

INTIMATE CARE POLICY

Rationale

It is our intention to develop independence in each child, however we recognise that there will be times when help is required. Our Intimate Care Policy has been developed to safeguard children and staff.

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

Children are generally more vulnerable than adults therefore, staff involved with any aspect of pastoral care need to be sensitive to their individual needs. Intimate care may be regarded 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 may 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. Medical advice will be taken into consideration where appropriate.

Children who require support with continence development

Children who require support with continence development and management are a very diverse group. Each child should be treated as an individual but in broad terms the children who will need support with continence may be:

1. Children who need support with continence development	The child may be developing normally but at a slower pace.
2. Children with some developmental delay	The child will be in an early years or mainstream setting but may have delayed continence development. This child may have a diagnosed condition or be undergoing investigations

3. Children with physical disabilities or complex medical conditions	The child may have a diagnosed condition such as spina bifida, cerebral palsy or autism.
4. Children with behavioural or emotional difficulties	The child may exhibit developmental delay in continence, or may develop incontinence.

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 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;
- be treated with dignity and respect.

School Responsibilities

- Only those members of staff who are familiar with the intimate care policy and other pastoral care policies of the school 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, consent forms are signed and stored in the child's record file.
- Intimate care arrangements for any child who requires this support on a regular basis should be reviewed at least every six months.
- The views of all relevant parties should be sought and considered to inform any future arrangements. Any amendments to arrangements should be recorded for all parties involved.
- In the case of children aged 5 years of age and over the requirement for providing adequate resources will be the responsibility of the parents / carers unless the child is at a Special School or has a specific disability, in which case the NHS may be supplying the resources either to the family or directly to school.

Parents of children starting Nursery are asked to give permission for staff to attend to the intimate care of their child (with particular reference to toilet accidents or illness) should need arise.

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

Everyone working with children should be aware that those with additional needs may be particularly vulnerable to abuse. It is essential that all staff and volunteers are familiar with the Safeguarding Policy and have received safeguarding training within the last three years.

If a staff member has concerns about a colleague's intimate care practice, he or she must report it to the DSL - Mrs J. Bennett or to the Deputy DSL – Mrs D. Mills

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.
- All incidents of Intimate Care should be documented using the Record of Intimate Care form.
- 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 some forms of assistance can be open to misinterpretation.

Staff will endeavour to:

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.

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, however, it is important to respect a child's dignity and other staff may be in the near vicinity rather than directly involved.

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 the 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.

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 with 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 DSL or deputy DSL. If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident to the DSL or Deputy DSL. 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.

Hygiene

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 latex/vinyl gloves.

Procedure for dealing with nappy changing to avoid cross contamination:

1. Staff are to wash their hands appropriately.
2. Put on new disposable apron and gloves
3. Child should be asked to lie down on the bed / changing table if appropriate, an older child may be more comfortable standing up
4. Child can assist where appropriate to support their continence independence
5. Change child's nappy/pad
6. Put soiled nappy/pad in nappy sack (or in an emergency a plastic bag) or straight into nappy bins provide (Nursery only)
7. Spray and wipe the changing mat with appropriate cleaning agent
8. Put wipes, nappy/pad, sack, apron and gloves into a plastic bag
9. Wash hands
10. Dispose of the plastic sack in the appropriate waste area
11. Wash hands again and ensure the child washes hands before being returned to class/setting

Procedure for supporting bottom wiping:

1. Staff to encourage child to wipe independently as first response, offer modelling, verbal cues and wet wipes.
2. Staff to wash their hands appropriately
3. Put on new disposable apron and gloves
4. Child may be asked to turn around and bend forward, in the privacy of the toilet or toilet cubicle.

5. Child can assist where appropriate to support their continence independence
6. Put wipes, and gloves into a plastic bag
7. Wash hands
8. Dispose of the plastic sack in the appropriate waste area
9. Wash hands again and ensure the child washes hands before being returned to class/setting

Note: where it is known that the child is infected with a blood born virus all materials should be double wrapped in yellow clinical waste bags and arrangements made for the waste to be removed for incineration.

Working with Children of the Opposite Sex

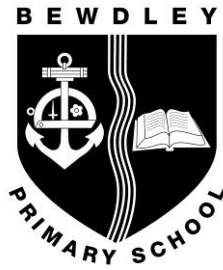
There is positive value in both male and female staff being involved with children. Ideally, every child should have the choice for intimate care but the current ratio of female to male staff means that assistance will more often be given by a woman. The intimate care of boys and girls can be carried 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, ie. they should be appropriately covered, the door closed or screen/curtains put in place;
- if the child appears to be 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 DSL or DDSL 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 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.
- It is important to note that in addition to the information in the Intimate Care Policy, reference should also be made to the Child Protection Policies.



Bewdley Primary School
Intimate Care Consent Form

There is no expectation that children will be completely toilet trained before joining our nurseries. Children who are still learning or are not yet ready will be fully supported and this will not impact upon their access to our curriculum.

If a child has a toileting accident or needs to have their nappy changed while they are in nursery it is important that we act quickly to make them comfortable and ensure that they are not distressed in any way. Our Early Years staff are very experienced in providing this level of intimate care and our preferred action is to deal with this efficiently and discretely in school.

For children in Reception or above, intimate care will be provided as efficiently and discretely as possible by a TA known to the child. If you know that your child is likely to need regular intimate care please make sure that they have spare clothes and appropriate wipes/nappies/nappy sacks in school and that you have spoken to the class teacher about their needs.

Bewdley Primary School has an Intimate Care Policy which is available to view on our website at www.bewdleyprimary.sch.uk or a copy is available from the school office.

Please complete the consent form below. You will only be asked to complete this once during your child's time with us. If circumstances change, please let us know.

Thank you.

✂ _____

Name of child:

Please delete as appropriate

I do give consent/ do not give consent for my child to be changed and cleaned by Early Years' staff or school Teaching Assistants or teachers if they wet/soil themselves.

While in Nursery, I agree to send my child to school with a full change of clothes.

I understand that in the event of not providing consent that I will be required to collect my child from school immediately, if contacted.

Signed: _____ (parent/carers) Date: _____