

## Primary Phase - Intimate Care Procedures

These procedures are written with reference to the Guidance for Safer Working Practices for those Working with Children and Young People in Education Settings 2015.

### Rationale

The academy should have clear written guidelines for staff to follow when changing a child, to ensure that staff follow correct procedures and are not worried about false accusations of abuse.

As a academy community, we are strongly committed to safeguarding children. Our goal is to work in close partnership with parents, carers and other agencies. Underpinning our whole philosophy is the firm belief that the welfare of the child is paramount.

### Introduction

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 and the procedure should be specified in the child's Health Care Plan. 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.

The Halifax Academy is 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 academy recognises 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.

### Our approach to best practice

- The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.
- Only paid employees of the academy who have been through all appropriate vetting procedures and who is trained in safeguarding will be involved in administering intimate care.
- All staff have annual refresher training in Safeguarding Children.
- Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.
- 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.
- 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 they 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.
- 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. Where possible one child will be catered for by one member of staff, however, they should try to ensure that another appropriate adult is in the vicinity who is aware of the task to be undertaken and that, wherever possible, they are visible and/or audible. Intimate or personal care procedures should not involve more than one member of staff unless the pupil's care plan specifies the reason for this.

- A signed record should be kept of all intimate and personal care tasks undertaken and, where these have been carried out in another room, should include times left and returned. The record is stored in the office to ensure pupil names are stored securely.
- Intimate care arrangements for pupils with specific needs 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.
- Staff will only check injuries to intimate areas where emergency first aid is required. In other cases, children will be asked to check themselves and parents will be informed and invited to come and check their child.

### **The Protection of Children**

- The academy's safeguarding policy 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, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the Designated Safeguarding Lead.
- If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution.
- If a child makes an allegation against a member of staff, all necessary procedures will be followed in line with the Safeguarding Policy.

### **Children wearing nappies**

Child protection need not present an issue. It is good practice to provide information for parents of the procedures and practice in the academy. Such information will include a simple agreement form 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.

Used nappies would be disposed of in the Medical Waste bin (inside a sealed yellow plastic bag) in the Hygiene Suite.

### **Changing facilities**

The academy has identified disabled toilets on each floor. There is also a fully accessible toilet and change bed situated in the Hygiene Suite on the ground floor corridor.

Whenever possible, children would be changed in the Hygiene Suite to ensure appropriate privacy. The academy keeps a stock of spare clothes, including underwear. Soiled or wet clothes would be sealed in a plastic bag to be given to the adult collecting the child from

school. Children will be encouraged to be autonomous in their care with appropriate adult support when necessary.

### **Equipment Provision**

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 will be made aware of this responsibility. The academy is responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.

### **Health and Safety**

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 yellow polythene waste disposal bag, which can be sealed. This bag should then be placed in the medical waste bin in the Hygiene Suite, as should soiled nappies. The bins should be emptied daily and can be disposed of with the usual school waste as it is not classed as clinical waste.

Due regard will be paid to the health and safety of pupils at all times. Health and safety must always be considered when carrying out any activities. If there is a conflict between a policy, procedure or a scheme of work and a Health and Safety consideration, the latter will always take precedence.

### **Special Needs**

Children with special 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 with regard to individual teaching and care plans for each child.

### **Physical Contact with Children**

It is the role of staff to care for children and to develop positive relationships. It is therefore appropriate that staff will at times have physical contact with children. This should always be age appropriate and in a way that protects children from inappropriate contact and staff from allegations. If giving a hug to children, staff should aim to 'hug to the hip', turning their body so the contact with the child is to their side. When comforting a child, it may be appropriate for children in Early Years to sit on a member of staff's knee. In most cases, sitting alongside a child and putting an arm around their shoulder would be an appropriate response. It may also be appropriate at times to hold a child's hand. This should be done whilst walking alongside the child and not from in front. Where a child needs to be physically restrained, only staff who are Team Teach trained should restrain.

These procedures were reviewed by the Primary Phase staff - September 2017