



Core Policy Information			
Policy Title		Intimate Care Policy & Guidance	
ID	P04	Area	Child Health and Well Being
Development Status		Embedded	
Development		This policy was developed in line with West Sussex local authority guidance for administration of medicines.	
Legal Basis		Recommended	
Legal Guidance		Not applicable	
RACI			
RACI	Position	Name	
Responsible	Medical Lead	Nicola Soltermann	
Accountable	Administration Manager	Treena Beech	
Consulted	Whole school community		
Consultation Details	Email circulation inviting any comments, queries or concerns		
Informed	Whole School Community		
Informed Details	Email confirming location of policy and its recent review and update		
Review and Ratification			
Review	Frequency	Latest Review	Next Planned Review
Review Cycle	Bi-annual	Spring 23	Autumn 25
Governor Oversight	Pastoral	Latest Approval Date:	Autumn 20
Approval Level	Middle Leadership		
Approval delegated to	Not Delegated		
Storage and Communication			
Hard Copy	Staff Room, Entrance		
Web Link	https://www.chesswood.w-sussex.sch.uk/page/?title=Medical+Intervention&pid=223		
System Link	\\chw-filesr\School Drive\School Level\Policies\Intimate Care Policy		



Agreement Links

This policy has been developed in accordance with Sussex Community NHS West Sussex County Council using the West Sussex Policy as guidance. This policy should be read in conjunction with the Supporting Pupils with Medical Conditions Policy and the Supporting Material.

This policy should be read in conjunction with the following school policies

Policy/Guidance/ Poster	<u>System Link</u>
	<u>School Website Link</u>

Supporting Children with medical conditions	<u>Y:\School Level\Policies\Supporting Pupils with Medical Conditions</u>
	<u>https://www.chesswood.w-sussex.sch.uk/page/?title=Supporting+Children+with+Medicines&pid=226</u>

School Vision

At Chesswood Junior School we inspire our whole school community to enjoy their learning adventure and have fun along the way. We ignite a passion for learning throughout the school community, securing excellence, empathy and equality in all that we do.

School Mission

We will strive to achieve the highest standards of academic achievement and behaviour within a vibrant, exciting learning environment so that all children leave this school with confidence and the ability to take advantage of future opportunities.



Intimate Care Policy

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1. INTRODUCTION 5

2. DEFINITION 5

3. OUR APPROACH..... 5

4. SAFEGUARDING..... 7

5. PHYSICAL CONTACT..... 8

6. FACILITIES AND EQUIPMENT 8

 6.1. TOILET FACILITIES..... 8

 6.2. EQUIPMENT PROVISION 9

 6.3. SHOWER FACILITIES 9

7. SPECIFIC INTERVENTION GUIDANCE..... 9

 7.1. SUPPORT DRESSING AND UNDRESSING 9

 7.2. PROVIDING COMFORT OR SUPPORT 9

 7.3. TOILET SUPPORT – SOILING..... 10

 7.4. MEDICAL PROCEDURES 11

8. WRITING A CARE PLAN 12

9. HYGIENE 12

10. FIRST AID AND INTIMATE CARE..... 13

APPENDICES..... 14

APPENDIX 1 PERMISSION FORM FOR THE PROVISION OF CARE..... 14



1. Introduction

The purpose of this policy is:

- To safeguard the rights and promote the best interests of the children
- To ensure children are treated with sensitivity and respect, and in such a way that their experience of intimate care is a positive one
- To safeguard adults required to operate in sensitive situations
- To raise awareness and provide a clear procedure for intimate care
- To inform parents/carers in how intimate care is administered
- To ensure parents/carers are consulted in the intimate of care of their children

2. Definition

Intimate care is hands-on physical care in personal hygiene or close proximity non-contact support and physical presence or observation during such activities. Intimate care tasks can include:

- Supporting a pupil with dressing/undressing
- Providing comfort or support for a distressed pupil
- Assisting a pupil requiring medical care, including the application of medical treatment, who is not able to carry this out unaided
- Cleaning a pupil who has soiled him/herself, has vomited or feels unwell
- Toileting, wiping and care in sensitive areas.

3. Our Approach

Any child who requires intimate care is treated with respect at all times. Maintaining the child's own personal welfare and dignity at all times is of the utmost importance. It is essential that every child is treated as an individual and that care is given as gently and as sensitively as possible. 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 Children's Act 2004, Equality Act 2010, Supporting Children with Medical Conditions Guidance 2014). As far as possible, the child should be allowed to exercise choice and should be encouraged to have a positive image of his/her own body. It is important for staff to bear in mind how they would feel in the child's position. Given the right approach, intimate care can provide opportunities to teach children about the value of their own bodies, to develop their safety skills and to enhance their self-esteem.

