

# Intimate care policy

**Dunkirk Primary School** 

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Approval: April 2024

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To be reviewed by: Rachael Jurkiw & Steve Parry

Committee responsible: P&P

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## 1. Aims

This policy aims to ensure that:

- > Intimate care is carried out properly by staff, in line with any agreed plans
- > The dignity, rights and wellbeing of children are safeguarded
- > Pupils who require intimate care are not discriminated against, in line with the Equality Act 2010
- > Parents/carers are assured that staff are knowledgeable about intimate care and that the needs of their children are taken into account
- > Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved

Intimate care refers to any care that involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

# 2. Legislation and statutory guidance

This policy complies with <u>statutory safeguarding guidance</u>. It is also in line with our Supporting Pupils With Medical Needs Policy which is written and reviewed by the Local Authority.

# 3. Role of parents/carers

# 3.1 Seeking parental permission

Where possible, we advocate that children should be toilet trained before starting at school. In the event that this is not the case, staff, where possible, will encourage children to change themselves using verbal prompts of support. However, we understand that some children will require more support and assistance.

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents/carers will be asked to sign a consent form.

For children whose needs are more complex or who need particular support outside of what's covered in the permission form (if used), an intimate care plan will be created in discussion with parents/carers (see section 3.2 below).

Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure. This only applies to children in our nursery setting. Children of statutory school age have permission for staff to clean them included in the school's parental/carer consent form which is signed when they begin school.

If the school is unable to get in touch with parents/carers and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents/carers afterwards.

# 3.2 Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents/carers, the child (when possible) and any relevant health professionals.

The school will work with parents/carers and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents/carers will be consulted.

The plan will be reviewed twice a year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

See appendix 1 for a blank template plan to see what this will cover.

#### 3.3 Sharing information

The school will share information with parents/carers as needed to ensure a consistent approach. It will expect parents/carers to also share relevant information regarding any intimate matters as needed.

#### 4. Role of staff

#### 4.1 Which staff will be responsible

Any roles who may carry out intimate care will have this set out in their job description. This includes teachers and teaching assistants. If the accident happens at lunch, midday supervisors will ask the designated teacher or teaching assistant to carry out the intimate care procedure.

No other staff members can be required to provide intimate care.

All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

#### 4.2 How staff will be trained

Staff will receive:

- > Training in the specific types of intimate care they undertake
- > Regular safeguarding training
- > If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as possible

They will be familiar with:

- > The control measures set out in risk assessments carried out by the school
- > Hygiene and health and safety procedures

They will also be encouraged to seek further advice as needed.

# 5. Intimate care procedures

## 5.1 How procedures will happen

It is best practice from a health and safety and safeguarding perspective to have two members of staff present. However, there is no written legal requirement that two staff members be present and if this is not possible due to staffing restrictions, the staff member carrying out the intimate care will inform two other members of staff that the procedure is taking place. They will liaise with those staff members as soon as the procedure has been completed.

Staff will support the child to achieve the highest level of autonomy possible. They will support the child to do as much independently as he/she is able to.

Procedures will be carried out in the disabled toilets where changing beds are located. At Abbey Campus, this is in the EYFS unit. At Highfields Campus, this is in the first aid room.

When carrying out procedures, staff will ensure that:

- Protective gloves and aprons 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 double bagged, unwashed, and sent home with the child

For pupils needing routine intimate care, the school expects parents/carers to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and/or a spare set of clothing.

Any soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents/carers at the end of the day.

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.

### 5.2 Concerns about safeguarding

If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this using the school's safeguarding procedures.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to Deputy Head Teacher

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures.

#### 5.3 The Protection of Children

Safeguarding procedures will be adhered to. Where parents do not co-operate with intimate care agreements concerns should be raised with the parents in the first instance. A meeting may be called that could possibly include the health visitor and Head Teacher to identify the areas of concern and how all present can address them.

If these concerns continue there should be discussions with the school's safeguarding co-ordinator about the appropriate action to take to safeguard the welfare of the child.

If any member of staff has concerns about physical changes to a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate designated person for safeguarding or Local Authority Designated Officer as necessary.

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 the process in order to reach a resolution; staffing schedules will be altered until the issue(s) are resolved.

# 6. Monitoring arrangements

This policy will be reviewed by Rachael Jurkiw (Deputy Head Teacher) annually. At every review, the policy will be approved by the governing board – Pupil and Personnel Committee.

# 7. Links with other policies

This policy links to the following policies and procedures:

- > Accessibility plan
- > Child protection and safeguarding
- > Health and safety
- > SEND
- > Supporting pupils with medical conditions

# Appendix 1: template intimate care plan

| PARENTS/CARERS  |  |
|---|--|
| Name of child   |  |
| Type of intimate care needed  |  |
| How often care will be given  |  |
| What training staff will be given   |  |
| Where care will take place  |  |
| What resources and equipment will be used, and who will provide them  |  |
| How procedures will differ if taking place on a trip or outing  |  |
| Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan |  |
| Name of parent or carer   |  |
| Relationship to child   |  |
| Signature of parent or carer  |  |
| Date  |  |
| CHILD   |  |
| How many members of staff would you like to help?   |  |
| Do you mind having a chat when you are being changed or washed?   |  |
| Signature of child  |  |
| Date  |  |

This plan will be reviewed twice a year.

Next review date:

To be reviewed by:

# Appendix 2: template parent/carer consent form

| PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE   |  |  |  |  |  |
|--|--|--|--|--|--|
| Name of child  |  |  |  |  |  |
| Date of birth  |  |  |  |  |  |
| Name of parent/carer   |  |  |  |  |  |
| Address  |  |  |  |  |  |
| I give permission for the school to prochild (e.g. changing soiled clothing, w   |  |  |  |  |  |
| I will advise the school of anything the care (e.g. if medication changes or if  |  |  |  |  |  |
| I understand the procedures that will school immediately if I have any cond  |  |  |  |  |  |
| I do not give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident).  Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed).  I understand that if the school cannot reach me or my emergency contact, if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning. |  |  |  |  |  |
| Parent/carer signature   |  |  |  |  |  |
| Name of parent/carer   |  |  |  |  |  |
| Relationship to child  |  |  |  |  |  |
| Date   |  |  |  |  |  |