



Aspire London Intimate Care Policy and Procedures

Definition

Intimate care may be defined as any activity required to meet the personal care needs of each individual child. Parents have the responsibility to advise staff of any intimate care needs of their child, and staff have a responsibility to work in partnership with children and parents. Intimate care can include:

- Feeding;
- Oral care;
- Washing;
- Dressing/undressing - Supporting a pupil with dressing/undressing (Outside the usual support already given for PE lessons or with zips, buttons etc particularly in Nursery and Foundation Stage).
- Toileting - Assisting a pupil who has soiled him/herself, has vomited or feels unwell;
- Supervision of a child involved in intimate self-care. Providing comfort or support for a distressed pupil and assisting a pupil requiring medical care, who is not able to carry this out unaided are also considered as intimate care.

Legislation

This policy and practice will support staff to overcome any challenges and be confident they are meeting the requirements of the Early Years Foundation Stage, Special Educational Needs and Disability Act (2001), the Disability Discrimination Act (1995), Equality Act (2010) and related legislation. Please reference and add link to medication policy for schools. Children and Families Act 2014 <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted> Education Health Care Plans 37 – 50.

The Equality Act (2010) states that the responsible body of a school must not discriminate against a person:

- (a) In the arrangements it makes for deciding who is offered admission as a pupil.
- (b) As to the terms on which it offers to admit the person as a pupil.
- (c) By not admitting the person as a pupil.

It is not acceptable to ask parents to come to change their child if a child has a recognised disability as this is a direct contravention of the Act. Also leaving any child soiled for any length of time is considered a safeguarding issue since it places the child at risk of significant harm.



Purpose of the guidance

This guidance refers to all children, of any age, who may require support for intimate/personal care from an adult on a daily basis and those who may require it occasionally or exceptionally.

As with all developmental milestones, there is a wide variation in the time at which children and young people develop and intimate/personal care may need to be provided at any stage.

Staff who work with children and young people or those with special needs will realise that the issue of intimate/personal care is a difficult one and will require staff to be respectful of children's needs. Intimate/personal care can be defined as care tasks of an intimate/personal nature, children and young people's dignity would need to be preserved and a high level of privacy, choice and control would need to be provided to them.

Schools/settings are committed to ensuring that all staff responsible for the intimate/personal care of children will undertake their duties in a professional manner at all times at the appropriate developmental level and degree of understanding. No child should be attended to in a way that causes distress or pain. This guidance is to help ensure good practice in this area.

Guidelines for Good Practice All children have the right to be safe and to be treated with dignity and respect. These Guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children. Adhering to these guidelines of good practice should safeguard children and staff.

- Involve the child in their intimate care - Try to encourage a child's independence as far as possible in his/her intimate care. Where the child is fully dependant talk to them about what is going to be done and give them choice where possible.
- Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.
- Make sure practice in intimate care is consistent.



Intimate Care Arrangements

Supporting dressing/undressing

Sometimes it will be necessary for staff to aid a child in getting dressed or undressed, (Outside the usual support already given for PE lessons or with zips, buttons etc particularly in Nursery and Foundation Stage). Staff will always encourage children to attempt undressing and dressing unaided.

Providing comfort or support

Children may seek physical comfort from staff particularly in Nursery and Foundation Stage. Where children require physical support, staff need to be aware that physical contact must be kept to a minimum and be child initiated. When comforting a child or giving reassurance, the member of staff's hands should always be seen and a child should not be positioned close to a member of staff's body which could be regarded as intimate. If physical contact is deemed to be appropriate staff must provide care which is suitable to the age, gender and situation of the child. If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable.

Medical Procedures

It is preferable that medication is administered at home before or after school. If it is necessary for a child to receive medicine during the school day parents/guardians must fill out a permission form from the school office and discuss their child's needs with a member of staff before the school agrees to administer medicines or medical care. Parents and carers should be made aware that staff administration of medicines is voluntary. Any member of staff giving medicine to a pupil should check:

- The pupil's name;
- Prescribed dose;
- Expiry date;
- Written instructions provided by parents or doctor;
- Complete a school drugs administration form and have it counter signed, when possible, by another member of staff.

Particular attention should be paid to the safe storage, handling and disposal of medicines. The Headteacher has prime responsibility for the safe management of medicines kept at school. Medicines should be kept in a place not accessible to pupils. Arrangements must be in place to ensure that any medication that a pupil might need in an emergency is readily available to them.



Medical Conditions

If a child has a medical condition which is likely to lead to soiling and subsequent staff intervention, specific medical advice may be sought from outside agencies, such as the school nurse, and the parents will be asked to sign a permission form so that staff can clean and change their child if necessary. If a parent does not give consent, the school will contact the parents or other emergency contact giving specific details about the necessity for cleaning the child. If the parents or emergency contact are able to come promptly, the child is comforted and kept away from the other children to preserve dignity until the parent arrives. If parents/guardians cannot be contacted - staff will decide on the most appropriate care to minimise any stress, discomfort or anxiety the child may be experiencing.

Soiling

Staff from Aspire London Primary School will work together in partnership with parents to support each child towards independent use of the toilet. If tending to a child who has soiled themselves during the school day staff will respond sensitively and professionally. If 'accidents' occur the child will change themselves into dry clothing, and wet items will be sent home for washing. The child's independence will be encouraged as far as possible in his/her intimate care and reassurance given. A record of the incident will be kept in school and the parent will be informed (by a note home, verbally at home collection time or phone call) and requested to return the borrowed items of clothing when laundered. If there is an occurrence of heavier soiling or vomiting, this may require staff to provide care at a more personal level. Staff will follow set procedures for this intimate care:

- If possible, the child will be removed to a less public place to maintain dignity and avoid a feeling of humiliation;
- If appropriate, the child will be encouraged, through guidance and assistance, to clean themselves to make them more comfortable.
- Parents should be contacted as soon as possible;
- Staff will provide further intimate care in the following situations:

1. If parents/guardians cannot be contacted - staff will decide on the most appropriate care to minimise any stress, discomfort or anxiety the child may be experiencing.
2. If the parents/guardians are unable to come to school.
3. If the child is very distressed or suffering unduly.
4. Intimate care will only be provided to older children in extreme circumstances. It is anticipated that older children will be able to manage any circumstances given guidance or assistance.

If incidents of soiling is a regular occurrence then a pupil care plan will need to be put in place after consultation between the school, the pupils' parents/guardians and if appropriate, other outside agencies.



Guidelines for Good practice (with Covid-19 considerations)

- We request that parents complete the 'Supporting your child's intimate care form' (Appendix 1) and the 'Intimate care home/school agreement' (Appendix 3) before a child starts with us in the setting. This way we can fully support your child.
- Clothing required for changing is as per normal and supports good practice. However, due to Covid-19, there may be added use of PPE at this time.
 - Gloves
 - Apron
 - Mask
 - Visor
- Cleanliness stations within each classroom with tissues, handwashing pump and bin. We also:
 - Ensure children dry hands thoroughly
 - Ensure the (lidded) bin is emptied regularly to ensure no cross contamination can take place
- Staff model sneezing or coughing into their elbow, as per government recommendation. Model where to place tissues when used and to wash hands directly afterwards.
- Display photos within washrooms to show the sequence of washing hands with staff modelling good practice.
- When changing children that have soiled we ask a child to lay down on a changing mat or changing station rather than attempt to change standing up, this ensures the staff member is not face to face with the child and avoids passing on any potential infection.
- Wherever possible, two members of staff will be in the vicinity when a child needs intimate care e.g. the second staff member could be in the adjacent room with the adjoining door open. They sign a personal care log after every change (See Appendix 2).



Appendix 1

Supporting your child/young person with Intimate Care.

What additional information would help us meet your child’s individual needs. For example:

- what are the physical needs of the child/young person
- what are the emotional needs of the child/young person
- what are the preferred strategies for the child/young person?

School

Child’s Name and DOB:

Arrangements to be made	In place Yes/ No	Notes

Date:

Signed by parent:

Name:



Appendix 2

Your Personal Care Log

Child's Name _____

Class/session _____

Date	Time	Changed with support	Staff/parent signature



Appendix 3

Home/School Agreement to support staff involvement in Intimate Care

We aim to work closely with you and your child to ensure that they feel confident, secure and respected in our school/ setting.

Our Parents/ carers will help support us by:

- changing your child/young person at the latest possible time before coming to school
- provide spare nappies/ pull ups, wet wipes and sufficient changes of clothes
- wash and return any clothing provided by the school as soon as possible.
- a mutual agreement to the procedures to be followed during changing at school
- assist us by informing our staff if your child/young person has any marks/rashes
- encourage your child/young person's self-help in intimate care procedures wherever possible.
- discuss any concerns regarding your child/young person intimate care progress with our staff

Our staff will support you by:

- changing your child/young person should s/he require it.
- inform you if your child/young person has any marks/rash and take further action as appropriate
- encourage your child/young person in their participation in their intimate care procedures wherever this is possible
- respect cultural practices through discussion with you, the parents/carer.

Parent/Carers:

Signature:

Staff Signature: