

Policy B4 – Intimate Care

1 Introduction

- 1.1 Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam)
- 1.2 The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.
- 1.3 University of Brighton Academies Trust (the Trust) are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. The Trust recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.
- 1.4 Intimate care can be required on either a regular basis or following a specific incident. If an academy is made aware, or becomes aware, that regular intimate care will be required then an Intimate Care Plan and Regular Intimate Care Policy Parental Agreement Form (annex 1) should be put in place.

2 Best Practice

- 2.1 The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.
- 2.2 Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in lifting and moving) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.
- 2.3 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. Wherever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex education to the children/young people in their care as an additional safeguard to both staff and children/young people involved.
- 2.4 The child 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 him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.
- 2.5 Each 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 is toileted.

2.6 Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers.

2.7 Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence for example, female staff supporting boys in a primary academy, as no male staff are available.

2.8 Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

2.9 Intimate care is only to be provided by academy staff. It will not be provided by students on placement or parent helpers.

3 Children wearing nappies

3.1 Nursery age children

3.1.1 An academy with nursery provision will follow clear, academy specific, procedures for the changing of nappies.

3.1.2 Parents/carers are expected to provide their own child's nappies, wipes and creams.

3.1.3 Each academy with nursery provision will provide parents/carers with details of:

- How the schedule for changing nappies is drawn up and monitored
- How the academy will communicate with parents/carers that supplies of a child's nappies, wipes and creams are running low
- Who will be responsible for changing a child's nappy

3.1.4 Records will be retained by the academy for a period of two academic years.

3.2 Reception age and older children

3.2.1 An academy should provide the same level of information to the parents/ carers of children admitted to an academy in Reception Year or older still wearing nappies as detailed in 3.1. Information should also include an agreement form (annex 1) for parents to sign outlining who will be responsible, within the academy, for changing the child and when and where this will be carried out. This agreement allows the academy and the parent to be aware of all the issues surrounding this task right from the outset.

3.2.2 The parents/carers should provide nappies, disposal bags, wipes, changing mat etc. and parents/carers should be made aware of this responsibility. The academy is responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.

4 Health and Safety

4.1 Staff should always wear an apron and gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste. The bin should be emptied on a daily

basis and it can be collected as part of the usual refuse collection service as this waste is not classed as clinical waste. Staff should be aware of the Trust's Health and Safety policy

5 First Aid and intimate care

5.1 Staff who administer first aid and intimate care should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.

5.2 Regular requirements of an intimate nature should be planned for. Agreements between the academy, those with parental responsibility and the child concerned should be documented and easily understood. The necessity for such requirements should be reviewed regularly. The child's views must also be actively sought and, in particular, any discomfort with the arrangements addressed.

6 Ad-hoc intimate care arrangements

6.1 Parents/carers are responsible for providing appropriate sanitary provision for their child and for making the class teacher aware of any needs.

6.2 If wetting/soiling occurs as a one-off accident:

- where possible, appropriate spare clothes should be identified for the child. If these are unavailable the parent should be contacted to bring clothes to the academy and the child could wear their PE kit until the arrival of these clothes
- soiled clothes should be double bagged and stored for the parent to collect at the end of the day
- The parent/carer should always be informed if a child has had an accident by telephone or discreetly face to face
- Staff should ensure that they reassure the child at all times that this is an accident and that there is nothing to be worried or ashamed about.

6 Policy status and review

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| Written by: | Governance Officer |
| Owner: | Director of Policy & Governance |
| Status: | V1 = Approved |
| Approval date: | HAT: AC 15/6/16 UoBAT: BoD 20/7/16 Merger editorial changes September 2017 |
| Review Date: | 2020 |

Regular Intimate Care Policy Parental Agreement Form

- 1 Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas.
- 2 The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.
- 3 The Trust are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. The Trust recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.
- 4 The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.
- 5 The child 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 him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.
- 6 Each 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 is toileted.
- 7 Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing care.
- 8 Wherever possible staff should only care intimately for an individual of the same sex.
- 9 The Trust require that each academy records who changes a child, how often this task is carried out and the time they left/returned to the classroom following this task.
- 10 Parents have a role to play when their child is still wearing nappies. The parent should provide nappies, disposal bags, wipes, changing mat etc. and parents should be made aware of this responsibility. An academy is responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.
- 11 Staff should always wear an apron and gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste.
- 12 Staff who administer first aid should ensure wherever possible than another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.

INTIMATE CARE POLICY PARENTAL AGREEMENT FORM

I agree to support the Intimate Care Policy and practice of The University of Brighton Academies Trust.

Signature of Parent / Carer

Print Name

Date

Signature of Academy Representative

Print Name

Position

Date

Intimate Care Plan

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| Child's Information | |
| Name | |
| Year Group / Class | |
| Date of Birth | |
| Address | |
| Medical Diagnosis or Condition | |
| Date | |
| Review Date | |
| Family Contact Information | |
| Name | |
| Relationship to Child | |
| Phone Number (work) | |
| Phone Number (home) | |
| Phone Number (mobile) | |
| | |
| Name | |
| Relationship to Child | |
| Phone Number (work) | |
| Phone Number (home) | |
| Phone Number (mobile) | |
| | |
| Name | |
| Relationship to Child | |
| Phone Number (mobile) | |
| Clinic / Hospital Contact Information | |
| Name | |
| Phone Number | |
| GP | |
| Name | |
| Phone Number | |
| Describe intimate care needs | |
| | |
| Daily care requirements | |
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| Specific support for the child's educational, social and emotional needs |
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| Arrangements for school trips/ visits |
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| Other information |
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| Plan developed with: |
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| Staff training needed/ undertaken – who, what, when |
| |
| Form copied to: |

