



Minerva

Primary School

Intimate Care Policy

Agreed by The Board of Trustees: 13th December 2022

Review Date: 14th December 2023

SIGNED:

A handwritten signature in black ink, appearing to read 'T. Cole', is written over the owl logo.

Date: 15th December 2022

Chairman of the Board

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1. Principles

1.1 The Board of Trustees will act in accordance with Section 175 of the Education Act 2002, the Government guidance 'Safeguarding Children and Safer Recruitment in Education, the Statutory Framework for the Early Years Foundation Stage 2021 and The Childcare (Disqualification) Regulations 2009 to safeguard and promote the welfare of pupils at this school.

1.2 Minerva Primary School (MPS) takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

1.3 The Board of Trustees recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

1.4 This intimate care policy should be read in conjunction with the Trust and individual schools' policies as below (or similarly named):

- safeguarding policy and child protection procedures
- 'whistle-blowing' and allegations management policies
- health and safety policy and procedures
- Special Educational Needs policy
- confidentiality policy
- complaints policy
- induction policy/procedure
- policy for the administration of medicines
- Somerset County Council moving and handling people - guidance note

1.5 The Board of Trustees is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

1.6 MPS recognises that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

1.7 Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

1.8 Where pupils with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

1.9 Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.

1.10 All staff undertaking intimate care must be given appropriate training.

1.11 This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

2. Child Focused Principles of Intimate Care

2.1 The following are the fundamental principles upon which the Policy and Guidelines are based:

- 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.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has 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 as consistent as possible.

3. Definition

3.1 Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with incontinence and menstrual management, administering medication (either internally or externally) as well as more ordinary tasks such as help with washing, applying cream i.e. sun cream, toileting, supported eating or dressing.

3.2 It also includes supervision of pupils involved in intimate self-care.

4. Best Practice

4.1 Pupils who require regular assistance with intimate care have written Individual Education Plans (IEP), health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account.

The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

For nursery children, parents/carers are asked to give permission to use nappy cream (provided by the parent/carer). Parents/carers will also supply nappies, wet wipes and cream if children require these, this enables us to safeguard against allergies etc.

4.2 Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

4.3 Where a care plan or IEP is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and

wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter, not through the home/school diary.

4.4 In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (see aforementioned multi-agency guidance for the management of long term health conditions for children and young people).

4.5 Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.

4.6 These records will be available to parents/carers on request.

4.7 All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.

4.8 Staff who provide intimate care are trained in personal care (e.g. health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and an apron where appropriate.

4.9 Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation.

4.10 There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

4.11 Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

4.12 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when she needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

4.13 An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.

4.14 The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

4.15 Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.

4.16 Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced Barring and Disclosure checks.

4.17 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

4.18 Health and safety guidelines should be adhered to regarding waste products, if necessary, advice should be taken from the SCC Procurement Department regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste. Within nursery settings the nappy changing routine, including the changing of pull ups, will include the wearing of disposable gloves and aprons, thorough cleaning of the changing area and safe disposal of soiled items. Soiled nappies will be placed in the nappy bin to be collected in line with the disposal of waste products. Tissues will always be available and in reach of children throughout TRLP nursery settings to encourage independence and self-care.

4.19 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

5. Child Protection

5.1 Trustees and staff recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

5.2 Each schools' child protection procedures will be adhered to.

5.3 From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In TRLP schools best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

5.4 Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.

5.5 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc. s/he will immediately report concerns to the Designated Safeguarding Lead. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if appropriate, in accordance with the schools' child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

5.6 If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Head of School. The matter will be investigated at an appropriate level (usually the Head of School) and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

5.7 If a pupil, or any other person, makes an allegation against an adult this should be reported to the Head of School (or to the CLF CEO if the concern is about the Head of School or to the

Chair of Trustees if the concern is about the CLF CEO) who will consult the Local Authority Designated Officer in accordance with the school's policy. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

5.8 Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Head of School, CLF CEO or to the Chair of Trustees, in accordance with the child protection procedures and 'whistle-blowing' policy.

6. Physiotherapy

6.1 Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the IEP or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.

6.2 Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

6.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

7. Medical Procedures

7.1 Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the health care plan or IEP and will only be carried out by staff who have been trained to do so.

