

Intimate Care Policy

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| Audience: | Parents / Carers StudentsAcademy staff and volunteers Local Governing Bodies |
| Approved: | Sept 19Headteacher Chair of GovernorsBeth Hadley Andy Chell |
| Other related policies: | Safeguarding; Health and Safety |
| Policy owner: | Helen Clark |
| Policy model: |  |
| Review: | As required by legislation update (At least Bi-annually) |
| Version number: | 1.0  |

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| REAch2 Safeguarding and Child Protection policy  | C:\Users\Michelle Roe\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\I6XOBCB6\th.jpg |

At REAch2, our actions and our intentions as school leaders are guided by our Touchstones:

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| Integrity  | We recognise that we lead by example and if we want children to grow up to behave appropriately and with integrity then we must model this behaviour  |
| Responsibility  | We act judiciously with sensitivity and care. We don’t make excuses, but mindfully answer for actions and continually seek to make improvements  |
| Inclusion  | We acknowledge and celebrate that all people are different and can play a role in the REAch2 family whatever their background or learning style  |
| Enjoyment | Providing learning that is relevant, motivating and engaging releases a child’s curiosity and fun, so that a task can be tackled and their goals achieved |
| Inspiration | Inspiration breathes life into our schools. Introducing children to influential experiences of people and place, motivates them to live their lives to the full  |
| Learning  | Children and adults will flourish in their learning and through learning discover a future that is worth pursuing  |
| Leadership  | REAch2 aspires for high quality leadership by seeking out talent, developing potential and spotting the possible in people as well as the actual |

**Introduction**

At Norton Canes Primary Academy, we recognise that all children have different rates of development and differing needs during their time at school and some children may remain dependent on long-term support for personal care, while others progress slowly towards independence.

The stigma associated with the requirement of intimate care can cause enormous stress and embarrassment to the children and families concerned, therefore the following principles must underpin all intimate care provided by staff at the school:

* Every child has the right to be safe;
* Every child has the right to personal privacy;
* Every child has the right to be valued as an individual;
* Every child has the right to be treated with dignity and respect;
* All children have the right to be involved and consulted in their own intimate care to the best of their abilities;
* All children have the right to express their views on their own intimate care and to have such views taken into account;
* Every child has the right to have levels of intimate care that are appropriate and consistent

We are committed to ensuring that all pupils are able to access the whole curriculum and are able to be included in all aspects of school life. This policy has been produced to ensure that staff and pupils are appropriately safeguarded.

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 include:

* Feeding;
* Oral care;
* Washing;
* Carrying out a procedure to private parts of the body (such as catheter management);
* Continence care or menstrual management;
* Changing clothes;
* Toileting;
* First aid and medical assistance;
* The 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 upon admission to school or as they are diagnosed.

**Aim**

All children have the right to be safe, to be treated with courtesy, dignity and respect and to be able to access all aspects of the educational curriculum and we will work:

* To ensure that pupils with continence difficulties are not discriminated against in line with the Equalities Act 2010
* To provide help and support to pupils in becoming fully independent in personal hygiene
* To treat continence issues sensitively so as to maintain the self-esteem of the child
* Work with parents in delivering a suitable care plan where necessary
* To ensure that staff dealing with continence issues work within guidelines that protect themselves and the pupils involved (link to Health and Safety (H&S) Policy and guidelines and Safeguarding Children Policy)

**Pupils’ Needs**

The staff work hard to build effective relationships with the parents and carers of the children at Norton Canes Primary Academy. Any particular needs that a child may have will be dealt with sensitively and appropriately, working with parents/carers to ensure that each child can access the curriculum. Any child who has personal care or continence needs will be attended to in a designated area within school which allows the child privacy but ensures staff assisting them are not isolated and within view and/or earshot of other staff (see risk assessment for details). Parents will be contacted in extreme cases where soiling is severe and/or linked to illness e.g. sickness and diarrhoea, or when a child refuses to let a member of staff help change their clothing and cannot manage this themselves.

Risk assessments are in place for staff to support all children with toileting and changing as required; this can be common requirement in the early years. Irregular accidents will be dealt with using the standard toileting and intimate care risk assessment and parents will be informed on collection by a staff member. Children with complex, long term or regular intimate care needs will have a health care plan/care plan in place. Staff must adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation.

**Health Care plans/Care Plans (Appendix A)**

This is a written document that explains what will be done, when and by whom.

It will be written with input from the pupil (where possible), parents/carers, school staff and other professionals, such as a school nurse or physiotherapist. Ideally, this will take the form of a meeting. Any historical concerns (such as past abuse) will be taken into account.

The plan will include:

* Where changing will take place
* What resources and equipment will be used (i.e. cleansing agents used, or cream to be applied) and clarification of who is responsible (parent or school) for the provision of the resources and equipment. Apparatus will be provided to assist with children who need special arrangements following assessment from a physiotherapist or occupational therapist as required
* How the product, if used, will be disposed of, or how wet or soiled clothes will be kept until they can be returned to the parent/carer
* What infection control measures are in place
* Training requirements for staff
* Arrangements for school trips and outings

If needed, we will agree appropriate terminology for private parts of the body and functions and note this in the plan.

