

**CORNHILL PRIMARY SCHOOL**

**INTIMATE CARE POLICY**

Child Protection Coordinator: Mark Evans

1.1 Aims

* To develop a framework and guidelines based on good practice, within which staff of Cornhill School will provide intimate care for pupils.
* To safeguard the rights of pupils.
* To safeguard staff who are required to operate in sensitive situations.
* To ensure that parents are involved in planning the intimate care needs of their child.

1.2 What is intimate care?

Intimate care encompasses areas of personal care which most people usually carry out for themselves. Some pupils at Cornhill School are dependent on adult support in many aspects of intimate care. This may include eating, drinking, washing, care associated with continence and menstrual management, dental hygiene, toileting or the administration of emergency medication such as inhalers for asthma. It also involves the more ordinary tasks such as changing for PE and swimming and showering after physical activity.

Children with additional needs may be more vulnerable to abuse than other children.

* They may have little control over their lives.
* It is more difficult to convey the message of sex education and personal safety to our pupils who may have difficulty in recognising abusive behaviour.
* Pupils may have difficulty communicating what is happening.

Pupils have the right to be treated with sensitivity and respect, and in such a way that their experience of intimate care is a positive time. Staff need to feel supported and trained so that they can feel confident in their practice. Acceptable practice therefore requires to be defined to ensure that we create an awareness of the importance of maximising safety for all concerned and promote the best interests of the child. Parents /carers will be closely involved in working together with school staff sharing their knowledge of their child and working co-operatively to ensure consistent practice in supporting the child to develop skills in toileting, dressing, feeding etc.

1.3 Setting the climate for intimate care - the principles:

* Ensure privacy appropriate to the child’s age and situation
* Allow the child to care for him/herself as far as possible
* Be aware of and responsive to the child’s reactions
* Allow the child maximum choice possible for intimate care procedures using a preferred means of communication
* When carrying out intimate care away from school, remember the main issues of privacy and safety for child and staff

Intimate care can provide opportunities to teach children about the value of their own bodies, to develop their personal safety skills and to enhance their self-esteem. Wherever possible pupils should be encouraged to carry out aspects of intimate care, as part of their personal and social development and targets should be set in developing these life skills.

1.4 Communication regarding intimate care issues

Permission must be sought from the Parent/Carer before any form of intimate care can be undertaken. (see Appendix 1 Parent/Carer permission letter). All staff working with the child should be aware that permission has been given before undertaking Intimate Care.

If a home/school diary is used, it can include issues such as;

* How well a child has eaten or what they have eaten
* Particular achievements
* Seizures

The home school diary should not include issues of great sensitivity e.g. noting the child has head lice or indicating the child has body odour or is displaying sexualised behaviour. It is recommended that issues of intimate care be communicated by:

* Sealed letter
* Personal contact
* Telephone

Parents and staff should be confident that matters regarding intimate care will be dealt with confidentially and sensitively and that the young person’s privacy and dignity is always preserved. Certain aspects of intimate care are best discussed personally rather than written in a formal report. The discussion may then also include advice to parents and carers. However, where there are good reasons to suspect that a child may be at risk of abuse, action must be taken to protect the child.

1.5 Good practice in intimate care

The child’s welfare and dignity is of paramount importance at all times.

* Get to know the child’s moods and verbal and non-verbal communication.
* Have an understanding of religious and cultural sensitivities related to intimate care and take account of these.
* Speak to the child by name showing them they are the focus of attention.
* Give explanation of what is happening in a reassuring way and involve him/her in the sequence of the activity. Involvement may at be at an experiential level, participative or awareness level, as appropriate to the individual.
* Developing independence skills is a priority for all pupils and should be encouraged as far as this is possible for all pupils including those at a very early stage of development. This requires staff to recognise and include pupils in actively experiencing and participating in the small steps of washing, dressing, toileting, eating skills etc.
* Enable the child to be prepared for and to anticipate events. Visual symbols or photographs may be used to show the sequence of dressing or at an earlier stage of development a child may be given an object signifier.
* Encourage the child to wash/wipe private parts of the body him/herself using disposable wipes.
* Provide facilities that afford privacy and modesty e.g. separate toileting and changing for girls and boys or at least adequate screening.
* Supplies of fresh clothes should be easily to hand so that the whole toileting procedure can continue uninterrupted.
* Records of noteworthy responses to intimate care and changes in behaviour will be kept in the child’s file.
* Agree terminology (home and school) for private parts of the body and functions as soon as possible. Staff should use these terms and children should be encouraged to use them as appropriate.
* Staff should ensure that there are suitable facilities for intimate care available on excursions and residential experiences. e.g. with a predominantly female staff, staff should discuss what is appropriate and plan accordingly when taking boys to the toilet when out of school.

