about a colleague's intimate care practice he or she must report this to the Designated Safeguarding Lead, or the Deputy Safeguarding Lead(s) Protection in their absence. In this school this is the Headteacher, Deputy Headteacher and Assistant Headteacher

Guidelines for Good Practice

All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children.

Young children and children with special educational needs and/or disability can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs. Staff will be supported to adapt their practice in relation to the needs of individual children, taking into account their developmental changes, level of understanding and ability to communicate.

It is important to bear in mind that some forms of assistance can be open to misinterpretation. Adhering to the guidelines of good practice will safeguard both children and staff.

Staff will endeavour to:

1. Involve the child in their intimate care

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 each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Where a child is fully dependent, the member of staff will talk about what is going to be done and, where possible give choices.

2. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many adults might need to be present when a child needs help with regular intimate care.

Usual practice will follow:

- One child cared for by one adult and another adult remain close by or a means of calling for assistance. For example, in the Reception classroom the adult will assist the child in the first toilet opposite the entrance to the bathroom and another adult will remain in the classroom.
- At lunchtime the disabled toilet in lower school entrance will be used to assist infant children with intimate care. The door should remain slightly ajar with another adult to remain in the close vicinity. This is in accordance with our safer working practice policy.
- In the junior disabled toilet, staff should inform an adult in this area that they are entering the bathroom and if assistance is needed pull the alarm call.

• For pupils with a personal care plan, their intimate care should follow the procedures outlined. Intimate care in these instances is carried out by one member of staff who is familiar to the child. Should a member of staff feel vulnerable they may request assistance from a second member of staff who the pupil is familiar with.

• If a child needs catheterisation, two members of trained staff should be present. Any Changes to the intimate care plan should be made in writing and without delay, even if the change in arrangements is temporary; e.g. staff shortages, changes to staff rotas. **Children must not be allowed to use the 'adults only' toilets.**

3. Make sure practice in intimate care is consistent

For children with any additional needs a full risk assessment, with consultation from outside agencies, will be undertaken to address issues such as moving and handling and personal safety of the child and the adult. Training and apparatus necessary will be provided to assist with children who require any special arrangements.

4. Be aware of limitations

Staff must only carry out activities that they understand and feel confident and comfortable with. If in doubt, they must seek further assistance. Some procedures must only be carried out by members of staff who have been formally trained in appropriate moving and handling -eg use of hoist.

5. Promote positive self-esteem and body image

Confident, self-assured children who feel their bodies belong to them are less vulnerable to sexual abuse. The approach taken with intimate care can convey lots of messages to a child about their body worth.

6. If you have any concerns you must report them to DSL

If any unusual markings, discolouration or swellings are observed this must be reported immediately to the Designated Safeguarding Lead (DSL) or the Deputy Designated Safeguarding Lead(s)(DDSL)

If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, staff must reassure the child, ensure their safety and report the incident to the DSL or DDSL. Staff must also report and record any unusual emotional or behavioural response by the child. A written record of concerns must be completed on CPOMS to alert all Safeguarding Leads and any other relevant staff.

Hygiene.

This consideration is particularly important when considering protection of all parties. There is additional guidance provided in the **appendix 2 - Intimate Care Guidance, Supplies and Good Practice**

All staff must be familiar with normal precautions for avoiding infection and should ensure the use of appropriate protective equipment when necessary, for example, protective, disposable gloves and apron. These can be found in the junior disabled toilet and Reception classroom toilet and the first aid supply box outside the staffroom.

School does not have shower facilities. Adults will use wet wipes and ensure that each child is as clean as possible. All soiled clothing is to be double bagged and returned to the child to take home.

Working with children of the opposite sex

There is positive value in both male and female staff being involved with children. Ideally, every child should have the choice for intimate care but the current ratio of female to male staff means that assistance will more often be given by a female.

Supporting dressing/undressing

Sometimes it will be necessary for staff to aid a child in getting dressed or undressed particularly in Early Years and Key Stage One. Staff will always encourage children to attempt undressing and dressing unaided.

