

Central Primary School



NPT Guidance Intimate Care Policy

Head Teacher Signature

Chair of Governor Signature

Intimate Care

Central Primary School is committed to ensuring that all staff responsible for the intimate care of children and young people will always undertake their duties in a professional manner. We recognise 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, embarrassment, discomfort or pain. The child or young person's welfare and dignity is of paramount importance, and every child and young person's privacy will be respected. The Governing Body will act in accordance with Welsh Government Guidance 'Supporting Learners with Healthcare Needs' (2017) alongside 'Keeping Learners Safe' (2022) and the Wales Safeguarding Procedures (2019) to safeguard and promote the welfare of all learners and staff. The Governing Body also recognises its duties and responsibilities in relation to the Equalities Act (2010) and the need to treat all learners, regardless of their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. To meet their responsibilities under the Equality Act 2010, the school must make 'reasonable adjustments' to accommodate learners with disabilities, which may include the provision of personal and intimate care. The learner's welfare is of paramount importance, and their experience of intimate and personal care should be a positive one

Child Protection:

The normal process of changing a child should not raise child protection concerns, and whilst there are no regulations that indicate that a second member of staff must be available to supervise the changing process, to ensure that abuse does not take place; Governors feel staff may request two members of staff to support each other during the changing process if required. Few schools will have the staffing resources to provide two members of staff for changing and DBS checks are carried out to ensure the safety of the children. If there is known risk of false allegation by a child, then a single practitioner should not undertake changing alone.

Schools must consult the Social Worker whenever planning toilet training or special toileting arrangements for children on the **Child Protection Register** or whenever social care teams are involved.

Rationale:

It is our intention to develop independence in each child, however, there will be occasions when help is required. Our Intimate Care Policy has been developed to safeguard children and staff. It is one of a range of specific policies that contribute to our pastoral care policy. The principles and procedures apply to everyone involved in the intimate care of children.

There shall be a high awareness of child protection issues throughout the use of intimate care and staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

School staff are working within local authority insurance cover; provided that the Intimate Care Policy in conjunction with the pupil's Health Care Plan are agreed and recorded by the parents, health and education.

Children are generally more vulnerable than adults; and staff involved with any aspect of pastoral care need to be sensitive to their individual needs.

Intimate care is any care 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.

Intimate care can be defined as any activity that is required to meet the personal needs of an individual child on a regular basis or during a one-off incident. Such activities can include:

- feeding
- oral care
- washing
- changing clothes
- toileting
- first aid and medical assistance, in conjunction with the relevant Health Care Plan and/or Medicine Administration form (Appendix 5)
- supervision of a child involved in intimate self-care

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

Principles of Best Practice in Intimate Care

The learner who requires intimate care is always treated with respect; the child/young person's welfare and dignity is of paramount importance. The school will ensure:

- The individual will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage independence and encourage him/her to carry out aspects of intimate care as part of his/her personal and social development. This may mean, for example, giving the child responsibility for washing themselves and targets may be set in developing these life skills.

- Provide facilities appropriate to the child or young person's age and individual needs.
- Consideration is given to ethnicity, culture, beliefs and religion, and any special requirements relating to intimate care should be identified and documented.
- Awareness of and be responsive to the learner's reactions, their verbal and non-verbal communication and any agreed signals.
 - 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 sound reason for having more adults present, (e.g.) when physical disability necessitates more than one member of staff to provide care, or when there is a need to safeguard staff. If this is the case, the reasons should be clearly documented. To discourage over familiar relationships, best practice would recommend a rota of staff that are able to undertake this task with the child/young person. This will depend on staff ratios in individual schools.
- There is positive value in both male and female staff being involved in the care of children. However, consideration should be given to the appropriateness of the gender of the member of staff to undertake the intimate care task

We recognise that intimate care raises complex issues. Whilst it may not be possible to eliminate all risks, the balance should be on the side of dignity, privacy, parental and where appropriate pupil choice and safety. All employees regardless of their position are obliged to take reasonable care to ensure their own and others health and safety and to work within policy and procedural guidelines.

Where anticipated, intimate care arrangements are agreed between the school and parents and if appropriate, by the child. Intimate care agreements are signed by the parent and stored in the child's file. Only in an emergency would staff undertake any aspect of intimate care that has not been agreed by parents and school. Parents would then be contacted immediately. Some pupils will require an Individual Healthcare Plan (IHP) these are written by the school in conjunction with healthcare professionals.

They may involve:

- Supported eating e.g. gastrostomy (peg feeding)
- Administering medication • Physiotherapy/Occupational Therapy Programme
- Manual handling
- Massage/Intensive Interaction
- Applying topical medicines (e.g. eczema creams) NB. Nasal gastric feeding is to be undertaken by health care professionals.