1.6 Management responsibilities

* Staff will be supported in good working practice which complies with health and safety regulations such as hygiene procedures; manual handling; awareness of medical conditions and associated first aid; child protection procedures; and other aspects of intimate care.
* SMT provide induction for all new staff and ensure they are made fully aware of individual Intimate Care Protocols for the children they are supporting, along with the Intimate Care Policy.

1.7 Staff Responsibilities

* Staff must be familiar with the Intimate Care Policy/procedures
* Staff must adhere to health and safety and intimate care policies and procedures and must report any health and safety concerns to SMT
* The class teacher and SMT will liaise with parents/carers and other appropriate services, i.e. occupational therapy, school nurse, over the development and implementation of the agreed Intimate Care Protocol.
* Class teams will also take an active role in familiarising new staff who are members of their team, with key issues relating to their pupils and classroom management.

1.8 Basic Hygiene procedures

All staff must be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures to a high standard. This includes;

* hand washing using liquid soap and hot water
* any cuts or sores should be covered
* disposable gloves, masks and aprons should be used once and changed after each child

These should be used for:

* Dealing with spillage of blood or other bodily fluids
* Changing and disposing of nappies, dressings, or other bodily fluids
* All disposable dressings, soiled nappies, and pads. (These should be disposed of in appropriate bins).

Staff should be aware of the need for a high standard in hygiene procedures due to their very close contact with certain pupils, their involvement in intimate care procedures and contact with bodily fluids.

Wherever possible, children who require to be cleaned on a changing table or plinth, should be rolled onto their sides in accordance with manual handling practice. Details for individual children can be found in their Intimate Care Protocol (see Appendix 2). After each use of the changing table/plinth, it should be sprayed with disinfectant and wiped clean. Good hygiene procedures protect both pupils and staff.

1.9 Dental Hygiene Procedure

Toothpaste should not be applied straight from the tube onto the brush unless each child has their own tube of toothpaste. If one communal tube of toothpaste is being used the procedure should be to squeeze a pea sized amount of toothpaste on to a square paper towel and from there to the toothbrush.

1.10 Activities involving food preparation.

Before beginning any food preparation, work surfaces should be washed, utensils must be clean, and staff and pupils’ hands must be washed. Aprons should be used, and long hair tied back. When feeding children, it is important that the adult wears an apron to maintain food hygiene standards. The child may need to wear one to protect his/her clothing.

1.11 Toileting Routine

Parents should be encouraged to toilet train their children at home as part of their daily routine. School should reinforce this routine whilst avoiding any unnecessary contact. All staff should respect the personal dignity of the pupils when supervising, teaching or reinforcing toileting skills. Staff should promote appropriate use of toilets and associated skills in private and public settings. Wherever possible standard toilets should be used as this promotes independence and reduces the reliance on specialised equipment.

Staff should use disposable gloves, masks and aprons, which are provided. Staff teams should ensure they maintain an adequate supply in toilets used by their pupils. Changing beds should be washed down with disinfectant after each use. Nappies and fresh clothes should be easily at hand.

Staff should be aware that in the upper school we should be gender sensitive to the needs of the children. Staff should also be aware of their own safety as regards child protection. It may be necessary for two members of staff to toilet a child depending on individual needs, and this should be done as discreetly as possible. 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. Where possible one child will be cared for by one adult, unless there is a sound reason for having two adults present. Consideration will be given to physical needs, any child protection issues and behaviour management. Where a single member of staff is engaged with any intimate care for any pupil it is important that they:

* Let the class team know what they are doing and where they will be.
* Record any relevant health or behavioural issues and seek support from your team or from SMT if you have any concerns.

1.12 Dressing

Procedure for undressing and dressing pupils who require full support: swimming or when soiled

Ensure privacy before procedure

1. Remove clothing from lower body first
2. Put on swimming costume and/or wash as required
3. Ensure lower regions are covered before removing garments form upper body
4. Encourage pupil to assist in whatever way possible
5. Refer to moving and handling procedure for safe movement of pupil and safety of staff.

1.13 Eating

Eating is a social occasion and pupils should be encouraged to eat as independently as possible and make choices where appropriate. All children should wash/have their hands washed, before eating. Procedure for supported eating

1. Ensure pupil is well positioned in chair in a stable, upright position
2. If protection for clothing is required it should be appropriate to the age of the pupil, i.e. a disposable paper napkin
3. If appropriate, use an object of reference to indicate that it is time to eat.
4. Follow each pupils’ guidelines for feeding

1.14 Physical Disability

The relevant specialists will advise on moving and handling issues relating to the physical needs of the pupils. Staff should refer to individual pupils’ manual handling care plans.

