



Intimate Care Policy

TO BE REVIEWED ANNUALLY BY THE GOVERNING BODY

Intimate Care Policy

This policy should be read with due regard to
Child Protection and Safeguarding Policy

Rationale

It is our intention to develop independence in each child, however there will be occasions when help is required. Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a child 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. The issue of intimate care is a sensitive one and will require staff to be respectful of a child's needs and any child protection issues. A child's dignity should always be preserved with a high level of privacy, choice and control. 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.

Somerville Nursery 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. Our 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 or pain.

Definition of Intimate Care at Nursery:

'Intimate care may be defined as an activity required to meet the personal care needs of each individual child in partnership with the parent, carer and the child.' (9.26, ACPC Regional Policy and Procedures). In nursery this may occur on a regular basis or during a one-off incident. All children are always encouraged to be independent therefore the child should be encouraged to do as much cleaning and removal of clothes as is practical. If a child needs intimate care parental permission must be obtained and an agreement signed (appendix 1). The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be made aware of the task being undertaken.

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. Children wearing nappies
4. Supervising a child involved in intimate self-care
5. Providing comfort to an upset or distressed child and limited touch
6. Positive handling
7. Providing first aid assistance
8. Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided. *

* In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure.

Parents have the responsibility to advise the school of any known intimate care needs relating to their child.

Training

Staff who provide intimate care are trained to do so (Child Protection and Health & 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.

Assisting a child to change their clothes

On occasions an individual child may require some assistance with changing if, for example, 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.

The member of staff dealing with the incident will ensure that another member of staff is made aware of the task being undertaken 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 themselves

- If a child (who is not wearing nappies) soils him/herself in school a professional judgement has to be made whether it is appropriate to change the child in school, or request the parent/carer to collect the child for changing*. In either circumstance the child's needs are paramount and they 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.
- Parents / carers will supply spare clothes, including clean underwear for this purpose. (Nursery also have a small supply of spare clothes on site).
- If a child is not able to complete this task unaided, school staff will support the child as required and contact the emergency contact to inform them of the situation.
- *If the emergency contact cannot attend, school will seek verbal permission for staff to change the child. If none of the contacts can be reached the Assistant Head Teacher / Head teacher is to be consulted and the decision taken on the basis of loco-parentis and our duty of care to meet the needs of the child.

Children wearing nappies

- Parents are asked to sign a simple agreement form outlining who will be responsible, within the school, for changing the child and when and where this will be carried out. This agreement allows the school and the parent to be aware of all the issues surrounding this task right from the outset (see Appendix 1). All staff should follow the procedure for nappy changing (appendix 3). This should be displayed in all changing areas. Children admitted to F1 provision who require ongoing support with nappies / toilet training will require an Individual Care Plan (Appendix 4) to be completed, due to this being a long term intervention.
- Where children are being toilet trained, or their toileting is being monitored for medical reasons, an intimate care log should be completed (appendix 2)

Changing information:

Staff will encourage each child to do as much for themselves as they can. E.g. helping with pulling on and off clothing. Each child's right to privacy will be respected. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. It is not usually practicable from the point of view of staffing resources for there to be two members of staff involved with a child for intimate care unless for health and safety reasons e.g. with a child who is ill or difficult to move or handle. The best interests of the child need to be considered in making such decisions on staff. Whilst the presence of two people may be seen as providing protection against a possible allegation of abuse against a member of staff, it further erodes the privacy of the child. Two staff may be required to handle a child on and off the bed if the child is not able to access the bed independently or use the steps to the changing bed.

Staff should advise another member of staff when a child is taken to be changed.

Where possible the same child will be cared for by the same adult on a regular basis; supply staff will not usually undertake intimate care.

All children should keep spare clothes and underwear in school and a supply of nappies and wipes if being used.

Staff will take F1 children into the small playroom toilets to be changed or F1 toilets if they can be changed standing up. 2 Year olds will use the baby change area. When changing nappies or assisting with toileting, strict hygiene procedures must be followed.

- All equipment should be gathered before changing so the child is not left unattended.
- Children should not be left unattended on a changing bed
- Baby change mats or rise and fall bed MUST be sanitised before and after use. (COSHH school products only)
- Staff to wear disposable apron and gloves
- Staff will use disposable baby wipes
- Soiled nappies to be disposed of in nappy bin, wrapped in a nappy sack
- Staff and children must wash their hands after change
- Where children who are heavily soiled parents may be informed and asked to collect.
- Rooms may need to be sprayed with odour neutraliser (COSHH school approved spray only)

Supervising a child involved in intimate self-care

Some children need to be supervised while using the toilet. Children are encouraged to toilet themselves independently, however at times they may need assistance. Parental support for this should already have been obtained

Providing comfort to an upset or distressed child and limited touch

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact. The expectation is that staff will work in 'limited touch' cultures and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background.

Staff should be aware that even well intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny.

Children with special needs may require more physical contact to assist their everyday learning. The general culture of 'limited touch' will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny. Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported.

There may be occasions when a distressed pupil needs comfort and reassurance that may include physical touch such as a caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and not subject to misinterpretation. Judgement will need to take account of the circumstances of a pupil's distress, their age, the extent and cause of the distress. Particular care must be taken in instances which involve the same pupil over a period of time.

Extra caution may be required where a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to staff vulnerable to allegations of abuse. Ensuring that a witness is present will help to protect staff from such allegations.

Positive handling

There may be occasions where it is necessary for staff to restrain children physically to prevent them from inflicting damage on either themselves, others or property. In all cases of Positive Handling the incident must be documented and reported, a number of staff are trained on using Team Teach approach and these staff should be the first staff to be consulted to use positive handling if at all possible.

