

LANGNEY PRIMARY SCHOOL



# Intimate Care Policy

*'At the **forefront of education**, our vision is to provide opportunity and excellence in all branches of learning. By creating a flagship school that is a '**Centre of Excellence**' in scores of disciplines, academic and beyond, each unique child's potential is explored and natural talents discovered. At Langney Primary School our vision is to uphold the balance between **EXCELLENCE** (standards) and the **ENJOYMENT** of learning (Vision Statement April 2014).*



Date of Review:	Policy Reviewed By:	Date of Approval:	Approved By:	Chair Printed Name	Chair Signature	Attention To Staff
14.10.15	Tess Compton (Assistant HT)	22.10.15	FGB	Jane McCarthy-Penman		23.10.15
14.11.16	Tess Compton (Assistant HT)	05.01.17	FGB	Jane McCarthy-Penman		06.01.17



# Intimate Care Policy

Langney Primary School

Agree Date: January 2017

Review Date: January 2018

Person Responsible for Review: Teresa Compton



## **Intimate Care Policy**

The pastoral care of our children is central to the aims, ethos and teaching programmes in Langney Primary School and we are committed to developing positive and caring attitudes in our children. Our Intimate Care Policy is part of our collective pastoral care policies.

It is our intention to develop independence in each child, however there will be occasions when help is required. The principles and procedures apply to everyone involved in the intimate care of children. In school this may occur on a regular basis or during a one-off incident. Langney 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. We recognise that there is a need to treat all our children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain and adults and staff must be sensitive to each child's individual needs.

Intimate care is any care which involves one of the following:

1. Assisting a child to change his/her clothes
2. Changing or washing a child who has soiled him / herself
3. Assisting with toileting issues
4. Supervising a child involved in intimate self-care
5. Providing first aid assistance

### **Principles of Intimate Care**

The following are the fundamental principles of intimate care upon which our policy guidelines are based:

- \* Every child has a 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 their views taken into account; and
- \* Every child has the right to have levels of intimate care that are appropriate and consistent.

## **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, eye pointing, 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; and
- \* Treat the child as an individual with dignity and respect.

## **Assisting a Child To Change His / Her Clothes**

This is more common in our Foundation Stage. On occasions an individual child may require some assistance with changing if, for example, he / she has an accident at the toilet, gets wet outside, or has vomit on his / her clothes etc.

Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given.

Staff will always ensure that they have a colleague in attendance when supporting dressing/undressing and will always give the child the opportunity to change in private, unless the child is in such distress that it is not possible to do so. If staff are concerned in any way parents will be sent for and asked to assist their child and informed if the child becomes distressed.

## **Changing A Child Who Has Soiled Him/Herself**

If a child soils him/herself in school a professional judgement has to be made whether it is appropriate to change the child in school. The child's needs are paramount and he/she should be comforted and reassured throughout. The following guidelines outline our procedures but we will also seek to make age-appropriate responses.

- \* The child will be given the opportunity to change his / her underwear in private and carry out this process themselves.
- \* School will have a supply of wipes, clean underwear and spare uniform for this purpose. (A supply of clean underwear and spare uniforms are available in the medical room).
- \* If a child is not able to complete this task unaided, a courtesy call will be made to the parents/carers to explain that school staff will assist the child to change and clean themselves up.
- \* The member of Staff who has assisted a pupil with intimate care will complete the Record of Intimate Care Sheet which is held in the child's classroom. There is an example of this in Appendix 1.

### **Dealing With Blood and Body Fluids**

Blood, vomit, urine and faeces will be cleaned up immediately and disposed of safely by double bagging the waste and removing it from the premises. When they are dealing with body fluids, staff will wear personal protective clothing (disposable plastic gloves and aprons) and will wash themselves thoroughly afterwards. Soiled children's clothing will be bagged to go home – staff will not rinse it. Children will be kept away from the affected area until the incident has been dealt with fully. Staff will maintain high standards of personal hygiene, and will take all practicable steps to prevent and control the spread of infection. After staff have supported during intimate care, then hands should be washed with soap to protect themselves and the child/ other children from cross-contamination.

Written in accordance with the Statutory Framework for the Early Years Foundation Stage (2012): Safeguarding and Welfare Requirements: Equal opportunities [3.66] and Child protection [3.6]

### **Best Practice**

When intimate care is given, the member of staff will explain fully each task that is carried out, and the reasons for it. Staff will encourage children to do as much for themselves as they can.

If a child requires intimate care on a regular basis, it is a good idea for two members of staff to share the care between them. In this way the child should not become overly dependent on a single member of staff, and is less likely to become distressed if their usual carer is occasionally unavailable. However, parents' views on the number of staff providing personal care to their child must also be taken into consideration - some children may simply be unable to cope with more than one carer.

### **Providing Comfort or Support To A Child**

There are situations and circumstances where children seek physical comfort from staff (particularly children in Early Years). Where this happens staff need to be aware that any physical contact must be kept to a minimum. When comforting a child or giving reassurance, staff must ensure that at no time can the act be considered intimate. If physical contact is deemed to be appropriate, staff must provide care which is professionally appropriate to the age and context.

If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable. If a child touches a member of staff, as noted above, this should be discussed, in confidence with the Designated Safeguarding Lead, as this could be an indicator of safeguarding concerns.

### **Assisting A Child Who Requires A Specific Medical Procedure and Who Is Not Able To Carry This Out Unaided**

Our Administration of Medications Policy outlines arrangements for the management of the majority of medications in school.

Parental permission must be given before any medication is dispensed in school- this form is also available on our website.

A small number of children will have significant medical needs and in addition to the arrangements included in our Administration of Medications Policy will have an Individual 'Care Plan'. This Care Plan will be formulated by the relevant medical body. If required, school staff will receive appropriate training.

### **Swimming**

All junior classes participate in a swimming programme at The Sovereign Centre. Children are entitled to respect and privacy when changing their clothes however; there must be the required level of supervision to safeguard young people with regard to health and safety considerations and to ensure that bullying, teasing or other unacceptable behaviour does not occur. Where a child needs additional support for changing parental permission will be sought and a personal care plan will be drawn up so as to maintain dignity but increase independence.

### **Residential Trips**

Residential educational visits are an important part of our Year 6 School experience. Particular care is required when supervising pupils in this less formal setting.

As with extra-curricular activities, although more informal relationships in such circumstances tend to be usual, staff are still guided by our Child Protection procedures, Pastoral Care and positive Behaviour Policies. Some specific Intimate Care issues may arise in a Residential context.

### **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.

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 that some forms of assistance can be open to misinterpretation. Adhering to the following guidelines of good practice should safeguard both children and staff.

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. Check your practice by asking the child or parent about any preferences while carrying out the intimate care.

2. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.

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 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 and assessed.

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 to 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 swellings report it immediately to the Designated Safeguarding Lead.

If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the designated teacher. 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.

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