1.15 Menstruation

Our pupils may need additional reassurance, straightforward guidance, instruction, and assistance to cope with the practicalities of menstruation. A female member of staff should provide this. The school nurse can provide support to staff who deal with pupils at times of menstruation.

Appendix 1

**Permission for Cornhill School staff to provide intimate care:**

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Carers name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that I give permission to the school to provide appropriate intimate care to my child. I wish to advise you that I would like the following to be the approach to this:

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I will advise the Head Teacher of any medical issues which affect the intimate care of my child and will keep staff updated of any changes.

Print name ………………………………………………….. Signature …………………………………………………..

Relationship to child ………………………………………………….. Date …………………………………………………..

The medical issues are:

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Special arrangements for my child should be as follows:

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Appendix 2

**Cornhill School Intimate Care Protocol**

To be completed by Class Teacher with input from the parent/carer and shared with all staff who are involved in supporting the child.

Name of Child or Young Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Teacher/Responsible staff member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parental Permission agreed (please circle) Yes No

School Staff Involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Agency i.e. Physiotherapy, Occupational Therapy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of Intimate Care provided [e.g. changing, toileting, feeding] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arrangements for changing and/or toileting – list routine/expectations e.g. what the child can do independently and what requires help – so staff hold a shared understanding and a consistent approach.

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Signature of Responsible Staff Member………............................................

Appendix 3

Procedures

Standard nappy/toileting procedure:

Before any changing begins;

1. Ensure there is liquid soap and paper towels at handwashing sink.
2. Ensure there is enough equipment – disposable blue gloves, disposable blue aprons, plastic bin bags, nappy sacks.
3. Ensure the environment is clean.
4. Best practice is where two members of staff undertake the intimate care procedure ensuring the child and staff member’s safety.

Safe NAPPY changing procedure

What you need:

* Clean hands
* Clean changing mat
* Clean nappy
* Water based disposable wipes, or soap and water and disposable wipes.
* Plastic bag/nappy sack for used nappy or soiled/wet clothing
* Single use disposable plastic apron, disposable mask, and disposable gloves on both hands
* Lollipop sticks/spatula
* Sticky labels and pen (to add name and date to bags)

Procedure

* The staff member who is involved in the process of changing a child will inform another member of staff of this intention with consideration to the privacy and dignity of the child involved.
* Children will be taken into the toilet/changing area for this purpose and the needs of the child will be considered and a professional judgement made if the child should be changed on the mat or standing on the ground.
* Adult to wash hands and put on Personal Protective Equipment (PPE) - disposable apron, mask and gloves.
* Wipe changing table with anti - bacterial spray and dispose of the paper towel in the bin.
* Remove soiled nappy/pull-up, double bagging it and placing it in nappy bin.
* Gently clean the child’s bottom (front to back) using disposable wipes, placing used wipes in nappy bag.
* If deemed appropriate, where possible, encourage the child to wipe themselves.
* Remove disposable gloves and apron, placing in nappy bag, tie bag and put in nappy bin.
* Put on second pair of gloves if child is prone to loose stools.
* Put on clean nappy/pull-up, ensuring the changing mat is still.
* Dress the child.
* Clean the mat with anti - bacterial spray.
* Wash your hands and ensure the child’s hands are also washed.
* Ensure the ‘Changing record sheet’ is updated immediately.
* NB if a child requires a barrier cream to be applied after a nappy change, a medication form must be completed by the parent/carer. This must be reviewed regularly.

Barrier Cream Procedure

* Put on disposable blue gloves
* Use lollipop stick/spatula to put cream on back of your hand.
* Apply where necessary with your hand.
* Dispose of gloves as before.

Changing a child who has SOILED themselves

What you need:

* A clean toilet
* Water based disposable wipes
* Nappy sack for used wipes
* Plastic bag for soiled clothing
* Single use plastic apron, mask and disposable gloves (on both hands)
* Clean clothing
* Labels and pen
* Privacy for the child

Procedure

* Wash hands
* Put gloves and apron on
* Encourage child to remove soiled cloths independently – give assistance as required.
* Flush any faeces into toilet.
* Place soiled item into plastic bag and seal, then double bag.
* Label and date the bag.
* Bag should be stored in a place where they do not present a risk of contamination.
* Clean the child using wipes and dry when necessary.
* Place soiled wipes, gloves and apron in nappy sack.
* Tie nappy sack, place in another bag and place in appropriate bin.
* Encourage child to dress in clean clothing, assisting when appropriate.
* Assist child with washing their hands
* Adult to wash hands