Personal Protective Equipment (PPE)

Central primary School is responsible for providing Personal Protective Equipment (PPE) which should include: disposable gloves, disposable aprons, bin and liners to dispose of waste. Staff should always wear PPE when dealing with any child who is bleeding, wet or

when changing a soiled nappy/clothing. Parents should provide clean change of clothing, nappies, disposal bags, wipes, changing mat etc. and parents must be made aware of this responsibility.

Intimate care arrangements should be reviewed at annually or if there is a change in circumstances. The views of all relevant parties should be sought and considered to inform future arrangements.

Intimate Care Agreement and Consent:

Permission must be sought from the parent/carer before any form of intimate care can be undertaken, unless there is an emergency need to provide the intimate care. All those staff working with the child or young person should know that permission has been given before undertaking any Intimate Care. (Appendix: 1)

The Protection of Children:

The Wales Safeguarding Procedures 2019 and the school/setting Safeguarding and Child Protection Policy will be adhered to. If a member of staff has any concerns about physical changes in a child, young person's presentation, e.g. marks, bruises, soreness etc. they will immediately report concerns to the appropriate manager/designated safeguarding person for child protection.

Designated Safeguarding Officer (name) : Mrs Jessica James.

If a learner becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be considered 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, The Wales Safeguarding Procedures 2019 will be followed alongside the schools/settings Safeguarding and Child Protection Policy.

Recording the use of Intimate Care:

Where it is agreed that intimate care might be required for a child an agreement between parents/carers and the school will be completed. This agreement will detail what care is to be provided and by whom. **(See appendix 1)**

Alongside this parents and the school will work together to complete a toileting plan for the child **(see appendix 2)**

For each use of intimate care staff will record using the personal care intervention log **(see appendix 3)**

Where there are particular issues which might indicate a need for the intimate care to be delivered by two members of staff; a risk assessment must be completed and retained on the child's record eg: manual handling, safeguarding issues (**see appendix 4**)

Intimate care agreements must be reviewed on a regular basis according to the developing needs of the child

Appendix 1

Agreement and Consent to the use of Intimate Care for a child/Young Person

The purpose of this agreement is to ensure that both parents/carers and professionals are in agreement with what care is to be given and that staff have received any appropriate training that may be relevant.

Teaching of certain care procedures may be carried out by the parent/carer or by the professional experienced in that procedure.

When the parent/carer and/or professionals are agreed that the procedure has been learned or where routine intimate care is to be provided, the details will be recorded fully below and all parties must sign this record and be provided a copy; an additional copy is to be retained on the child's file in school and where appropriate a copy is to be provided for the child's medical record.

Child/Young Persons Name:

Reasons why intimate care is to be provided:

Who will provide this care (if parents, how are they to be contacted and what contingency is in place should they be uncontactable or unable to attend? for staff members please details names and designation of those staff who will be providing care):

Details of care to be provided:

Consent provided by:

Parent/carer name:

Agreement signed by:

Parent/carer name:

Staff Carer names & designation:

Staff carer signatures:

Date agreement to be reviewed:

Review date:

Outcome of review to be recorded:

Toileting Plan

Child/Young Persons Name	D.O.B.	Date Agreed

	Details	Action
<u>Working Towards Independence:</u> e.g. taking child/young person to toilet at timed intervals, using sign or symbols, any rewards used		
<u>Arrangements for nappy/pad changing:</u> e.g. who, where, when, arrangements for privacy		
<u>Staffing Requirements:</u> e.g. how many, who, when		
<u>Level of Assistance Needed:</u> e.g. undressing, dressing, hand washing, talking/signing to child/young person		
<u>Infection Control:</u> e.g. wearing disposable gloves, arrangements for nappy/pad disposal		
<u>Resources Needed:</u> e.g. special seat, nappies/pull ups/pads, creams, disposable sacks, change of clothes, toilet step etc		
<u>Sharing Information:</u> eg if child/young person has nappy rash or any marks, cultural or family customs, birthmarks etc		

Date of Plan	
Parent Name	
Parent Signature	
Staff Name	
Staff Signature	
Review Date	

Record of Intimate Care Provided

Child/Young Persons Name	D.O.B.	Date of IC agreement

[illegible]



Risk Assessment Form

Activity to be Assessed				Assessment Number							
Persons undertaking or affected by the activity											
☐ Employees ☐ Pupil											
Identified Hazards				Severity		Likelihood		Risk Level			
1											
2											
3											
4											
Control Measures Required											
Prioritise Controls By Risk Level	Activity Hazard Number										
Reassessment of Activity Hazards				Severity		Likelihood		Risk Level			
1											
2											
3											
4											
Name			Signed				Date Completed				
Position											
Reviews		Key		Risk Level Table							
Review Date :		Likelihood		Severity							
Reviewed by:											
Review Date :		1 very unlikely		1 nuisance							
Reviewed by:		2 unlikely		2 minor							
Review Date :		3 likely		3 medical treatment							
Reviewed by:		4 very likely		4 major							
Review Date :		5 certainty		5 fatal							
Reviewed by:											
						Likelihood of Injury					
						Low Risk		Medium Risk		High Risk	