The management of all children with intimate care needs will be carefully planned.

Staff who provide intimate care are trained to do so (including Child Protection and Moving and Handling) and are fully aware of best practice. Suitable equipment and facilities are to be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist. 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 and menstruation.

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 him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. 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 requires intimate care. The number of adults required and stated on a care plan will be regularly reviewed but care will be taken that ensure that the safeguarding needs of both adult and child are not compromised.

Where required and need has been identified, individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. Health care plans should be drawn up in consultation with parents and, where age appropriate, the child themselves. Arrangements will be reviewed on a regular basis. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

Intimate care may be required for any child where a need has not been previously identified. It is accepted that all staff have a duty of care when a child has an 'accident' or is sick.



Parents and staff should be aware that matters concerning intimate care will be dealt with confidentially and sensitively and that the young persons' right to privacy and dignity is maintained at all times.

4. Safeguarding

School Child Protection Policy and Multi-Agency Child Protection procedures will be adhered to at all times.

If a member of staff has any concerns about physical changes in a child's presentation (unexplained marks, bruises or soreness for example) they will immediately report concerns to the Designated Member of Staff for Child Protection.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated at an appropriate level and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of the process of reaching a resolution. Further advice will be taken from partner agencies. The child's care needs will be transferred to another member of staff at this point, until the matter has been concluded. If a child makes an allegation about a member of staff, this will be investigated following school child and LA protection procedures.

Intimate care duties will only be undertaken by employed members of staff (who have all been subject to pre-employment safeguarding checks). Volunteers will never undertake such duties.

Members of staff need to have regard to the danger of allegations being made against them and take precautions to avoid this risk. These should include:

- Gaining a verbal agreement from another member of staff that the action being taken is necessary
- Allow the child, wherever possible, to express a preference to choose his/her carer and encourage them to say if they find a carer to be unacceptable
- Allow the child a choice in the sequence of care
- Be aware of and responsive to the child's reactions



Intimate Care Policy

- Work with or in the vicinity of a colleague when intrusive intervention is required.

5. Physical Contact

All staff who engages in the care and welfare of children within the school are fully aware of the need to exercise caution with regard to physical contact. The expectation is that the majority of staff will work in 'limited touch' cultures and that when physical contact is made with students this will be in response to the individual's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background.

Staff are 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 can always justify their actions and accept that all physical contact may be open to scrutiny. Children with special needs or disability 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; justification in terms of the child's needs is consistently applied and open to scrutiny.

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 leave staff vulnerable to allegations of abuse. Additionally, many such children are extremely needy and seek out inappropriate physical contact. In such circumstances staff deter the child without causing them a negative experience. Ensuring that a witness is present will help to protect staff from such allegations. Where appropriate, and a history of abuse is known, those adults working with an individual will be informed of the student's vulnerability and child protection strategies will be followed.

6. Facilities and Equipment

6.1. *Toilet Facilities*

The disabled toilet located next to the hall will be used for attending to children who have soiled themselves or need to be changed. This provides ample space and



privacy for children, thus maintaining their dignity. Children with long term and/or known incontinence issues will be aware that they can access these facilities and feel comfortable in doing so.

6.2. *Equipment Provision*

Staff will be provided with aprons and gloves to use where appropriate when dealing with intimate care matters. Wipes and cleaning provisions are available for use by staff and children. Where children have regular incontinence issues then the parents will be asked to ensure that a supply of clean underwear and bags are always available.

6.3. *Shower Facilities*

Where showering is required, a shower is available and is located next to the disabled toilet and is between the adult male and female toilets. The shower room allows close staff access whilst maintaining privacy for the child where required. A supply of shower gel/soap will be kept there along with a towel. Parents may be asked to provide this in regular cases to help the child feel more comfortable.

7. Specific Intervention Guidance

7.1. *Support Dressing and Undressing*

Sometimes it will be necessary for staff to aid a child in getting dressed or undressed. Staff will always encourage children to attempt undressing and dressing unaided.

7.2. *Providing Comfort or Support*

Children may seek physical comfort from staff. Where children require physical support, staff need to be aware that physical contact must be kept to a minimum and be child initiated.

When comforting a child or giving reassurance, the member of staff's hands should always be seen and a child should not be positioned close to a member of staff's body which could be regarded as intimate.

If physical contact is deemed to be appropriate staff must provide care which is suitable to the age, gender and situation of the child.



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.

7.3. Toilet Support – Soiling

In the event of a soiling incident, parents will always be contacted in the first instance for them to attend. This helps reduce any further discomfort that the child may be experiencing. Intimate care for soiling should only be given to a child after the parents have given permission for staff to clean and change the child and only where the parents are unable to attend and take care of the situation themselves. Parents of a child who may require support with cleaning and changing must sign a permission form so that a member of staff can clean and change their child in the event of the child soiling themselves (Appendix 1).

