



Intimate Care Policy

Heathlands School



Policy Review

This policy will be reviewed in full by the Governing Board.

The policy was agreed by the Full Governing Board on 18.5.22.

Next Review due April 2024

Signature Date
Co-Head Teacher

Signature Date
Governor

It is recognised that at times the school will have on its roll children who will need assistance with a variety of care practices. Heathlands is committed to ensuring that all staff responsible for the intimate care of pupils undertake their duties in a professional manner, treating the child with respect and without causing pain or distress. The child's welfare and dignity is of paramount importance.

Health and Safety

Staff will follow the Heathlands Health and safety policy.

Whilst changing a child staff should wear disposable gloves.

Soiled nappies will be double wrapped, wrapped in a nappy bag, or placed in a hygienic disposal unit.

Changing areas are to be cleaned after use.

Hot water and liquid soap will be available to wash hands immediately after changing a child.

Hot air dryer or paper towels will be available for drying hands.

Leaving a child in a soiled nappy for any length of time is a form of abuse.

Privacy

Much intimate care can be undertaken by one person alone. This is to be encouraged unless the task involved necessitates the presence of two members of staff.

Privacy does not mean the same as secrecy. Staff should be open and inform colleagues when they expect to be alone with a child and the reason for this.

Where possible the intimate care of adolescents should be carried out by a member of staff of the same gender. This should also be the case with younger children if they have expressed a preference.

Independence

The child will be supported to achieve the highest levels of autonomy and wherever possible will be responsible for their own intimate care.

Staff will avoid doing things for the child which they are capable of doing for themselves.

If the child is dependant on adult support staff will communicate appropriately with them and give the child opportunity to make choices and decisions.

Staff undertaking intimate care tasks will check with the child that they are happy with the arrangements made for their care.

The child, his/her parents and staff should all be open about any concerns related to care practices so that these can be addressed constructively.

Common and Consistent Practice

Common and consistent practices will be established with the child, his/her parents and the carers.

Those children who require intimate care on a routine basis will have this documented in their care plans (Heath House), in a medical protocol or EYFS plan.

Parents/carers should be aware of the procedures the school will follow should their child need changing during school time. Written plans will specify:

- Who will change the nappy
- Where nappy changing will take place
- What resources will be used (cleansing agents used or cream to be applied)
- What measures are in place for the safe disposal of nappies?
- What measures are in place for infection controls?
- What the staff member will do if the child is unduly distressed by the experience or if the staff member notices marks or injuries on the child

It may be appropriate for the school to set up a home-setting/school agreement that defines the responsibilities and expectations that each partner has. This could include:

The parent/carer:

- Agreeing to ensure that the child is changed at the latest possible time before being brought to the school
- Providing the school with spare nappies and a change of clothing
- Understanding and agreeing the procedures that will be followed when their child is changed at school - including the use of any cleanser or the application of any cream
- Agreeing to inform the school should the child have any marks/rash
- Agreeing to a 'minimum change' i.e. the school would not undertake to change the child more frequently than if s/he were at home.
- Agreeing to review arrangements should this be necessary

The school:

- Agreeing to change the child during a single session should the child soil themselves or become uncomfortably wet
- Agreeing how often the child would be changed should the child be staying for the full day
- Agreeing to monitor the number of times the child is changed in order to identify progress made
- Agreeing to follow appropriate procedures should the child be distressed or if marks/rashes are seen.
- Agreeing to review arrangements should this be necessary.

This kind of agreement should help to avoid misunderstandings that might otherwise arise, and help parents/carers feel confident that the school is taking a holistic view of their child's needs.

Wherever possible the same child will not be cared for by the same adult, ideally there will be a small rota of carers known to the child. This will serve to discourage over familiar relationships whilst also guarding against the possibility of a succession of different carers.

Training and Support

Relevant staff will be informed of the Intimate Care Policy as part of their induction. Staff asked to undertake specific care practices will receive the required training from medical personnel.

The school will keep a record of those staff trained to perform a certain procedure.

Reporting Concerns

Staff will be expected to use the existing safeguarding procedures to report any concerns related to a child's protection, health or general wellbeing.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter must be looked into and the outcomes recorded. Parents/ carers will be contacted as part of this process to achieve a resolution.

Positive Self Image

Pupils will be encouraged to have a positive self image of their own body.

It is recognised that confident, assertive children who feel their body belongs to them are less vulnerable to sexual abuse.

The carer's attitude to the pupil's intimate care is important and where possible it should be relaxed and comfortable.

Physical Contact

Setting/school managers are encouraged to remain highly vigilant for any signs or symptoms of improper practice, as they do for all activities carried out on site.

All staff engaged in the care and education of children need to consider the appropriateness of physical contact in relation to the child's needs, age, stage of development and background.

Staff should be aware that well intentioned contact can be misconstrued and should accept that all physical contact with a child is open to scrutiny.

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

It is recognised that appropriate physical contact can be an important teaching strategy vital for the successful delivery of some aspects of the curriculum.

It is recognised that some physical contact e.g. tapping is an accepted part of deaf culture.

There may be occasions when a distressed pupil needs comfort and reassurance which may include physical touch such as a caring parent would give. Such contact should never become regular and routine.

Physical contact should be done openly in the presence of staff and students, not in isolation or in private areas specifically not in bedrooms or bathrooms.

If physical contact is deemed appropriate to meet an individual child's needs this should be confirmed with parents and carers and documented in care plans.

On occasions staff may need to intervene physically to exercise their duty of care. The minimum force necessary should be employed for the minimum period of time. This is outlined in the Physical Intervention Policy.

A student on placement should not change a nappy or perform an act of intimate care unsupervised.