7.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

7.3 Any members of staff who administer first aid should be appropriately trained. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

8. Massage

8.1 Massage is now commonly used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.

8.2 It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and pupils.

8.3 Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.

8.4 Care plans should include specific information for those supporting children with bespoke medical needs

References to 'pupils' throughout this policy includes all children and young people who receive education at Minerva Primary School.



Appendix A - Intimate Care Procedure

This procedure outlines the actions and process that need to be followed in order to comply with the Intimate Care Policy. Please see full policy above.

Intimate care can take substantial amounts of time but should be a positive experience for the child and the adult. It is essential that every child is treated as an individual and that care is given as gently and as sensitively as possible. Children should be treated with dignity and respect and given privacy appropriate to the child's age and situation.

The child should be encouraged to express choice and to have a positive image of his/her body.

All parents are asked to provide spare clothes in a bag if their child is not toilet trained.

Minerva Primary School is an inclusive school and does admit children who are not fully toilet trained but we feel that it benefits the child if he/she is out of nappies or at least working towards this at least by the time they start within reception class.

Parents/Carers are made aware that the early years team are on hand to offer advice on how to toilet train and are put into contact with relevant support if wanted.

Parents are also asked to inform us of any medical condition which requires their child to need a nappy.

This procedure needs to be undertaken for dealing with spillages of bodily fluids such as when a child accidentally wets or soils himself, or is sick while on school premises. The same precautions will apply for nappy/pull ups/changing. This should include:

- Staff to wear a reusable wipeable apron and gloves while changing each child or clearing up bodily fluids
- Staff to have to hand the following resources- A changing bed, aprons, gloves, blue roll/paper towels, antibacterial wipes/spray, nappy sacks, nappies, baby wipes
- Staff will address the child by name and explain what is to happen
- Staff will tell another member of staff that they are going to change a child
- Staff will comfort and reassure the child, talk through what they are doing and ensure the change is completed swiftly to ensure the stress is not prolonged.
- Soiled nappies/pull ups securely wrapped and disposed of appropriately in the hygienic nappy bin
- The changing area/ toilet to be left clean and area sprayed with antibacterial cleaner before changing each child.
- Hot water and soap available to wash hands as soon as changing/clearing up is completed and paper towels to be available to dry hands.
- Older children to be encouraged to be independent and self-change wherever possible. So to be encouraged to pull down their own trousers/knickers etc. and to wipe themselves and put on clean clothes.
- For toileting accidents, use blue roll/paper towels and disinfectant floor wipes/spray to clean floor and dispose of these in plastic bag in Nappy Bin.
- If child needs cleaning, use their own baby wipes, if supplied, in case of skin sensitivity. Bag soiled clothes securely to return to parents.
- If possible or appropriate, encourage children to take an interest in using the toilet (or potty).
- Remind child to wash and dry his/her hands.
- Staff should thoroughly wash their own hands.
- Make note to ask parents to replenish supplies and spare clothes if necessary.

- If member of staff notices marks or injuries on the child they must follow the schools' safeguarding policy and report it to the nominated safeguarding officer and if in the nursery to the early years manager.
- Staff to record nappy changing on the paperwork provided and if an older child to put in the child's file and to notify the parent. If it is a child in the nursery the parent is to be made aware at the end of the session that nappy changing has taken place, by whom and at what time.
- Older children must also have an intimate care plan which is agreed with parents/carers

Intimate Care Plan Agreements

The parent:

- I agree to ensure that the child is changed at the latest possible time before being brought to the setting/school.
- I will provide the setting/school with spare nappies or pull ups and a change of clothing.
- I agree to provide nappy cream should it be required.
- I understand and agree the procedures that will be followed when my child is changed at school – including the use of any cleanser or wipes.
- I agree to inform the setting/school should the child have any marks/rash.
- I agree to a 'minimum change' policy i.e. the school will not undertake to change the child more frequently than if s/he were at home.
- I agree to review arrangements should this be necessary.

Signed: (parent/carer)

The school:

- We agree to change the child during a single session should the child soil themselves or become uncomfortably wet
- We agree to monitor the number of times the child is changed in order to identify progress made
- We agree to report should the child be distressed, or if marks/rashes are seen
- We agree to review arrangements should this be necessary.

Signed: (school member of staff)

Name:..... (school member of staff)

Date:.....