If a parent does not give consent, the school will contact the parents or other emergency contact giving specific details about the necessity for cleaning the child.

If the parents/carers or emergency contact is able to come within a few minutes, the child is comforted and kept away from the other children to preserve dignity until the parent arrives.

Children are not left on their own whilst waiting for a parent to arrive, an adult will stay with them, giving comfort and reassurance. The child will be dressed at all times and never left partially clothed.

If a parent/carer or emergency contact cannot attend, the school seeks to gain verbal consent from parents/carers for staff to clean and change the child. This permission will be sought on each occasion that the child soils him or herself.

If the parents and emergency contacts cannot be contacted the Head Teacher will be consulted. If put in an impossible situation where the child is at risk, staff will act appropriately and may need to come into some level of physical contact in order to aid the child.

When touching a child, staff should always be aware of the possibility of invading a child's privacy and will respect the child's wishes and feelings.



If a child needs to be cleaned, staff will make sure that:

- Protective gloves are worn
- The procedure is discussed in a friendly and reassuring way with the child throughout the process
- The child is encouraged to care for him/herself as far as possible
- Physical contact is kept to the minimum possible to carry out the necessary cleaning.
- Privacy is given appropriate to the child's age and the situation.
- All spills of vomit, blood or excrement are wiped up and flushed down the toilet.
- Any soiling that can be, is flushed down the toilet.
- Soiled clothing is put in a plastic bag, unwashed, and sent home with the child.

7.4. Medical Procedures

If it is necessary for a child to receive medicine and/or required the application of a cream or lotion during the school day, parents must fill out a permission form from the school office and discuss their child's needs with a member of staff before the school agrees to administer medicines or medical care. Prescribed creams and lotions will be applied according to the instructions on the packaging from the GP. Non-prescription creams and lotions are only to be in school if they need to be administered more than twice a day. If a child requires assistance with applying creams and lotions this must be detailed on a Parental Agreement form and discussed with a member of staff prior to the first use. In the event of a child requiring assistance of applying a cream or lotion, two staff members will be present; one to administer and one to witness. It must be made clear to parents that staff administration of medicines is voluntary.

Further details can be found in the school Supporting Pupils with Medical Conditions' Policy.



8. Writing a Care Plan

Where a routine procedure is required an intimate care plan should be agreed in discussion with the child, school staff, parents and relevant health personnel. The plan should be signed by all who contribute and reviewed on an agreed basis.

In developing the plan the following should be considered;

a) Whole School implications

- The importance of working towards independence
- Arrangements for sports, school performances, examinations, school trips, swimming, etc.
- Ensure that there is enough stock of equipment and/or medication (within date)
 - Who will substitute in the absence of the appointed person.

b) Classroom management

- The child's seating arrangements in class
- A system for the child to leave class without disruption to the lesson
- Avoidance of missing the same lesson all year due to medical routines
- Awareness of a child's discomfort which may affect learning
- Implications for PE e.g. discreet clothing, additional time for changing
- Strategies for dealing with pressure from peers e.g. teasing/bullying particularly if the child has an odour.

All plans will be clearly recorded to ensure clarity of expectation, roles and responsibilities. They will be reviewed regularly. A procedure will also be included to explain how concerns arising from the intimate care process will be dealt with.

9. Hygiene

All staff must be familiar with normal precautions for avoiding infection, must follow basic hygiene procedures and have access to protective, disposable gloves.



10. First Aid and Intimate Care

There are named staff in school who administer first aid. The pupil's dignity is always considered and where contact of a more intimate nature is required, another member of staff is always in the vicinity and made aware of the task being undertaken.



Appendices

Appendix 1 Permission form for the Provision of Intimate Care

(To be completed in response to an incident or likelihood of intimate care being required)

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 staff are experienced and trained at carrying out this task if you wish them to do so or, if preferred, the school can contact you or your emergency contact who will be asked to attend without delay.

Chesswood Junior School has an Intimate Care Policy which is available to view on our website or ask for a copy from the office.

Please fill out the permission slip below stating your preference.

Name of Child		Class	
I give consent for my child to be changed and cleaned by a member of staff if they wet/soil themselves while in the care of Chesswood Junior School.		Yes	No
If NO, please detail how you would like school to proceed if your child soils or wets themselves while in the care of Chesswood Junior School.			

Please Note: Even if NO has been selected; in the event that a child has soiled themselves and every reasonable effort has been made to follow the contact requests above, we will preserve a child's dignity and provide the least intimate care possible to aid cleaning and changing.

I have read, understood and fully support school staff when attending to my child in line with the intimate care policy (including the note above). My child is aware of the school staff response should it be required.	Yes	No
Signature		
Date		