



Crudgington Primary School Intimate Care Policy COVID-19 V.1

Intimate Care Policy - Document Status				
Date of policy update	27.5.2020	✓	Named responsibility	Ames, Adam
Date for Review	27.5.2022 or sooner if further guidance released		Named responsibility	Ames, Adam

Introduction

1.1 Intimate care is any care which is associated with invasive procedures relating to bodily functions, bodily products and personal hygiene which demands direct or indirect contact with or exposure of intimate parts of the body, such as cleaning up after a child who has soiled themselves. In addition, some children may need help with dressing/undressing or using the toilet. Most children can carry out these functions themselves, but it is recognised that some are unable to due to physical disability, learning difficulties, medical needs or needs arising from the child's stage of development.

1.2 This Intimate Care Policy has been developed to safeguard children, support staff and ensure good practice is followed. At Crudgington Primary School all staff are checked with the Disclosure and Barring Service (DBS) and we are 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 believe that the intimate care of children cannot be separated from other aspects of their learning and development and we believe that every child has the right to feel safe and secure. We do not discriminate against children who have not reached a stage where they can manage their own personal hygiene and as such welcome all children to participate in our school and provide appropriate support for each child on an individual basis. We recognise the need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

1.3 We aim to:

- Safeguard the rights and promote the welfare of all children and young people including those who may be more vulnerable to abuse.
- Provide guidance and reassurance to staff whose duties may include intimate care.
- Assure parents and carers that staff are knowledgeable about personal care and that their individual needs and concerns are taken into consideration.
- Remove barriers to learning and participation, protect from discrimination and ensure inclusion for all children and young people within our setting.

Our approach to Best Practice

- 2.1 Individual intimate care plans will be drawn up for children as appropriate to suit the circumstances of the child.
- 2.2 Any child who requires intimate care is always treated with respect; we recognise that the child's welfare and dignity is of paramount importance. We will work with parents and children to establish a preferred procedure for supporting the child in our care with their personal and intimate needs.
- 2.3 Where these procedures may require specialist training, we will seek out training for the staff who will be involved in a child's care, ensuring that the child's key person and at least one other member of staff accesses the training.
- 2.4 Where possible the child's key person is responsible for undertaking their care. When this is not possible, a staff member who is known to the child will take on that responsibility. The staff member who is involved will always ask the child for permission to assist them. The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities and staff will encourage them to do as much for him/herself as he/she can. Children will be cared for with dignity and respect for their privacy. 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.

Working with Parents

- 3.1 We believe that our partnership with parents is an essential principle in our setting and is particularly necessary in relation to children needing intimate care. We recognise that the information required to carry out intimate care is available from parents and prior permission must be obtained from parents before intimate care procedures are undertaken (see Appendix 1). We acknowledge that cultural and diversity influences may affect what is deemed 'intimate' and ensure we pay regard to social, ethnic and cultural perspectives through open dialogue with parents.
- 3.2 Parents should be encouraged and empowered to work with staff to ensure that their child's needs are identified, understood and met. This may include Health Care plans and any other plans which identify the support of intimate care where appropriate. Exchanging information with parents is essential through personal contact, telephone or correspondence.
- 3.3 When any intimate care is carried out on children with individual care plans, it will be recorded on their own personal record (see Appendix 2). All information concerning intimate care procedures is recorded and stored securely.
- 3.4 We appreciate that sometimes children have toileting 'accidents' which are out of character for them. In the event of this, and in the absence of a personal intimate care plan, the child would be fully encouraged and supported to achieve the highest level of autonomy that is possible given their age and ability. Staff will encourage the child to do as much for his/herself as possible and parents will be informed the same day. The parents/carers will be contacted confidentially either in person, by telephone or in a sealed letter, not through the home/school diaries. On the rare occasion that a child is

soiled to a point where they are unable to clean themselves to a comfortable state, parents would be contacted immediately so that the child could be taken home for bathing.

The Protection of Children

- 4.1 Child Protection procedures will be adhered to.
- 4.2 All children will be taught personal safety skills carefully matched to their level of development and understanding to build their confidence and assertiveness about their own body and its worth. Confident and assertive children who feel their body belongs to them are less vulnerable to abuse.
- 4.3 If a member of staff has a concern about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate designated person for child protection.
- 4.4 If a child becomes distressed or unhappy about being cared for by a member of staff, the matter will be investigated, and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution.
- 4.5 If a child makes an allegation against a member of staff, all necessary procedures will be followed. (See Child Protection Policy and Procedures)

Allegations of Abuse

- 5.1 Personnel working in intimate situations with children can feel particularly vulnerable. This school policy can help to reassure both staff involved and the parents of vulnerable children. Action will be taken immediately should there be a discrepancy of reports between a child and the personal assistant. Where there is an allegation of abuse, the guidelines in the Child Protection procedures will be followed. If staff are concerned about a child's demeanour during or following intimate care, or has responded to or said something that has caused concern during the intimate care, they will report such incidents immediately to one of the Designated Safeguarding Leads who will follow the correct safeguarding procedures.

Health and Safety

- 6.1 Staff should always wear gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy. The school will provide gloves, a bin and liners to dispose of any waste.
- 6.2 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 liner) which is specifically designated for the disposal of such waste. The bin should be emptied on a daily basis and it can be collected as part of the usual refuse collection service as this is not classed as clinical waste.

Policies

7.1 These guidelines should be read in conjunction with policies:

- Health and Safety Policy
- Child Protection Policy
- Safeguarding Policy
- Administering Medicine Policy
- Complaints Policy

COVID19 UPDATE Intimate Care and PPE use

The majority of staff in education settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others. PPE is only needed in a very small number of cases including:

- Children, young people and students whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way
- If a child, young person or other learner becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they can return home. A fluid-resistant surgical face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then disposable gloves, a disposable apron and a fluid-resistant surgical face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn.

All recommended PPE is available for staff members in the school office.

Appendix 1

Letter to parent(s) outlining policy/procedures and their consent to carry out 'intimate care'

Dear Parents,

I am writing to you regarding occasions when your child may need support with intimate care routines. We have drawn up the attached guidelines to ensure that your child's needs are met in a professional and dignified manner at all times.

I would be grateful if you could sign and return the slip below once you have read the guidelines and agree to the school carrying out 'intimate care' procedures when necessary.

Yours sincerely,
Headteacher

I have read a copy of the School's 'Intimate Care Policy.'

I agree to the school carrying out 'intimate care' on my son/daughter when necessary.

Signed: _____

Name: _____

Name of child: _____

Date: _____

Appendix 2

(to be completed after each 'intimate care' activity)

Child's Name _____

D.O.B. _____

Name of Adult _____ Date Time Comment e.g. what action was taken

Date	Time	Comment e.g. Action/s taken ...