

Chapel End Primary School
Intimate Care Policy

**We aim to provide our children
with the highest possible standard
of education, through quality
teaching and learning, in a happy
caring environment.**

**We will do the best WE can to enable our children to do the
best THEY can.**

This policy was approved by:	Full Governors
Date	Summer 2020-2021
Review Date	Summer 2023-2024

Intent

Chapel End Primary School is committed to ensuring that all staff who are responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a 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 or pain.

Staff that provide intimate care to children have a high awareness of child protection issues. Staff will work in partnership with parents/carers to provide continuity of care.

Definition:

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 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.

Our Approach to Best Practice

The management of all children with **recognised intimate care needs** will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide specific 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 will be provided to assist children who need special arrangements following assessment from outside professionals, e.g. physiotherapist, school nurse as required. Staff will be supported to adapt their best practice in relation to the needs of individual children.

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 himself/herself as he/she can. Intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

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 will need to be present when intimate care is administered. 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 should be clearly documented.

Specific intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's health 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.

Children wearing nappies

Parents/carers will be provided with information of policy and practice in school. Such information includes a simple agreement form for parents/carers to sign and an agreed Personal Care Plan as outlined in Appendix 1.

School will work in partnership with parents to toilet train children when both parties feel that the child is ready. Regular discussions will take place between staff and families in regards to this.

Before toilet training commences the child should be able to:

- Pull down their own trousers and underwear independently
- Pull up their own trousers and underwear with minimal support
- Sit themselves on the toilet with minimum support

This will be communicated to families during any discussions about starting toilet training.

See also Appendix 2: Procedure for Changing a Nappy

Unexpected Incidents of soiling

There may be occasions when a child, not having a recognised intimate care need, soils themselves.(ie through illness). Clearly, when this occurs there will be a need for the child to be provided with help to change. All parents need to have signed a permission form for this to happen. (See Appendix 5). We ask all parents to provide a full set of spare uniform and underwear in a clearly named bag to be kept in school for all children in EYFS to be used if they need to be changed.

The Protection of Children

Child Protection Procedures will be adhered to.

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 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. Any intimate care provided for EYFS children will be conducted by staff who have a level 3 learning assistant qualification or above.

Physiotherapy

Children who require physiotherapy whilst at school should have this carried out by trained physiotherapists. If it is agreed in the individual education plan or health care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly.

In no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

Record Keeping

A written record will be kept in the agreed format every time a child requires assistance with intimate care or has physiotherapy. These records will be available to parents/carers on request.

Parents/carers will be notified if their child soiled/wet themselves and needed to be changed.(See Appendix 4)

Appendix 1

**Personal Care Plan
For children wearing nappies/ pull-ups in school**

Child's name:

DOB:

Completed by:

Date of plan:

Review date:

Who will change the child:
How will the child be changed? e.g. standing up in a toilet cubicle, lying down on a mat on the floor or changing bench?
Who will provide the resources? e.g. wipes, nappies, disposable gloves
How will wet/soiled clothes be dealt with?
How will the child be encouraged to participate in the procedure?
Any other comments / important information: e.g. medical information

This plan has been discussed with me and I agree to change my child at the last possible moment before he/she comes to school, provide the resources indicated above and encourage my child's participation in toileting procedures at home as appropriate as discussed and where possible.

Signature:

Parent's/Carer's full name:

Dear Parent / Carer,

Your child currently wears nappies/pull-ups/ soiled/ wets regularly

We will support your child in developing independence in changing/cleaning themselves.

Attached is our Intimate Care Policy for you to read. Please sign and return the slip.

Yours sincerely

C.Hewitt

Headteacher

Child's Name:

DOB:

I have read the Intimate Care Policy and I agree to my child being supported to develop independence in changing/cleaning themselves.

Signature:

Parent's/Carer's full name:

Appendix 4

Dear Parent/Carer,

Your child _____ has been changed today because they

_____.

- They changed their clothes independently.
- They changed their clothes with adult support.
- They were changed by an adult.

In accordance with our policy the incident has been recorded.

You will find your child's soiled/wet clothes in the attached bag.

Please would you return the following items as soon as possible

Thank you.

Appendix 5

Dear Parent / Carer,

At some point, whilst they in our care, it may occur that your child soils themselves (wetting, diarrhoea, sickness). Clearly, if this happened, your child would need to be changed or helped to change.

