

# **Epsom Primary and Nursery School**

## **INTIMATE CARE POLICY**

<b>Date of issue:</b> Summer 2019	<b>Owner:</b> Deputy Head with Responsibility for Inclusion
<b>Date of review:</b> Summer 2020	<b>Governor Committee:</b> SLT
<b>Signed</b> ..... <b>Date</b> .....	

### **Principles**

- 1.0 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and 'Safeguarding Children and Safer Recruitment in Education' (DfES 2006) to safeguard and promote the welfare of pupils at this school.
- 1.1 This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.
- 1.2 The Governing Body recognises its duties and responsibilities in relation to the Disability Discrimination Act which requires that any child with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.
- 1.3 This intimate care policy should be read in conjunction with the following:
  - The Epsom Primary and Nursery School's child protection policy
  - Health and safety policy and procedures (inc. policy for the administration of medicines)
  - Code of Conduct (inc. restraint and guidance on safe working practice.)
  - Special Educational Needs policy
- 1.4 Epsom Primary and Nursery is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.
- 1.5 Epsom Primary and Nursery recognises that there is a need to treat all children, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. The child's welfare and dignity is of paramount importance. No child should be attended to in a way that causes distress or pain.
- 1.6 Staff will work in close partnership with parent/carers to share information and provide continuity of care. An intimate care plan will be drawn up in consultation with parents and staff.

### **Definition**

- 2.0 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 children are unable to do because of their young age, physical difficulties or other special needs. Examples include those which are associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

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

### **Best Practice**

- 3.0 Staff who provide intimate care at Epsom Primary and Nursery are trained appropriately to do so by relevant medical professionals when necessary, alongside safeguarding training from the school safeguarding lead and health and safety training in moving and handling (which can be provided by the appropriate LA officers/advisers). They are fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate. When deemed necessary by the school leadership team, parents will be asked to support the school with the training of staff by coming into school to complete the procedures for their child with staff members present until such time that staff are confident at completing the procedure without the parent present.
- 3.1 Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation. Where necessary, this will be under the guidance and support from occupational health professionals or medical professionals.
- 3.2 As an additional safeguard, staff involved in meeting intimate care needs will not usually be involved with the delivery of sex education to the same children, wherever possible.
- 3.3 There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Permission should be sought before starting an intimate procedure. If a child refuses to participate in intimate care that is essential for their health and wellbeing then a parent will be called to come in and carry out the procedure with the child.
- 3.4 All children 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 his/herself as possible.
- 3.5 Children who require regular assistance with intimate care have written Individual Support Plans (ISPs) or care plans agreed by staff parents/carers and any other medical professionals actively involved, such as school nurses, occupational therapists or physiotherapists (except 2 and 3 year olds who have not yet been toilet trained). These plans include ways to address issues such as moving and handling, personal safety of the child and the carer. Any historical concerns (such as past abuse) should be noted and taken into account.
- 3.6 When a child receives intimate care in school this will be logged in a record book that is kept in school and will record the nature of the procedure and events that took place. This information will be shared with the child's parents on a daily basis in the communication book. This is to ensure that parents have all the necessary medical information about their child's medical needs throughout the day. It is the parent's responsibilities to inform necessary school staff when the child is dropped off at school of the procedures that have taken place over the previous evening and that morning. This ensures that school staff also have the most up to date information on the child when they are in school.
- 3.7 Where a care plan or ISP is not in place (and children are toilet trained and out of nappies), parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg: has had an 'accident' and soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person, by telephone, not through the home/school diary or communication book for children with an Education Health and Care Plan (EHCP).
- 3.8 Every child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate

care. Adults who assist children one-to-one should be employees of the school and be DBS checked at the appropriate level.

- 3.9 We would always aim to ensure that two members of staff assist with an intimate procedure. However, we recognise that occasionally this may not be possible and so in this circumstance, a member of staff would inform another adult (in a way that maintains the dignity of the child) when they are going to assist a child with intimate care.
- 3.10 Wherever possible the child will be cared for by familiar adults on a regular basis. This will ensure that adults are fully trained of the necessary procedures and also maintain dignity of the child.
- 3.11 Wherever possible staff should care for a child of the same gender. However, in some circumstances this principle may need to be waived; for example, female staff supporting boys in a primary school as no male staff are available or trained to deliver appropriate intimate care. Male members of staff should not normally provide routine intimate care (such as toileting, changing or bathing) for adolescent girls. This is safe working practice to protect children and to protect staff from allegations of abuse.
- 3.12 The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.
- 3.13 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.
- 3.14 If necessary, advice should be taken from the local council regarding disposal of large amounts of waste products.

### **Child Protection**

- 4.0 The Governors and staff at Epsom Primary and Nursery recognise that children with special needs and disabilities are particularly vulnerable to all types of abuse.
- 4.1 The school's child protection policy and inter-agency child protection procedures will be accessible to staff and adhered to.
- 4.2 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 child's body. It may be unrealistic to expect to eliminate these risks completely but in this school best practice will be promoted and all adults will be encouraged to be vigilant at all times.
- 4.3 Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.
- 4.4 If a member of staff has any concerns about physical changes in a child's presentation, e.g. unexplained marks, bruises, soreness etc s/he will immediately report concerns to the Head teacher or CPLOs ( Michelle Pollard, Fiona Allen or Jo Jarvis). A clear written record of the concern will be completed and a referral made to Children's Services Social Care if necessary, in accordance with inter-agency procedures. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless it is considered that to do so will place the child at risk of harm.
- 4.5 If a child becomes distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Head teacher. The matter will be investigated at an appropriate level (usually the Head teacher) 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. Further advice will be taken from outside agencies if necessary.

- 4.6 If a child makes an allegation against an adult working at the school, this will be investigated by the Head teacher (or by the Chair of Governors if the concern is about the Head teacher) in accordance with the agreed procedures.
- 4.7 Any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Head teacher or to the Chair of Governors if the concern is about the Head teacher.

### **Physiotherapy**

- 5.0 Children who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the PLP or 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.
- 5.1 Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.
- 5.2 Adults (other than the physiotherapist) carrying out physiotherapy exercises with pupils should be employees of the school.
- 5.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

### **Medical Procedures**

- 6.0 Children with disabilities 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 PLP or care plan and will only be carried out by staff who have been trained to do so.
- 6.1 Any members of staff who administer first aid should be appropriately trained. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

### **Massage**

- 7.0 Massage is now commonly used with children who have complex needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation. Staff at Epsom Primary and Nursery are involved in delivering aspects of programmes devised by therapists.
- 7.1 It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and children.

### **Record Keeping**

- 8.0 It is good practice for a written record to be kept in an agreed format every time a child has physiotherapy or requires assistance with intimate care, including date, times and any comments such as changes in the child's behaviour. It should be clear who was present.
- 8.1 These records will be kept in the child's file and available to parents/carers on request.