




## **Campsbourne School Intimate Care Policy**

Policy Originator	Local Authority
Governor Responsible	Governor Responsible for Safeguarding
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## **1) Principles**

The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Keeping Children Safe in Education' (2020) to safeguard and promote the welfare of pupils<sup>1</sup> at this school.

The school takes its responsibility to safeguard and promote the welfare of the children and young people in its care seriously. Meeting a pupil's intimate care needs is one aspect of safeguarding. This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

This intimate care policy should be read in conjunction with the schools' policies as below (or similarly named):

- Safeguarding and Child Protection Procedures
- Staff Code of Conduct
- Whistle Blowing and Allegations Management Policies
- Health and Safety Policy and Procedures
- Special Educational Needs Policy

The Governing Body is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

We recognise that there is a need to treat all pupils with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

Where pupils with complex and/or long term health conditions and have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

All staff undertaking intimate care must be given appropriate training.

## **2) Definition**

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs.

It also includes supervision of pupils involved in intimate self-care.

### **3) Child focused principles of intimate care**

The following are the fundamental principles upon which the policy and guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

### **4) Best Practice**

#### **4.1 Assisting a child to change his / her clothes**

This is more common in our foundation stage. On occasions an individual child may require some assistance with changing if, for example, he / she has an accident at the toilet, gets wet outside, or has vomit on his / her clothes etc.

Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given. Staff will always ensure that they have a colleague nearby when supporting dressing/ undressing and will always give the child the opportunity to change in private.

If staff are concerned in any way or a child is very distressed then parents/carers will be asked if they can come to school to assist their child.

#### **4.2 Changing a child who has soiled him/herself**

If a child soils him/ herself in school a professional judgement has to be made as to whether it is appropriate to change the child in school, or request the parent/carer to collect the child for changing. In the circumstance in which a child soils him/herself in school the child's needs are paramount and he/she should be comforted and reassured throughout changing at school. The following guidelines outline our usual procedures but we will also seek to make age-appropriate and individual responses where needed.

The child will be given the opportunity to clean themselves and change his / her underwear in private. School will have a supply of wipes, clean underwear and spare uniform for this purpose.

If a child is not able to complete this task, school staff will attempt to contact the parents/carers to inform them of the situation and ask them to come to school to support their child's changing.

If the parents/carer is able to come to school within an appropriate time frame; the child will be accompanied and supported by a staff member until they arrive. This avoids any further distress and preserves dignity.

If the child is not able to complete this task, the decision will be taken on the basis of loco-parentis and our duty of care to meet the needs of the child to change the child, the member of staff completing the care should advise another member of staff that they are changing the child.

Where a care plan is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter, not through the home/school diary.

#### **4.3 Pupils who require regular assistance**

Pupils who require regular assistance with intimate care have written individual health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. The plan will be agreed at a meeting at which all key staff and the pupil will be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

Accurate records should be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case. These records will be kept in the child's file and available to parents/carers on request.

All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.

#### **4.4 Medical Procedures**

Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the health care plan and will only be carried out by staff who have been trained to do so by medical staff.

It is particularly important that these staff follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

A written record will be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage.

Any members of staff who administer first aid will be appropriately trained. If an examination of a child is required in an emergency aid situation another adult will be asked to be present, with due regard to the child's privacy and dignity.

#### **4.5 Physiotherapy**

Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the EHCP 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 to the school staff and updated regularly. The physiotherapist should observe the member of staff applying the technique.

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

## **5 Staffing Intimate Care**

Staff who provide intimate care are trained in personal care (eg health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate. Staff will be supported to adapt their practice in relation to the needs of individual pupils.

Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

An individual member of staff should inform another appropriate adult if they are going alone to assist a pupil with intimate care.

Adults who assist pupils with intimate care will be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

Health & Safety guidelines must be adhered to regarding waste products, and the use of yellow clinical waste bins.

No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

Care plans must include specific information for those supporting children with bespoke medical needs.

## **6) Child Protection**

The Governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Safeguarding Lead or Headteacher. A clear written record of the concern will be completed and the school's child protection procedures followed.

If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's policy.

Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

Do we need to including changing?

Intimate / personal care

Schools and settings should have clear nappy or pad changing and intimate / personal care policies which ensure that the health, safety, independence and welfare of children is promoted and their dignity and privacy are respected. Arrangements for intimate and personal care should be open and transparent and accompanied by robust recording systems.

Pupils should be encouraged to act as independently as possible and to undertake as much of their own personal care as is possible and practicable. When assistance is required, this should normally be undertaken by one member of staff, however, they should try to ensure that another appropriate adult is in the vicinity who is aware of the task to be undertaken and that, wherever possible, they are visible and/or audible. Intimate or personal care procedures should not involve more than one member of staff unless the pupil's intimate care plan specifies the reason for this.

A signed record should be kept of all intimate and personal care tasks undertaken and, where these have been carried out in another room, should include times left and returned.

Any vulnerability, including those that may arise from a physical or learning difficulty should be considered when formulating the individual pupil's care plan. The views of parents, carers and the pupil, regardless of their age and understanding, should be actively sought in formulating the plan and in the necessary regular reviews of these arrangements. Any changes to the intimate care plan should be made in writing and without delay, even if the change in arrangements is temporary; e.g. staff shortages, changes to staff rotas.

Intimate and personal care should not be carried out by an adult that the child does not know. Anyone undertaking intimate / personal care in an education setting is in regulated activity and must have been checked against the relevant DBS barred list, even if the activity only happens once; this includes volunteers. Volunteers and visiting staff from other schools / agencies should not undertake care procedures without appropriate training.

Pupils are entitled to respect and privacy at all times and especially when in a state of undress, including, for example, when changing, toileting and showering. However, there needs to be an appropriate level of supervision in order to safeguard pupils, satisfy health and safety considerations and ensure that bullying or teasing does not occur. This supervision should be appropriate to the needs and age of the children concerned and sensitive to the potential for embarrassment.

This means that education settings should:

- have written care plans in place for any pupil who could be expected to require intimate care
- update intimate / personal care plans in writing where appropriate; e.g. because there are changes to staff rotas, etc.
- ensure that pupils are actively consulted about their own care plan
- ensure that intimate / personal care is provided by staff known to the child
- ensure that only individuals that have been checked against the relevant DBS barred list are permitted to engage in intimate or personal care
- ensure that temporary or visiting staff have been trained in intimate and personal care procedures if it will be necessary to involve them in such activity This means that staff should:
  - adhere to their organisation's intimate and personal care and nappy changing policies
  - make other staff aware of the task being undertaken
  - always explain to the pupil what is happening before a care procedure begins
  - consult with colleagues where any variation from agreed procedure/care plan is necessary
  - record the justification for any variations to the agreed procedure/care plan and share this information with the pupil and their parents/carers
  - avoid any visually intrusive behaviour
  - where there are changing rooms announce their intention of entering
  - always consider the supervision needs of the pupils and only remain in the room where their needs require this This means that adults should not:
    - change or toilet in the presence or sight of pupils
    - shower with pupils
    - allow any adult to assist with intimate or personal care without confirmation from senior leaders that the individual is not barred from working in regulated activity
  - assist with intimate or personal care tasks which the pupil is able to undertake independently