To carry this out we would need your written permission. Attached is our Intimate Care Policy for you to read. Please sign and return the slip to your child's teacher.

Yours sincerely

C. Hewitt

Headteacher

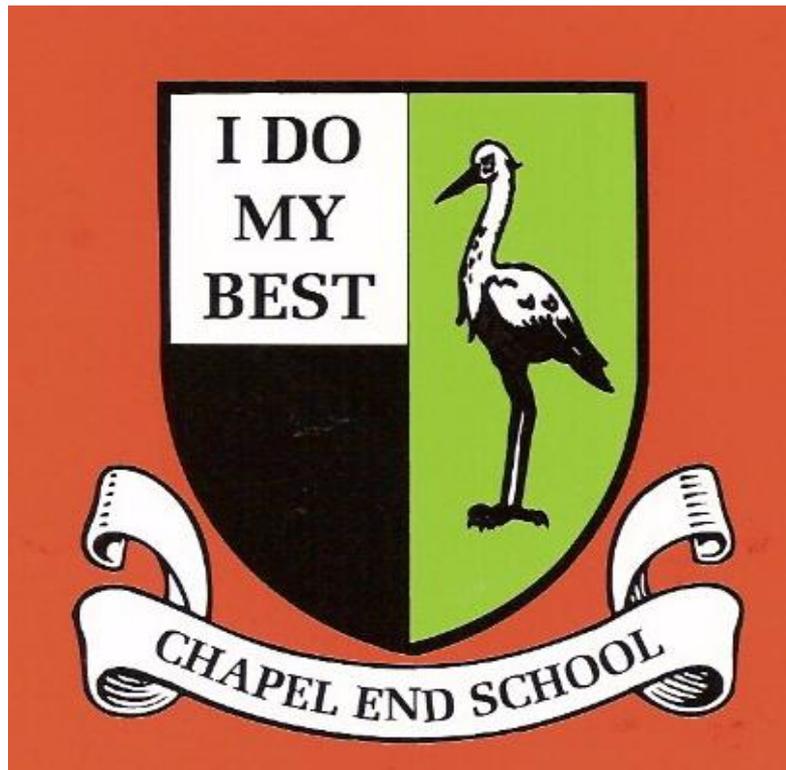
Child's Name:

DOB:

I have read the Intimate Care Policy and I agree to my child being changed/helped to change and cleaning themselves.

Signature:

Parent's/Carer's full name:



Chapel End Primary School
Advanced Intimate Care Policy

NAME often seeks out adults for comfort and indicates that they want to be picked up.

In addition, **NAME** will often drop to the floor and refuse to move. This can be unsafe for both **NAME** and other children. On these occasions staff will pick up **NAME** and move her to a safe space.

The following guidance will be adhered to

While carrying and/ or picking up children practitioners **MUST NOT** lift them by one arm. This can cause a significant injury to children, such as pulling their arm out of socket. To eliminate significant harm and injury to children practitioners must pick up or hold them in the correct way by cupping children under the arm. If the child is old enough, ask them to move to a position that is easy to pick up and ask them to hold onto you as this will support you and the child when lifting:

Do not place the child on your hip; carry them directly in front of you in order to balance their weight equally.

Wherever possible, avoid carrying the child a long distance.

Where a child is young and is unable to hold onto you, ensure you support them fully within your arms and/ or close to your body.

Avoid carrying anything else when carrying a child.

If a child is struggling or fidgeting whilst you are carrying them, stop, place them back down and use reassuring words to calm the child before continuing.

Students are prohibited from carrying children.

POSITION

Stand in front of the child with your feet apart and your leading leg forward. Your weight should be even over both feet. Do not twist your body prior to lifting the child.

LIFTING

Always lift using the correct posture.

Bend your knees slowly, keeping your back straight.

Position hands one under each of the child's armpit.

Support the child's head if necessary.

Lean slightly forward if necessary.

Keep your shoulders level, without twisting or turning from the hips.

Support the weight appropriately using both hands.

Bring the child to waist height, keeping the lift as smooth as possible.

Move your feet, keeping the child close to your body.

Proceed carefully, making sure that you can see where you are going.

Lower the child by reversing the procedure for lifting.

Avoid crushing fingers or toes as you put the child down.

Make sure that the child is rested on a stable base and ensure their safety.

This plan has been discussed with me and I give permission for staff to pick up/carry my child for reasons of comfort of safety.

Signature:

Parent's/Carer's full name:

Child's name: