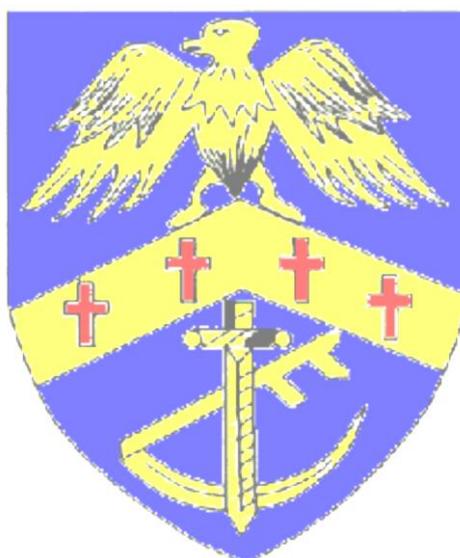


# SUNNYMEDE JUNIOR SCHOOL

*Learning for a Better Tomorrow*

## Intimate Care Policy



**Ratified:** June 2016  
**Review:** Every Two Years  
**This Review:** November 2019  
**Next Review Date:** November 2021

Headteacher's signature	Chair of Governor's signature
	

## 1 Introduction

**1.1** This policy is to be read in conjunction with the Equality policy, Health and Safety policy, Inclusion policy, Safeguarding Children policy, Supporting Children with Medical Needs Policy and Special Educational Needs and Disability policy.

**1.2** Intimate Care can be defined as any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up after a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygienic 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.

**1.3** The issue of intimate care is a sensitive one which 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 is always a high awareness of child protection issues. Staff behaviour will be open to scrutiny and staff will work in partnership with parents/carers to provide continuity of care to children wherever possible.

**1.4** Our 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. Sunnymede Junior 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.

## 2 OUR APPROACH TO BEST PRACTICE

**2.1** 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 safety, welfare and dignity is of paramount importance.

**2.2** 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 a physiotherapist / occupational therapist as required.

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

**2.4** 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.

**2.5** The child will be supported to achieve the highest level of autonomy that is possible for their given age and abilities. Staff will encourage each child to do as much for him/herself as he/she 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. **(DCSF Guidance 2005 – Managing Medicines in Schools and Early Years Settings).**

**2.6** Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many members of staff 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. If this is the case, the reasons will be clearly documented.

**2.7** Wherever possible the same child will not be cared for by the same adult on a regular basis. Within our school, where a child is statemented, a named adult (usually the Learning Support Assistant) will be responsible for that child whilst at school. However, we rotate staff known to the child,

to take turns in providing care, to 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 different members of staff.

**2.8** Wherever possible, staff should only care intimately for an individual of the same sex. 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.

### **3 THE PROTECTION OF CHILDREN**

**3.1** The school follows the procedures established by the Essex Safeguarding Children Board: guidance, procedures and practices for all professional staff in Essex who work with children, the DCSF 2007 guidance Safeguarding Children and Safer Recruitment in Education (2009 – Lord Laming report) and HM Government 'Working Together to Safeguard Children'. (2006). The school also acts in accordance with the following legislation: The Children Act 1989 and 2004 and the Education Act (2002), section 175.

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

**3.3** If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc, he/she will immediately report concerns to the Designated or Deputy Designated person for Child Protection.

**3.4** 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 solution. Staffing schedules will be altered until the issue/s are resolved so the child's needs remain paramount. Further advice will be sought from outside agencies if necessary.

### **4 SPECIFIC AREAS OF INTIMATE CARE**

#### **4.1 Children wearing nappies**

If a child is admitted into Sunnymede Junior School and still wears nappies, parents will be provided with information from this policy and our practices in school. These being: a simple agreement / care plan form for parents and the Headteacher to sign and outlining who will be responsible within the school for changing the child and where and when this will be carried out. This agreement allows the school and the parent to be aware of all the issues surrounding this task from the outset. A note book is kept to record who changes a child, how often this task is carried out and the time they left / returned to the classroom following this task. (This includes lunch time and break time).

#### **4.2 Changing facilities**

Any child who has long-term incontinence will require specially adapted facilities. At Sunnymede Junior School we have a toilet specifically for children who need a larger, more private space to toilet in. When children need to be changed in school, the dignity, safety and welfare of the child is of paramount concern.

#### **4.3 Equipment Provision**

If a child is admitted to Sunnymede Junior School still wearing nappies, it will be the Parent's responsibility to provide nappies, disposal bags, wipes and, where necessary, a changing mat. Spare clothes for the child are needed too. The school will make the parents aware of this responsibility prior to the child joining the school. As a school, we will be responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.

#### **4.4 Health and Safety**

Staff should always wear gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy. Where deemed necessary, an apron should also be worn. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag will then be placed in a bin (complete with liner) which is specifically designated for the disposal of such waste. The bin will be emptied on a weekly basis and it will be collected as part of the usual refuse collection service, as this waste is not classified as clinical waste. Staff will be aware of the school's Health and Safety policy.

#### **4.5 Special Needs**

Children with special needs have the same rights to safety and privacy when receiving intimate care. Additional vulnerabilities that may arise from a physical disability or learning difficulty 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 our school will be easily understood and recorded. Regardless of age and ability, the views and/or emotional responses of children with special needs will be actively sought (with advocacy arrangements made for those who can't) in regular reviews of these arrangements.

#### **4.6 Physical Contact**

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 will 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. 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. Additionally, many such children are extremely needy and seek out inappropriate physical contact. In such circumstances, staff should deter the child without causing them a negative experience. Ensuring that a witness is present will help to protect staff from such allegations.

See Restrictive Physical Intervention and Touch policy for further guidance

#### **4.7 Pupils in distress**

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. Unless the child needs an immediate response, staff should consider whether they are the most appropriate person to respond. It may be more suitable to involve the child's relative or school's counsellor. Particular care must be taken in instances which involve the same pupil over a period of time. 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 the Headteacher or Deputy Headteacher.

#### **4.8 First Aid and intimate care**

Staff who administer first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity, safety and welfare 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 in the vicinity and should be made aware of the task being undertaken. Regular requirements of an intimate nature should be planned for. Agreements between our school, those with parental responsibility and the child concerned should be documented and easily understood. The necessity for such requirements should be reviewed regularly. The child's views must also be actively sought and, in particular, any discomfort with the arrangements addressed.

#### **4.91 Physical Education and other skills coaching**

Staff will 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.

#### **4.92 Changing clothes**

Children are entitled to respect and privacy when changing 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 or teasing does not occur. Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is present. However, this may not always be possible and therefore staff need to be vigilant about their own conduct.

### **5 Monitoring and evaluation**

**5.1** The SENCO and the Headteacher will monitor the policy and provide staff and governors with regular summaries of the impact of the policy on the practice of the school.

## **6 SAFEGUARDING**

**6.1** The school follows the procedures established by the Essex Safeguarding Children Board: guidance, procedures and practices for all professional staff in Essex who work with children, the DCSF 2007 guidance Safeguarding Children and Safer Recruitment in Education (2009 – Lord Laming report) and HM Government 'Working Together to Safeguard Children'. (2006). The school also acts in accordance with the following legislation: The Children Act 1989 and 2004 and the Education Act (2002), section 175.

**6.2** The welfare and safety of children who attend our school is our paramount concern. We will promote the health, well-being and safety of the children in all we do. Our children have the right to protection, regardless of Special Educational Need, age, gender, race, culture, language, racial origin, religious belief, sexual identity or disability. They have a right to be safe in our school.

