

# DHEKELIA PRIMARY SCHOOL

**I**NTIMATE **C**ARE

**P**OLICY

## **Introduction**

Dhekelia 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. We recognise that there is a need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff that provide intimate care to children have a high awareness of safeguarding issues. Staff will work in partnership with parents/carers to provide continuity of care.

## **Definition**

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of associated equipment as part of the staff member's duty of care. In the case of specific procedures only the staff suitably trained and assessed as competent should undertake the procedure (e.g. the administration of rectal diazepam).

## **Our Approach to Best Practice**

The management of all children with intimate care needs will be carefully planned. The child who requires care will be treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are fully aware of best practice. Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from the appropriate agencies.

It is essential that the adult who is going to change the child informs the teacher and/or another member of staff that they are going to do this. There is no written legal requirement that two adults must be present. However, in order to completely secure against any risk of allegation, a second member of staff may be present where resources allow.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty or menstruation. Wherever possible staff involved in intimate care will not be involved in the delivery of sex education to the children in their care as an extra safeguard to both staff and children involved.

The child 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 him/herself as they are able. If this is not possible, then the adult should ensure that the child is clean.

Individual intimate care plans will be drawn up for children as appropriate to suit the circumstances of the child. The purpose of this is to make clear how school will work in partnership with parents when a child is coming to school in a nappy or pull-ups.

If a disproportionate number of children arrive in school who are not yet toilet trained then advice will be sought through the school nurse.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers will need to be present when the child is toileted.

Wherever possible the child should be cared for by an adult of the same sex. However, in certain circumstances this principle may need to be waived where the failure to provide appropriate care would result in negligence for example, female staff supporting boys in our school, as no male teaching staff are available.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's personal care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

### **Procedure for Personal Care in School**

The MOD Schools (SCE) policy (March 2013) states: Intimate care in MOD Schools SCE schools and foundation stage settings can be provided only by those who have specifically (either as part of their agreed job description or otherwise) indicated a willingness to do so. **No MOD School employee can be required to provide intimate care.**

At DPS we have clear, written guidelines for staff to follow when changing a child so that staff are not put at any unnecessary risk. These guidelines are included in **appendix A.**

### **Confidentiality**

Sharing information between home and schools is important to secure the best care for pupils. Any information relating to intimate care should be shared with parents in a confidential manner, e.g. personal contact (and recorded in a log) or through a telephone call of between teacher and parent (and recorded in a log). The use of home diaries is not appropriate as this is not a confidential document.

### **The Protection of Children**

Safeguarding Procedures and Multi-Agency Protection procedures will be adhered to. Where parents do not co-operate with intimate care agreements concerns should be raised with the parents in the first instance. A meeting may be called that

could possibly include the health visitor and head teacher to identify the areas of concern and how all present can address them. If these concerns continue there should be discussions with the school's safeguarding co-ordinator about the appropriate action to take to safeguard the welfare of the child.

If any member of staff has concerns about physical changes to a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate designated person for safeguarding.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of the process in order to reach a resolution; staffing schedules will be altered until the issue(s) are resolved.

## References

Our intimate care policy is based on the MOD Schools 'Intimate Care Policy and Guidance' document (March 2013) and this document should be read with reference to this document.

All staff will be required to confirm that they have read the MOD Schools 'Intimate Care Policy and Guidance' document.

This Intimate Care Policy was evolved by consideration between staff and governors and was approved on **9<sup>th</sup> July 2013**

This has been updated and amended: **April 2016**

This policy will be reviewed: **September 2017**

## Appendix A

### INTIMATE CARE POLICY

#### Procedure for personal care in school

#### Changing a Child in FS

- **Who will change a child?**

FS Practitioner with whom the child is comfortable with.

It is recommended that mobile children will be changed standing up (SCE policy March 2013), however some children may feel more comfortable on a changing mat. It is important that the child feels comfortable and their preference is respected.

- **Where will changing take place?**

Any children who are in nappies, may be changed in the school medical room. A changing mat or table will be provided. Occasionally a child may have soiled themselves which makes it not practical to move them from the FS unit.

- **What resources will be used and who will provide them?**

A cupboard in the medical room will contain items for changing an FS child:

- ❖ Gloves
- ❖ Aprons
- ❖ Nappy sacks
- ❖ Wipes
- ❖ Spare clothes including underwear and socks
- ❖ Antiseptic cleaner
- ❖ Toilet rolls
- ❖ Paper towels
- ❖ Blue paper roll for the bed
- ❖ Carrier bags for soiled clothes

Please inform Emma (admissions) in the office and Michelle (budget) when stock is becoming low.

- **How will a nappy be disposed of?**

Nappies should be double bagged and placed in the bin in the medical room. Inform site manager that if nappies from more than one child have been placed there.

- **How will soiled clothes be disposed of?**

Soiled clothes to be placed in a carrier bag and given to the child to take home.

- **What infection control measures are in place?**

- ❖ Staff to wear fresh disposable aprons and gloves while changing a child
- ❖ Soiled nappies/pull ups securely wrapped and disposed of appropriately
- ❖ Changing area/toilet to be left clean
- ❖ Care taking/cleaning staff to be informed
- ❖ Use hot water and soap to wash hands as soon as changing is finished
- ❖ Use paper towels to dry hands
- ❖ Nappies should be double bagged and placed in the bin in the medical room. Inform site manager that if nappies from more than one child have been placed there.

- **What the member of staff will do if the child is unduly distressed or if marks or injuries are noticed**

If an FS child cannot be comforted then talk to the child's teacher who may suggest then to phone a parent.

Follow the school safeguarding procedures if marks or injuries are noticed.

- **How changing occasions will be recorded and how this will be communicated to parents**

Report to parents at the end of the day where possible and if not fill in and send home the 'Record of Intimate Care Intervention' form (Appendix 4 SCE Intimate Care Policy March 13) form home in sealed envelope. **It is important that confidentiality is maintained.**