



INTIMATE CARE POLICY

May 2020

Date for review: September 2021

Statement of intent

The James Montgomery Academy Trust (JMAT) takes the health and wellbeing of its pupils very seriously. As described in the Supporting Pupils with Medical Conditions Policy, the school aims to support pupils with physical disabilities and illnesses to enable them to have a full and rich academic life whilst at school.

The JMAT recognises its duties and responsibilities in relation to the Equality Act 2010, which states that any pupil with an impairment affecting his/her ability to carry out normal day-to-day activities must not be discriminated against.

Pupils will always be treated with care and respect when intimate care is given, and no pupil will be left feeling embarrassed.

Legal framework

This policy has due regard to relevant legislation and guidance, including, but not limited to, the following:

- Keeping Children Safe in Education 2019
- The Children and Families Act 2014
- The Education Act 2011
- The Health Act 2006
- The Equality Act 2010
- **Coronavirus (COVID-19): implementing protective measures in education and childcare settings (12th May 2020)**
- Health and Safety At Work 1974

This policy will be implemented in conjunction with the school's:

- Health and Safety Policy
- Business Emergency and Continuity Plan (outbreak of disease)
- Supporting Pupils with Medical Conditions Policy
- Child Protection and Safeguarding Policy
- SEND Policy
- Staff Code of Conduct
- Allegations of abuse Against Staff Policy

Definition

For the purpose of this policy, intimate care is defined as any care which may involve the following:

- Washing
- Changing a child who has soiled themselves
- Providing oral care
- Feeding
- Assisting in toilet issues
- Providing comfort to an upset or distressed pupil

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.

Examples of intimate care include support with dressing and undressing (underwear), changing nappies, menstrual hygiene, helping someone use the toilet, or cleaning intimate parts of the body. Pupils may be unable to meet their own care needs for a variety of reasons and may require regular support.

Pupils who become unwell as a result of developing symptoms of an infectious disease (e.g. coronavirus)

Guiding Principles

- Every intimate care procedure must be completed within an atmosphere of total respect and dignity both for the individual receiving care and for the person involved in giving the care
- Every plan supporting intimate care must demonstrate how the child/young person can be enabled to develop their independence as far as is reasonably practical for the child/young person.
- The number of adults engaged in the care should only reflect the minimum needed to perform the task safely and respectfully. Each situation should reflect both the safety and vulnerability of children/young people and staff.
- In the instance of infectious disease, this may also include isolating to an appropriate area, and the member of staff taking extra precautionary measures to protect themselves with personal protective measures as appropriate.

Good practice in Intimate Care

Wherever possible, intimate care provided to older children and young people should be carried out by a staff member of the same gender. The religious and cultural values of children and their families must also be taken into account. The following positive approaches will assist in promoting good practice for intimate care:

- Staff should get to know the child or young person well beforehand and be familiar with his/her moods and methods of communication.
- Staff should speak to the child personally by name so that he/she is aware of being the focus of the activity
- Staff should have knowledge and understanding of any religious and cultural sensitivities related to aspects of intimate care and take these fully into account
- Staff should enable the child or young person to be prepared for or anticipate events while demonstrating respect for her/his body, e.g. by giving a strong sensory or verbal cue such as using a sponge or pad to signal intention to wash or change.
- Staff should ensure that the child or young person's privacy and modesty is respected and protected
- Best practice in personal safety work would be to use the correct anatomical names for intimate body parts.
- Staff must always communicate in an age appropriate way taking into account the child or young person's developmental level and their preferred communication method.
- Staff should keep records, which note a child or young person's responses to intimate care and any changes in behaviour. This information should be recorded on CPOMS as part of the child's chronology.
- If a member of staff has concerns about physical changes in a child or young person's presentation, e.g. unusual anxiety, bruising, soreness etc. they will immediately report their concerns to the Designated Person (DSL) for child protection and log them.
- An appropriate written plan for intimate personal care should be agreed with the child or young person and their family.
- Ensure that intimate care is consistent across home, school and other settings as far as possible.
- Staff should be aware of their own limitations, only carrying out procedures they understand and feel competent and confident to carry out. If in doubt staff should ask. Please refer to current protocols.
- Cameras (including mobile phones) must not be taken or used by staff or children in areas where intimate care is carried out.

