

St Joseph's Infant School

Intimate care policy



Approved by: LGB

Date: November 2023

Last reviewed on: N/A

Next review due by: November 2026

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 Safeguarding of pupils. The principles and procedures apply to everyone involved in the intimate care of children.

Children are generally more vulnerable than adults and staff involved with any aspect of pastoral care need to be sensitive to their individual needs.

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:

- toileting;
- feeding;
- oral care;
- washing;
- changing clothes;
- first aid and medical assistance; and
- supervision of a child involved in intimate self-care.

Parents have a responsibility to advise the school of any known intimate care needs relating to their child.

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 considered; and
- have levels of intimate care that are appropriate and consistent

School Responsibilities

All members of staff working with children are checked and vetted to ensure they are safe to do so. Only those members of staff who are familiar with the intimate care policy and all school safeguarding documentation are involved in the intimate care of children.

Anticipated 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. In such cases, care plans are signed and stored in the child's file. Intimate care arrangements for any pupil who requires this support on a regular basis will be reviewed as and when needed, but at least annually.

Intimate care arrangements may be needed on an ad-hoc basis-for example when a child has a toilet accident or is taken unwell. In these situations, parents will always be informed, either by telephone or a conversation at the end of the day.

The views of all relevant parties should be sought and considered to inform future arrangements. Any amendments to the arrangements should be recorded and made available for all parties involved.

Only in an emergency would staff undertake any aspect of intimate care that has not been agreed by the parents. This act of intimate care would be reported to a member of staff and parents at the earliest possible time following the event.

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 deputy DSL.

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 can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs.

Members of staff also need to be aware that some adults may use intimate care, as an opportunity to abuse children. It is important to bear in mind that some forms of assistance can be open to misinterpretation.

1. Involve the child in the intimate care

Try to encourage a child's independence as far as possible in his or her intimate care. Where a situation renders a child fully dependent, talk about what is going to be done and, where possible, give choices.

Check your practice by asking the child or parent about any preferences while carrying out the intimate care.

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

Care should not be carried out by a member of staff working alone with a child.

3. Make sure practice in intimate care is consistent.

As a child may have multiple carers a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent.

4. Be aware of your own limitations

Only carry out activities you understand and feel competent with. If in doubt, ask. Some procedures must only be carried out by members of staff who have been formally trained and assessed.

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 you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.

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

If you observe any unusual markings, discolouration or swelling report it immediately to the Designated Safeguarding Lead. Record concerns via 'My concerns' and/or speaking to the DSL as per the school safeguarding policy.

If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the designated teacher. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's personal file.

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 woman.

The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:

- when intimate care is being carried out, all children have the right to dignity and privacy, i.e. they should be appropriately covered, the door closed or screens/curtains put in place;
- if the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance;
- report any concerns to the Designated Safeguarding Lead and make a written record;
- parents must be informed about any concerns.

Communication with Children

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Depending on their maturity and levels of stress children may communicate using different methods – words, signs, symbols, body movements, eye pointing, etc.

To ensure effective communication:

- make eye contact at the child's level;
- use simple language and repeat if necessary;
- wait for response;
- continue to explain to the child what is happening even if there is no response;
- treat the child as an individual with dignity and respect.

Developing a care plan

If pupils have an ongoing issue where an aspect of intimate care is required on a regular basis then a intimate care plan will be developed. A planning meeting with the relevant staff (usually class teaching assistant, Head teacher or class teacher and parents) around the continence difficulties, in order to develop a care plan, will take place. This meeting also identifies equipment, accommodation and support requirements. This process will be organised by the class teacher, who will also ensure its implementation, alongside other staff working with the child (the plan will specify who).

The hazards

The main health and safety hazards when caring for children with continence difficulties are:

- Spread of infection
- Skin irritation
- Manual handling

Good hygiene must be used when changing incontinence pads or nappies and / or cleaning a soiled child, to reduce the risk of infection.

Procedures for changing pupils

1. Ensure you have all the equipment you need and access to water before you begin each nappy/pad change.
2. Wash hands thoroughly before and after each nappy/pad change (including after disposal of nappy).
3. Wear latex-free disposable gloves and a disposable apron. Use a waterproof changing mat, if the child is unable to stand.
4. Use disposable towels and consider using a hand sanitizer (available from Wightman & Parrish).
5. Clean any surface that is soiled or touched during nappy/pad changing with a detergent solution followed by a hypochlorite disinfectant (e.g. one part household bleach to one hundred parts water) and then dry the surface. (If you wish to avoid using bleach, there are

less harmful products containing hypochlorite such as Milton.) Detergents and disinfectants must be labelled clearly and stored securely, in accordance with COSHH regulations. 'Use by' dates must be adhered to as the product effectiveness diminishes over time. Disposable cleaning cloths should be used.

6. Dispose of nappies/pads safely by placing them in an individual plastic bag. Put this into a bin with a second plastic liner. This should be placed in clinical waste bin.
7. Ensure the changing area is well away from food preparation areas.
8. Store clean nappies/pads away from changing area to prevent cross-contamination.

Manual Handling and Pupil Safety

Adequate space and equipment is required for changing and cleaning children to avoid manual handling injury. The designated area must have sufficient space so that staff do not have to adopt hazardous postures when attending to a child.

Changing children on the floor should be avoided for staff's health and safety, for hygiene reasons and for the child's dignity. Children may be changed/cleaned in a standing position. Use kneeling pads if appropriate, when changing a child.

Children who are unable to stand should be changed on a height adjustable changing bed. The child should either climb on and off themselves or use appropriate equipment identified on their moving and handling risk assessment/care plan. Cot sides should be used to avoid the child slipping off the bed. Do not leave a child alone on a changing bed.

Staff should receive training in general manual handling and, if appropriate, in the pupil's specific handling requirements.