

# Laburnum Primary School

## Intimate Care Procedures



**Updated by:** Deputy Head Teacher

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## Introduction

Intimate care is defined as any care which involves washing, touching or carrying out an invasive procedure that most children and young people carry out for themselves, but which some are unable to do.

Intimate care tasks are associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with, or exposure of the genitals.

Intimate care is any care which involves one of the following:

- Assisting a child to change their clothes.
- Changing or washing a child who has had a toileting accident.
- Assisting with toileting issues.
- Supervising a child involved in intimate self-care.
- Providing first aid assistance.
- Feeding a child.
- Administering a medicine to a child.
- Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided. Only a person suitably trained and assessed as competent should undertake the procedure. Parents are expected to advise the school of any known intimate care needs of the child.

Staff will always encourage a child's independence and wherever possible will support a child to meet their own needs. Assistance will be offered and given only if required or considered necessary.

Examples include support with dressing and undressing (underwear), changing incontinence pads and nappies, helping someone use the toilet or washing intimate parts of the body. Pupils with disabilities may be unable to meet their own care needs for a variety of reasons. A care plan will have details of support required.

## Role of the Governing Body

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 normal day-to-day activities must not be discriminated against.

## Best Practice

Laburnum Primary School is committed to ensuring that all staff responsible for the intimate care of children undertake their duties in a professional manner. All children are treated with respect when intimate care is given: the child's welfare and dignity is of paramount importance.

The management of all children with intimate care needs will be carefully planned. The following principles are adhered to at all times:

- Every child has a 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
- All children have the right to be involved and consulted in their own intimate care to the best of their abilities
- All children have the right to express their views on their own intimate care and to have their views taken into account
- Every child has the right to have levels of intimate care that are appropriate and consistent

## Children with No Disability or Medical Condition Affecting Toileting Issues

It is generally expected that children will be toilet trained and out of nappies or pull ups before they begin at Nursery at 3 years old unless there is a disability or medical condition that prevents this.

Where this is not the case, parents and children will be supported to achieve a child's autonomy in this necessary area. Parents will provide clothing, wipes bags, nappies and pull ups.

It is inevitable that from time to time some children will have accidents and need to be supported. This is particularly true in the Early Years. For this reason, consent to provide intimate care is sought on entry to school, usually when children enter Early Years Foundation Stage (EYFS). Staff will be aware of those children where consent to carry out intimate care has not been given.

A record of intimate care as a result of toileting accidents will be made by staff on the Edaware system, which will directly inform parents by email. In some cases, further discussion with the parent/carer may need to take place by telephone or in person.

Parents/carers will be asked to attend the setting to change their child if the child appears ill, finds being changed distressing or the degree of soiling means adequate cleaning with available resources is not possible. Parents/carers will also be required to attend where consent for intimate care has not been given.

EYFS staff have access to a toilet area with toilet, wash basin, changing mat and spare clothes. Staff **must** wear the gloves and aprons provided when changing a child. **COVID19-Staff to wear full PPE, including a face mask, when changing a child.**

## Children with Disabilities or Medical Conditions

For those children who require regular intimate care, due to a disability or medical condition, the staff providing such care will be appropriately trained. Staff will work in close partnership with parents and carers to share information and provide continuity of care.

Pupils will be supported and encouraged to achieve the highest level of independence possible, according to their individual condition, age and abilities. The needs and wishes of children and parents will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation.

Individual care plans will be drawn up for any pupil requiring regular intimate care as appropriate to suit the circumstances of the child. Each child's right to privacy will be respected. Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. Where possible one pupil will be cared for by one adult unless there is a sound reason for having more adults present. A record of intimate care procedures will be made by staff on the Edaware system, which will directly inform parents by email. Intimate care procedures for children with Care Plans will be recorded in an agreed daily log and uploaded to Edaware weekly.

Where specialist equipment and facilities above those currently available in the school are required, every effort will be made to provide appropriate facilities in a timely fashion, following assessment by appropriate specialists such as a Physiotherapist and/or Occupational Therapist.

Parents will be expected to provide consumables such as nappies, pull up, wipes, clothing etc.

## **Administering Medication**

Please see The Medicines and Medical Conditions policy which outlines the administration of most medicines in school.

## **Safeguarding and Child Protection**

Education Safeguarding Procedures and Inter-Agency Child Protection procedures will be adhered to. All children 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 child's presentation, they will immediately report concerns to the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated at an appropriate level and outcomes recorded.

Parents/carers will be contacted at the earliest opportunity as part of the process of reaching a resolution. Further advice will be taken from partner agencies.

If a child makes an allegation about a member of staff, this will be investigated in accordance with agreed procedures.