- In the circumstance of a pandemic, all protocols for appropriate response must be followed by the staff member in order to protect themselves, for example social distancing and providing intimate care only if absolutely necessary.

Planned Intimate Care for children in Y1-Y6

For children who regularly soil/wet themselves in Y1 to Y6, a planned course of action will be agreed with the parent in advance of the child attending school. The parent will be able to choose which option would be best for their child. The options available to the parent are:

1. Allowing the child to clean and re-dress themselves in the toilet whilst the staff member stands outside verbally supporting the child and passing them the relevant resources such as wipes or clothing if required. The child will be given nappy bag to place in any used wipes. The staff member outside the toilet will also prevent anyone else from going into the toilet to ensure privacy for the child.
2. School would phone the parent if a child soiled themselves so that the parent could come to school to change the child in the reception area toilet with the door closed. The parent will be given wipes, and a nappy sack to dispose of the used wipes. The staff member from the bubble would escort the child to the reception area and wait to take the child back to their bubble.

Any wet/soiled waste should be bagged in a nappy sack and then disposed of into the clinical waster bin in the medical room.

Health and safety

The JMAT'S **Health and Safety Policy** lays out specific requirements for cleaning and hygiene, including how to deal with spillages, vomit and other bodily fluids.

Any member of staff that is required to assist a pupil with specific medical requirements will be trained to do so and will carry out the procedure in accordance with the **Supporting Pupils with Medical Conditions Policy**.

Staff must wear disposable aprons and gloves while assisting a pupil in the toilet, while changing a nappy, or a soiled child. This is extended to include dealing with pupils showing symptoms of an infectious disease e.g. coronavirus, impetigo, etc.

The following points and guiding principles should be noted by any member of staff who has to deal with children who need assistance in intimate personal care.

- Children may only be changed by a member of staff or a supervised student.
- If a child wears pants and has 'wet' him /herself, they may be changed within the Key Stage toilet area or disabled toilet for more privacy.
- If a child wears nappies or has 'soiled' him/herself, they should be taken to an appropriate toilet/changing room where there are cleaning materials, should they be required.
- Wipes, nappies, gloves etc. should be placed in a nappy bag and inside another plastic bag and disposed of appropriately in the relevant bin. Wet or soiled pants should be placed in a nappy bag and inside another plastic bag and returned to parents. Heavily soiled pants should be disposed of as with nappies.

Staff and facilities

Staff members who provide intimate care will be trained to do so, and should be fully aware of best practice. Suitable equipment and facilities will be provided to assist pupils who need special arrangements following assessment from a physiotherapist or occupational therapist. This may include the following:

- Changing mat (Provided by the parent of those children who have planned nappy changing)
- Potty, adapted toilet seat or commode seat (Provided by the parent)
- **Disposable gloves/aprons**
- Nappies, pads
- Tissue rolls (for changing mat/cleansing)
- Supply of hot water
- **Sanitising Spray**
- Soap
- Barrier creams (provided by the parent)
- Clinical waste bag

Mobile pupils will be changed while standing up.

School responsibilities

- At home visits, staff will ask about personal care required for children prior to them attending the school.
- Arrangements will be made with a multi-agency to discuss the personal care needs of any pupil where appropriate.
- Pupils who require intimate care will be involved in planning for their own healthcare needs wherever possible.
- In liaison with the pupil and parents/carers, an individual intimate care plan will be created to ensure that reasonable adjustments are made for any pupil with a health condition or disability, in conjunction with the SEND policy.
- Regular consultations will be arranged with all parents/carers and pupils regarding toilet facilities.
- The privacy and dignity of any pupil who requires intimate care will be respected at all times.
- A member of staff will change the pupil, or assist them in changing themselves if they become wet, or soil themselves.
- Any pupil with wet or soiled clothing will be assisted in cleaning themselves and will be given spare clothing, nappies, pads, etc., as provided by the parents/carers.
- Members of staff will react to accidents in a calm and sympathetic manner.
- The family's cultural practices will always be taken into account for cases of intimate care.
- Parents/carers will be contacted if the pupil refuses to be changed, or becomes distressed during the process.
- Excellent standards of hygiene will be maintained at all times when carrying out intimate care.

A relationship between an adult and a child or young person cannot be a relationship between equals. There is potential for exploitation and harm of vulnerable young people. Adults have a responsibility to ensure that an unequal balance of power is not used for personal advantage or gratification.

Adults should always maintain appropriate professional boundaries and avoid behaviour which might be misinterpreted by others. They should report and record any incident with this potential.

Parental responsibilities

- Parents/carers will change their child, or assist them in going to the toilet, at the latest possible time before coming to school.
- Parents/carers will provide spare nappies, wet wipes, changing mat, barrier creams and a change of clothing in case of accidents.

- A copy of this policy will be read and signed by parents/carers of pupils with a health condition or a disability who require an individual intimate care plan to ensure that they understand the policies and procedures surrounding intimate care. (Appendix 1)
- Parents/carers will inform the school should their child have any marks/rashes.
- Parents/carers will come to an agreement with staff in determining how often their child will need to be changed, and who will do the changing.

Underpinning Principles

Intimate care should be a positive experience for both staff and the child or young person. It is essential that care is given gently, respectfully and sensitively and that every child or young person is treated as an individual. As far as possible, the child or young person should be allowed to exercise choice and should be encouraged to have a positive image of his/her own body. These principles of intimate care can be put into practice by:

- Ideally allowing the child or young person, whenever possible to choose who provides their intimate care which should be age appropriate
- Enabling the child or young person to indicate if they find a carer unacceptable
- Allowing the child or young person a choice and control over the sequence of care
- Ensuring privacy wherever the intimate care is taking place
- Allowing the child or young person to care for him/herself as far as possible
- Being aware of and responsive to the child/young person's reactions.

All children have a right to safety, privacy and dignity when contact of a physical or intimate nature is required and depending on their abilities, age and maturity should be encouraged to act as independently as possible. The decision as to whether or not a door is locked when intimate care is taking place needs to be considered. The following are some of the factors that might be taken into account:

- Age, ability and wishes of the child/young person
- Good communication ensuring others know when and where intimate care is taking place
- Location of the facility e.g. school hygiene room, public toilet etc.
- Safer working practice of the adult(s) involved

The views of the child should be actively sought, wherever possible, when drawing up and reviewing intimate care plans. As with all individual arrangements for intimate care needs, agreements between the child/young person, parents/carers and the school/setting must be negotiated and recorded. When the plan is completed consideration should be made as to whether the underpinning values and principles are reflected.

Given the right approach, intimate care should provide opportunities to teach children about the value of their own bodies, to develop their personal safety skills and to enhance their self-esteem. Whenever children can learn to assist in carrying out aspects of their own intimate care they should be encouraged to do so.

Swimming

Pupils who participate in swimming lessons: during these lessons, pupils are entitled to privacy when changing; however, some pupils will need to be supervised during changing.

Parental consent will be obtained before assisting any pupils in changing clothing before and after swimming lessons.

Special consideration will be taken to ensure that cases of bullying or teasing do not occur.

Details of any additional arrangements will be recorded in the pupil's individual intimate care plan.

Offsite visits

Before offsite visits, including residential trips, the pupil's individual intimate plan will be amended to include procedures for intimate care whilst off the school premises.

Staff will apply all the procedures described in this policy during residential and off-site visits.

Consent from a parent/carer will be obtained and recorded prior to any offsite visit.

Monitoring, Evaluation and Policy review

The use of PPE equipment will be monitored through both safeguarding and health and safety audits throughout the year.

The policy will be promoted and implemented throughout the JMAT schools.

This policy will be assessed for its implementation and effectiveness **annually** by the **DSL** and the **Safeguarding Director**.

The scheduled review date for this policy is **September 2021**.

Appendix 1

Parental Consent

I have read and understood the school's Intimate Care Policy and agree to staff undertaking such procedures if required to do so.

Signed (Parent/ Carer)

Name of Parent/Carer

Dated:

Name of child.....