Providing first aid assistance

Staff who administer first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be made aware of the task being undertaken.

Assisting a child who requires a specific medical procedure

Our 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 will have an Individual 'Healthcare Plan'. If required, school staff will receive appropriate training.

If intimate care has taken place parental permission (appendix 1) should have been obtained and an intimate care log completed (appendix 2).

Individual Care Plan

Individual Health Care plans will be drawn up for children requiring ongoing intimate care to suit their individual circumstances (appendix 4).

It is vital that these plans are prepared prior to admission, and where possible opportunities are made for the child and family to meet the staff who will be providing intimate care. The plan should be signed by all who contribute and reviewed on a regular basis.

When writing a plan, whole school and classroom management considerations should be taken into account, for example:

- The importance of working towards independence
- Substitutes in case of staff absence
- Strategies for dealing with bullying/harassment (if the child has an odour for example)

Any plan should be clearly recorded to ensure clarity of roles, responsibilities and expectations. A procedure should be included to explain how concerns arising from the intimate care process will be dealt with. This is the responsibility of the child's teacher. These will be reviewed on a termly basis and discussed with the parents/carers.

Responsibility of staff

- The management of all children with intimate care needs will be carefully planned. Staff will be supported to adapt their practice in relation to the needs of individual children. The child will be supported to achieve the highest level of independence that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can.
- Any member of staff may provide intimate care, provided it does not require unusual procedures or techniques (e.g. lifts or hoists). Volunteers are not to provide intimate care, but they may be used as a witness. Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes.
- Some staff are likely to come into physical contact with pupils from time to time in the course of their duties when participating in games, demonstrating an exercise or the use of equipment. Staff should be aware of the limits within which such contact should properly take place and of the possibility of misinterpretation. Where it is anticipated that a pupil might be prone to misinterpret any such contact, alternatives should be considered, perhaps involving another member of staff or a less vulnerable pupil in the demonstration.
- Meetings with pupils away from the school premises where a chaperone will not be present, are not permitted unless specific approval is obtained from the head teacher or another senior colleague with delegated authority. Staff should not place themselves in a position where they are in a vehicle, house or other venue alone with a child. If staff come into contact with pupils whilst off duty, they must behave as though in their professional role and not give conflicting messages regarding their own conduct.
- Where a member of staff has a particular concern about the need to provide this type of care and reassurance they should seek further advice, from their line manager or other appropriate person.

Resources

The dignity and privacy of the child is of paramount concern. An area will be made private when a child is to be changed. If a changing mat is being used, it should not be situated in a thoroughfare, as it will have to be used on the floor when a child is to be changed. This is the recommended method of changing a child, as it avoids an adult having to lift a child and cause possible back injury. Schools will need to ensure that they have:

- hot running water and soap
- paper towels
- aprons and gloves
- nappy bags
- cleaning equipment
- bin
- a supply of spare nappies and wipes (provided by the child's parent/ carer)
- spare clothes (provided by the child's parent / carer)

Staff should always wear gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with a 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.

The Protection of Children

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

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(s) are 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.

Appendix 1

Permission form for the Provision of Intimate Care

If a child wets or soils themselves while they are at school it is important that measures are taken to have them changed (and if necessary cleaned) as quickly as possible.

Our experienced staff will carry out this task if you wish them to do so or, if you prefer, the school can contact you or your emergency contact who will be asked to attend without delay.

Somerville Nursery School has an Intimate Care Policy which is available to view on our website (<http://www.somerville.wirral.sch.uk/>), or ask for a copy at the office.

Please fill out the consent slip below stating your preference, and return to school.

.....
.....

Name of Child.....

Class.....

Please delete as appropriate:

*I give consent for my child to be changed and cleaned by staff if they wet/soil themselves while in the care of Somerville Nursery School.

OR

*I do not give consent for my child to be changed and cleaned if they wet/soil themselves.

The school will contact me or my emergency contact and I will organise for my child to be cleaned and changed. I understand that in the event that I (or the emergency contact) cannot be contacted the staff will act appropriately and may need to come into some level of physical contact in order to support the child as part of the basic duty of care.

Signature of Parent/Carer.....

Date.....

Appendix 2

Intimate Care log

Name of child _____

Has the parent/carer given written consent? Yes No

Date of consent _____

If no consent has been obtained:

1. Ring the parent for verbal consent
2. If no consent obtained DO NOT UNDERTAKE INTIMATE CARE
3. If in doubt seek advice

Date	Time	Details	Print Name	Sign

Appendix 3

Procedure for Changing

1. All equipment should be gathered before changing so the child is not left unattended.

2. Children should not be left unattended on a changing bed
3. Baby change mats or rise and fall bed MUST be sanitised before and after use. (COSHH school products only)
4. Staff to wear disposable apron and gloves
5. Staff will use disposable baby wipes
6. Soiled / wet nappies to be disposed of in nappy bin, wrapped in a nappy sack
7. Staff and children must wash their hands after change
8. If children are heavily soiled parents will be contacted
9. Rooms may need to be sprayed with odour neutraliser (COSHH school approved spray only)

Appendix 4 Individual Care Plan

Name of child	Timescale of plan	From	To
Understanding of the pupil			
Brief overview of their needs and the support they need. Any strengths, particular considerations, particular requirements etc .			

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Pupil's view (Ask who they wish to help them and what support they would like)

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Parent's view

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Target	Resources	Delivery	Timescale
eg. I can pull my trousers up			

Parents/carer _____

Child (if appropriate) _____

Staff involved _____

Senior management/SENCO: _____