



## **Park Hill Primary School**

### **Intimate Care Policy**

#### **Introduction**

Intimate care is any issue which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure (e.g. the management of catheters.)

The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children wherever possible.

Additional vulnerabilities that might arise from a physical disability, or learning difficulty, which must be considered with regard to individual teaching and care plans for each child. As with all arrangements for intimate care needs, agreements between the child, those with parental responsibility and Park Hill Primary School should be easily understood and recorded. These arrangements should be regularly reviewed and the children should be consulted as part of the process.

This document is based on a best practice in special schools or Early Years settings.

**Park Hill Primary 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. Park Hill Primary School recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress, humiliation or pain.**

#### **Our Approach to Best Practice**

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

Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in lifting and moving) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.



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 who are involved in the intimate care of children will not usually be involved with the delivery of sex education to the children in their care as an additional 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 them self as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible, one child will be catered for by one adult unless there is a medical reason for having more adults present. If this is the case, the reasons should be clearly documented.

Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers.

Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may be waived where failure to provide appropriate care would result in negligence for example, a female member of staff supporting boys, as no male staff are available. This is sometimes the case when pupils are changing for swimming.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's 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.

### **The Protection of Children**

**Education Child Protection Procedures and Inter-Agency Child Protection procedures will be adhered to.**

All children will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a presentation it will be immediately reported to the nominated person.



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 this process in order to reach a resolution. Staffing schedules will be altered until the issue is resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed

### **Children wearing nappies**

Child Protection need not present an issue for pupils/children with special needs enrolling who are still wearing nappies. It is good practice to provide information for parents of the policy and practice in the school. Such information should include a simple agreement form for parents to sign, outlining who will be responsible within the school for changing the child and when and where this is to be carried out. This agreement allows the school and parent to be aware of all the issues surrounding this task right from the outset.

A note book is allocated to a child to record who changes a child and the time this took place. This is reassuring for parents and staff, since there are systems in place and procedures to follow.

Parents have a role to play when their child is still wearing nappies. The parents should provide nappies, disposal bags and wipes. The parents should be made aware of this responsibility. Park Hill Primary School will provide gloves, plastic aprons, a bin and liners to dispose of waste.

Staff should always wear an apron and gloves when dealing with a child who is being changed. Any soiled waste should be placed in a polythene waste disposal bag, which can be tied. The bag should be placed in a bin (complete with liner) which is specifically designated for the disposal of such waste. The bin should be emptied on a weekly basis and it can be collected as part of the usual refuse collection service as this waste is not classed as clinical waste. Staff should be aware of the School's Health and Safety policy and EYFS nappy changing procedure.

### **Changing Facilities**

At Park Hill Primary School, there is 1 hygiene suite and nappy changing facilities in Nursery and a wet room which are designed to cater for intimate care procedures or nappy changing. Hygiene suites/wet room are equipped with specialised facilities and furniture for changing children and avoid an adult having to lift a child and cause possible back injury.



### **Health and Safety**

Health and Safety advice for schools can be found in the Health and Safety Handbook.  
For further information, see Mandy Gilmore (Health & Safety Officer)

### **Monitoring**

This policy will be reviewed every three years or sooner if necessary.

Agreed by Governors: October 2019

Signed Chair of Governors:

Date:

Signed Head-teacher:

Date: