



Intimate Care Policy

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At REAch2, our actions and our intentions as school leaders are guided by our Touchstones:

- Integrity** We recognise that we lead by example and if we want children to grow up to behave appropriately and with integrity then we must model this behaviour.
- Responsibility** We act judiciously with sensitivity and care. We don't make excuses, but mindfully answer for actions and continually seek to make improvements.
- Inclusion** We acknowledge and celebrate that all people are different and can play a role in the REAch2 family whatever their background or learning style.
- Enjoyment** Providing learning that is relevant, motivating and engaging releases a child's curiosity and fun, so that a task can be tackled and their goals achieved.
- Inspiration** Inspiration breathes life into our schools. Introducing children to influential experiences of people and place, motivates them to live their lives to the full.
- Learning** Children and adults will flourish in their learning and through learning discover a future that is worth pursuing.
- Leadership** REAch2 aspires for high quality leadership by seeking out talent, developing potential and spotting the possible in people as well as the actual.

1. Overarching Principles

At Martlesham Primary Academy, we recognise that all children have different rates of development and differing needs during their time at school and some children may remain dependent on long term support for personal care, while others progress slowly towards independence.

The stigma associated with the requirement of intimate care can cause enormous stress and embarrassment to the children and families concerned, therefore the following principles must underpin all intimate care provided by staff at the school:

- Every child has the 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 such views taken into account
- Every child has the right to have levels of intimate care that are appropriate and consistent

We are committed to ensuring that all pupils are able to access the whole curriculum and are able to be included in all aspects of school life. This policy has been produced to ensure that staff and pupils are appropriately safeguarded.

2. Aims

All children have the right to be safe, to be treated with courtesy, dignity and respect and to be able to access all aspects of the educational curriculum, and we will work:

- To ensure that pupils with continence difficulties are not discriminated against in line with the Equalities Act 2010

- To provide help and support to pupils in becoming fully independent in personal hygiene
- To treat continence issues sensitively so as to maintain the self-esteem of the child
- With parents in delivering a suitable care plan where necessary
- To ensure that staff dealing with continence issues work within guidelines that protect themselves and the pupils involved, in line with the Health and Safety (H&S) policy and guidelines, and the safeguarding policy

3. Roles and Responsibilities

Parents have a responsibility to advise the school of any known intimate care needs relating to their child upon admission to school or as they are diagnosed.

4. Definitions

Intimate care may be defined as any activity that is required to meet the personal needs of an individual child on a regular basis or during a one-off incident. Such activities include:

- Feeding
- Oral care
- Washing
- Carrying out a procedure to private parts of the body, such as catheter management
- Continence care or menstrual management
- Changing clothes
- Toileting
- First aid and medical assistance
- The supervision of a child involved in intimate self-care

5. Pupils' Needs

The staff work hard to build effective relationships with the parents and carers of the children at Martlesham Primary Academy. Any particular needs that a child may have will be dealt with sensitively and appropriately, working with parents/carers to ensure that each child can access the curriculum.

Any child who has personal care or continence needs will be attended to in a designated area within school which allows the child privacy but ensures staff assisting them are not isolated and within view and/or earshot of other staff (see risk assessment for details).

Parents will be contacted in extreme cases where soiling is severe and/or linked to illness e.g. sickness and diarrhoea, or when a child refuses to let a member of staff help change their clothing and cannot manage this themselves.

Risk assessments are in place for staff to support all children with toileting and changing as required; this can be common requirement in the early years.

Irregular accidents will be dealt with using the standard toileting and intimate care risk assessment and parents will be informed on collection by a staff member. Children with complex, long term or regular intimate care needs will have a care plan in place. Staff must adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation.

The plan will include:

- Where changing will take place
- What resources and equipment will be used (i.e. cleansing agents used, or cream to be applied) and clarification of who is responsible (parent or school) for the provision of the resources and equipment. Apparatus will be provided to assist with children who need special arrangements following assessment from a physiotherapist or occupational therapist as required
- How the product, if used, will be disposed of, or how wet or soiled clothes will be kept until they can be returned to the parent/carer
- What infection control measures are in place
- Training requirements for staff
- Arrangements for school trips and outings

If needed, we will agree appropriate terminology for private parts of the body and functions, and note this in the plan. The religious views, beliefs and cultural values of pupils and their families will be taken into account. The child's right to privacy and modesty will be respected.

The meeting will consider carefully who will support the pupil with intimate care and if this needs to be more than one person. As far as possible, each pupil will have a choice about who supports them. We will take into account safer working practice and make sure our processes are transparent. The plan will be reviewed as necessary, but at least annually.

6. Intimate Care Procedures

All staff at the school will follow the agreed procedures below when attending to the care or continence needs of any pupil within the setting:

- Always explain or seek the permission of the pupil before starting an intimate care procedure, according to the pupil's age and level of understanding.
- Where required, change the child's clothing as appropriate and as soon as possible.
- Use appropriate cleaning products and adhere to health and safety procedures and risk assessment / care plan.
- If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness, etc., they must immediately report these to the Designated Safeguarding Lead.
- Children with special educational needs have the same rights to safety and privacy when receiving intimate care; additional vulnerabilities that may arise from a physical disability or learning difficulty must be considered when planning for meeting a child's needs.
- Inform parent / carer at the end of each day of the number of times intimate care has been provided.
- Contact a parent / carer where soiling is severe and / or linked to illness e.g. sickness and diarrhoea, or when a child refuses to let a member of staff help change their clothing and cannot do it alone.
- Where the child is able to act independently, one adult should stand outside the designated area whilst the child is cleaning or changing and then make sure the toilet area is left in an appropriate condition.
- The child should have the highest possible levels of autonomy at all times, as appropriate to their age and ability.

- Staff will not isolate themselves when assisting with intimate care, and should always alert another member of staff to what they are doing and where they are going, ensuring someone has them in sight and/or earshot during the procedure.

7. Medical Care Plans

Pupils who have complex or long term conditions might need help with medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents / carers, the school nursing team and documented in the pupil's individual healthcare plan. They will only be carried out by staff who have been trained to do so. Staff will follow infection control guidelines and ensure that any medical items are disposed of correctly.

8. Safeguarding

The normal process for providing intimate care should not raise any safeguarding concerns; however, staff behaviour should be open to scrutiny and, therefore, intimate care should be carried out in an open and transparent way. A staff member should never take a child off alone without informing another member of staff and they should always have someone close by (at least in earshot) whilst carrying out any intimate care procedure. This is to protect both the pupil and staff member supporting the child. The pupil's dignity should not be compromised at any point.

Only employees of the school will support pupils with intimate care (not students or volunteers).

All members of school staff employed at the school will have undergone the necessary safer recruitment checks, in line with Keeping Children Safe in Education. All intimate care provided must be recorded on the record of intimate care log (Appendix 1).

If a pupil becomes unusually distressed or unhappy about being cared for by a particular member of staff, this must be reported to the Head Teacher. The matter will be investigated at an appropriate level and outcomes recorded. Parents / carers will be contacted as soon as possible. If required, staffing schedules will be altered until the issue is resolved. The child's needs will remain of upmost importance. Further advice will be taken from outside agencies if necessary. If a pupil, or any other person, including a staff member, makes an allegation against an adult working at the school this will be reported to the Head Teacher (or to the Deputy Director of Education and/or Chair of Governors if the concern is about the Head Teacher).

The Head Teacher / Deputy Director of Education / Chair of Governors will consult the Local Authority Designated Officer in accordance with the school's safeguarding policy.

If a member of staff has any concerns about a pupil's presentation, e.g. unexplained marks or bruises etc. they will report these to the Designated Safeguarding Lead using the school's safeguarding policy and procedure.

9. Health and Safety Procedures

When dealing with personal care and continence issues, staff will follow agreed health and safety procedures:

- Staff to wear disposable Personal Protective Equipment (nitrile gloves & disposable plastic aprons) while dealing with any bodily fluids
- Items used to clean a pupil (gloves, wet wipes) must be placed in a hygienic disposal unit which must be clearly marked
- Changing area to be cleaned after use
- Wash and dry hands thoroughly as soon as the task is complete

10. Early Years

All children when they join reception are asked to sign a form which gives permission for school staff to change their child if soiled whilst in the setting. By doing so, this ensures that children can always be changed quickly and ensuring their dignity, rather than waiting for parents/carers to be called and having any delay.

In exceptional circumstances, if a parent/carer is unwilling to give permission, then they will have to be called prior to any changing taking place, but the parent/carer will take responsibility for any delay which then occurs. If the parent/carer fails to give permission for the school to change their child, then they must come to school immediately to manage the situation.

Toileting and intimate care needs are discussed by the Early Years staff with parents/carers as part of the transition into the school and as part of the child's successful transition.

11. Menstrual Care

Girls who are going through puberty and have started menstruating may need the support of school and staff to manage any situations which may arise. Whilst menstruation is taught explicitly in Year Five as part of the Relationships and Sex Education scheme of work and the importance of self-care, there may be times when girls who are younger begin their menstrual cycle earlier, within Year Four. Where this occurs, staff will be sensitive to this and discuss with pupils and parents as requested. The Key Stage 2 toilets have a sanitary bin in one cubicle. The school has stocks of sanitary towels for any pupils who need them.

INDIVIDUAL HEALTHCARE PLAN – PART A (APPENDIX 1)

Parent / Guardian to Complete

Child's Name:		Photo (school to provide)
Class:		
Date of Birth:		
Address:		
Date:		
Review Date (Yearly):		
Parent / Carer Contact Details		
Parent/Carer 1:		
Phone Number (Work):		
Phone Number (Mobile):		
Phone Number (Home):		
Relationship to Child:		
Parent/Carer 2:		
Phone Number (Work):		
Phone Number (Mobile):		
Phone Number (Home):		
Relationship to Child:		
Clinic/Hospital Contact		
Name:		
Phone Number:		
GP		
Name:		
Phone Number:		

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision.

Daily care requirements.

Specific support for the child's educational, social and emotional needs.

Arrangements for school visits/trips etc.

Other Information.

Describe what constitutes an emergency, and the action to take if this occurs.

Who is responsible in an emergency (*state if different for off-site activities*)?

Parental Agreement

I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education (this includes emergency services). I understand I must notify the school of any changes in writing.

Signed:

Name:

Date:

Permission for Emergency Medication

Please tick those that apply:

I agree that my child can be administered their medication by a member of staff in an emergency.

I agree that my child **cannot** keep their medication with them and the school will make the necessary medication storage arrangements.

I agree that my child **can** key their medication with them for use when necessary.

Name of Medication:

Name:

Signed:

Date:

INDIVIDUAL HEALTHCARE PLAN – PART B

School to Complete

Who is responsible for providing support in school?

--

Plan developed with.

--

Staff training needed / undertaken – who, what, when.

--

Members of staff trained to administer medications.

--

Head Teacher Agreement

It is agreed that (name of child):

Will receive the above listed medication at the above listed times.

Will receive the above listed medication in an emergency.

This arrangement will continue until:

Name:

Signed:

Date:

Intimate Care Record Sheet - APPENDIX 2

Child's Name:	
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Date	Time	Staff Member	2nd Staff Member

Care Given:

Date	Time	Staff Member	2nd Staff Member

Care Given:

Date	Time	Staff Member	2nd Staff Member

Care Given:

Date	Time	Staff Member	2nd Staff Member

Care Given:

Intimate Care Report Slip – APPENDIX 3

INTIMATE CARE REPORT SLIP			
Name	Date	Time	Class
Care Given:			
Change of clothes use:			YES / NO
Care Given:			

INTIMATE CARE REPORT SLIP			
Name	Date	Time	Class
Care Given:			
Change of clothes use:			YES / NO
Care Given:			