Providing comfort or support

Children may seek physical comfort from staff (particularly children in Reception and Key Stage One). Where children require physical support, staff need to be aware that physical contact must be kept to a minimum and be child initiated. When comforting a child or giving reassurance, the member of staff's hands should always be seen and a child should not be positioned close to a member of staff's body which could be regarded as intimate. If physical contact is deemed to be appropriate staff must provide care which is suitable to the age, gender and situation of the child.

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. This should be logged on CPOMS.

Medical procedures (See Policy on Medicines)

If it is necessary for a child to receive emergency medicine during the school day parents must complete a permission slip. School will ensure that all relevant staff are informed and receive appropriate training.

Reference must also be made to the Child Protection Policy and Safer Working Practices, when adhering to this policy.

Links to other policies:

This policy should be read in conjunction with other related school policies and procedures:

- First Aid and Medicine Policies

- Health and Safety Policy
- Safeguarding and Child Protection Policy
- Safer Working Practices Policy
- Single Equality Policy
- Confidentiality Policy
- Early Years Policy

Review

This policy will be reviewed in line with the Policy Management Cycle.

GDPR/ Data Protection

All documents stored are in accordance with legal requirements where appropriate, and guidance from the Records Management Toolkit for Schools.

- a) All copies of consents are added to the pupils electronic file and kept securely and then shredded 12 months after a pupil has left the school.

This policy:

Has Few / No Data Compliance Requirements	Has A Moderate Level of Data Compliance Requirements	Has a High Level Of Data Compliance Requirements
	✓	



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Appendix 1 **Parental Permission for Intimate Care.**

I give permission for _____ (name of child) to receive intimate care should it be necessary. This may include:

- feeding
- oral care
- washing
- changing clothes
- toileting
- first aid and medical assistance
- supervision of a child involved in intimate self-care
- providing comfort or support for a distressed pupil
- assisting a pupil requiring medical care, who is not able to carry this out unaided
- cleaning a pupil who has soiled him/herself, has vomited or feels unwell

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

A copy of the intimate care policy is available to view on the school website or upon request from the school office.

Signed _____

Date _____

APPENDIX 2






Intimate Care Guidance, Supplies and Good Practice

- All staff involved in intimate care will be provided with access to personal protective equipment (PPE)
 - ✓ Apron
 - ✓ Wipes
 - ✓ Face masks
 - ✓ Goggles
 - ✓ Gloves

For quick reference, the process for donning and disposing of PPE currently looks like the following:




Donning or putting on PPE

Before putting on the PPE, perform hand hygiene. Use alcohol handrub or gel or soap and water. Make sure you are hydrated and are not wearing any jewellery, bracelets, watches or stoned rings.





- 1 Put on your plastic apron, making sure it is tied securely at the back.
- 2 Put on your surgical face mask, if tied, make sure securely tied at crown and nape of neck. Once it covers the nose, make sure it is extended to cover your mouth and chin.
- 3 Put on your eye protection if there is a risk of splashing.
- 4 Put on non-sterile nitrile gloves.
- 5 You are now ready to enter the patient area.

Doffing or taking off PPE

Surgical masks are single session use, gloves and apron should be changed between patients.

- 1 Remove gloves, grasp the outside of the cuff of the glove and peel off, holding the glove in the gloved hand, insert the finger underneath and peel off second glove.
- 2 Perform hand hygiene using alcohol hand gel or rub, or soap and water.
- 3 Snap or unfasten apron ties the neck and allow to fall forward.

Snap waste ties and fold apron in on itself, not handling the outside as it is contaminated, and put into clinical waste.

- 4 Once outside the patient room. Remove eye protection.
- 5 Perform hand hygiene using alcohol hand gel or rub, or soap and water.
- 6 Remove surgical mask.
- 7 Now wash your hands with soap and water.

- Staff should not support intimate care without wearing the appropriate PPE
- PPE will be stored in the first aid station, the junior disabled toilet, and in Reception classroom.
- Place used PPE in a plastic rubbish bag and tie it when full. If PPE is soiled, double bag and dispose of in the clinical waste bin in the junior disabled toilet.