The religious views, beliefs and cultural values of pupils and their families will be taken into account.

The child's right to privacy and modesty will be respected. The meeting will consider carefully who will support the pupil with intimate care and if this needs to be more than one person. As far as possible, each pupil will have a choice about who supports them.

We will take into account safer working practice and make sure our processes are transparent.

The plan will be reviewed as necessary, but at least annually.

**Intimate Care Procedures**

All staff at the school will follow the agreed procedures below when attending to the care or continence needs of any pupil within the setting:

* Always explain or seek the permission of the pupil before starting an intimate care procedure, according to the pupil’s age and level of understanding;
* Change the child’s clothing as appropriate, as soon as possible;
* Use appropriate cleaning products and adhere to health and safety procedures and risk assessment/ care plan;
* If a member of staff has any concerns about physical changes in a child’s presentation, e.g. marks, bruises, soreness, etc, they must immediately report these to the Designated Safeguarding Lead. Children with special educational needs have the same rights to safety and privacy when receiving intimate care; additional vulnerabilities that may arise from a physical disability or learning difficulty must be considered when planning for meeting a child’s needs;
* Inform parent/carer at the end of each day of the number of times intimate care has been provided;
* Contact a parent/carer only where soiling is severe and/or linked to illness e.g. sickness and diarrhoea, or when a child refuses to let a member of staff help change their clothing and cannot do it alone;
* Where the child is able to act independently, one adult should stand outside the designated area whilst the child is cleaning or changing and then make sure the toilet area is left in an appropriate condition;
* The child should have the highest possible levels of autonomy at all times, as appropriate to their age and ability;
* Do not isolate yourself when assisting with intimate care. Always alert another member of staff to what you are doing and where you are going and ensure someone has you in sight and/or earshot during the procedure.

**Medical Care Plans**

Pupils who have complex or long term conditions might need help with medical procedures such as the administration of rectal medication, managing catheters or colostomy bags.

These procedures will be discussed with parents/carers, the school nursing team and documented in the pupil’s individual healthcare plan.

They will only be carried out by staff who have been trained to do so.

Staff will follow infection control guidelines and ensure that any medical items are disposed of correctly.

**Safeguarding**

The normal process for providing intimate care should not raise any safeguarding concerns, however, staff behaviour may be open to scrutiny and therefore, intimate care should be carried out in an open and transparent way. A staff member should never take a child off alone without informing another member of staff and they should always have someone close by (at least in earshot) whilst carrying out any intimate care procedure. This is to protect both the pupil and staff member supporting the child. The pupil’s dignity should not be compromised at any point.

Only employees of the school will support pupils with intimate care (not students or volunteers).

All members of school staff employed at the school will have undergone the necessary safer recruitment checks, in line with Keeping Children Safe in Education 2018. All intimate care provided must be recorded on the record of intimate care log ***(Appendix B)***

If a pupil becomes unusually distressed or unhappy about being cared for by a particular member of staff, the whistleblowing policy must be used and this will be reported to the Headteacher.

The matter will be investigated at an appropriate level and outcomes recorded. Parents/carers will be contacted as soon as possible. Staffing schedules will be altered until the issue is resolved. The child's needs will remain of upmost importance. Further advice will be taken from outside agencies if necessary.

If a pupil, or any other person, including a staff member, makes an allegation against an adult working at the school this will be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher)

The Headteacher or Chair of Governors will consult the Local Authority Designated Officer in accordance with the school’s safeguarding policy.

If a member of staff has any concerns about a pupil’s presentation, e.g. unexplained marks or bruises etc. they will report these to the Designated Safeguarding Lead using the schools safeguarding policy and procedure.

**Health and Safety Procedures**

When dealing with personal care and continence issues, staff will follow agreed health and safety procedures:

* Staff to wear disposable Personal Protective Equipment Nitrile gloves & disposable plastic aprons while dealing with any bodily fluids;
* Items used to clean a pupil (gloves, wet wipes) must be placed in a hygienic disposal unit (identified bin in disabled toilet);
* Changing area to be cleaned after use; (identify what product to use)
* Wash hands & dry hands thoroughly as soon as the task is completed.

**Other policies and documents**

This intimate care policy should be read alongside the school’s:

* Safeguarding & child protection policy – Including managing allegations.
* Staff Code of Conduct and Guidance on Safer Working Practice
* Whistleblowing Policy
* First aid Policy
* Medications policy
* Health and Safety policy and procedures
* Special Educational Needs and Disability policy.

**Appendix B**

**INTIMATE CARE RECORD SHEET**

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| **Child’s name:** | **Date of birth:** | **Class:** |
| Date:Time: | Procedure: | Staff involved: |
| Date:Time: | Procedure: | Staff involved: |
| Date:Time: | Procedure: | Staff involved: |
| Date:Time: | Procedure: | Staff involved: |
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