


Intimate Care Policy 2024-27

THE VAYNOR FIRST SCHOOL 	Policy review Date	September 2024
	Date of next Review	September 2027
	Who reviewed this policy?	Governing Body
	Date approved by Governing body	
	Headteacher	Helen Colcombe

This policy has been reviewed; to the best of our knowledge, we do not feel it impacts negatively on any specific group or individual within our school community.

Statement

We are committed to providing personal care that has been recognised as an assessed need and indicated in the care plan for an individual child, in ways that:

- Maintain the dignity of the child.
- Are sensitive to their needs and preferences.
- Maximise safety and comfort.
- Protect against intrusion and abuse.
- Respect the child's right to give or withdraw consent.
- Encourage the child to care for themselves as much as they are able and protect the rights of everyone involved.

The diversity of individuals and communities is valued and respected.

Definition

Intimate personal care includes hands-on physical care in personal hygiene, and physical presence and observation during such activities.

Intimate personal care tasks can include;

- Bathing to arms, face and legs.
- Toileting, wiping and care in the genital and anal areas.
- Dressing and undressing.
- Application of medical treatment, other than to arms, face and legs below the knee.

Scope

This policy applies to all staff undertaking personal care tasks with children but particularly those in who are in Early Years Foundation Stage, although the normal range of development should see children toilet trained by this age.

In addition to this there are other vulnerable groups of pupils that require support with personal care on either a short, longer term or permanent basis due to SEN and disability, medical needs or a temporary impairment. This could include include:

- Children with limbs in plaster
- Children needing wheelchair support
- Children with pervasive medical conditions

This policy does not cover intimate care of children with more complex health conditions e.g. catheters, colostomy bags. Advice regarding these health conditions should be sought from NHS professionals and parents/carers.

This policy includes the provision of intimate care during all off-site educational visits and residential visits.

Introduction

Children of all ages may experience continence issues often related to their age or stage of development; for some children incontinence may be a life-long condition.

We will make reasonable adjustments (e.g. additional staff support to meet the needs of each child (Equality Act 2010, Chapter 2 Section 20). Children will not be excluded nor treated less favourably because of their incontinence.

Indirect disability discrimination happens when there is a rule, policy or practice that applies to everyone but especially disadvantages children with a particular disability compared with children who do not have that disability.

Therefore parents will not be required to support their children's care needs. (Equality Act 2010 Chapter 2, section 15)

Aims of this policy

- To provide clear guidelines for all staff on procedures that maintain a professional approach appropriate to the age, developmental stage and needs of the child.
- To support staff to meet the holistic needs of children including the development of continence and independence.
- To establish good practice in the care of children with management of continence needs.
- To ensure that children are treated with dignity and respect by those adults responsible for them.
- To ensure good safeguarding practice to protect children, staff, and volunteers.
- To establish partnership working between the child, the child's parents / carers and professionals involved.

Children who require support with continence development

Children who require support with continence development and management are a very diverse group. Each child should be treated as an individual but in broad terms the children who will need support with continence may be:

1. Children who need support with continence development	The child may be developing normally but at a slower pace.
2. Children with some developmental delay	The child will be in an early years or mainstream setting but may have delayed continence development. This child may have a diagnosed condition or be undergoing investigations
3. Children with physical disabilities or complex medical conditions	The child may have a diagnosed condition such as spina bifida, cerebral palsy or autism.
4. Children with behavioural or emotional difficulties	The child may exhibit developmental delay in continence, or may develop incontinence.

Environment

The Early Years Foundation Stage Statutory Guidance states that; "There should be suitable hygienic changing facilities for changing any children who are in nappies and providers should ensure that an adequate supply of clean bedding, towels, spare clothes and other necessary items are always available." (EYFS Statutory Guidance pg 36)

In the case of children aged 5 years of age and over the requirement for providing adequate resources will be the responsibility of the parents / carers unless the child has a specific disability, in which case the NHS may supply the resources either to the family or directly to school.

School will maintain an emergency supply of adequate resources as detailed in a Health Care Plan. On occasions where school resources are used, parents will be requested to replace them.

The Equality Act (2010)

The Equality Act 2010 (which replaced the Disability Discrimination Act 1995 and 2005) requires that all settings do not treat children and young people with disabilities less favourably; they must make reasonable adjustments to avoid putting those with disabilities at a substantial disadvantage.

The Equality Act (2010) defines a disability as a "physical or mental impairment which has a substantial and long term adverse effect on an individual's ability to carry out normal day to day activities". It describes incontinence as an impairment which may affect normal day to day activities. Settings are under a statutory obligation to meet the needs of all children and therefore children should not be excluded from activities because of incontinence. Settings are expected under the Equality Act 2010 to make reasonable adjustments to meet the needs of each child and young person.

The Statutory Guidance of the Early Years Foundation Stage (2008) requires settings to provide for equality of opportunity (para 1.14) and to focus on each child's individual learning, development and care needs.

Safeguarding – to ensure good safeguarding practice to protect children, staff and volunteers

Everyone working with children should be aware that those with additional needs may be particularly vulnerable to abuse. It is essential that all staff and volunteers are familiar with the Safeguarding Policy and have received safeguarding training within the last three years. Staff should also be aware of the guidance on safer working practice contained in *Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings – DCSF March 2009*.

The normal process of assisting with personal care, such as changing nappies, should not raise child protection concerns. However, to minimise risk, we will ensure that:

- We provide sufficient suitably trained staff to be able to deal with continence issues
- Two members of staff will always be present
- All staff members must be vigilant for any indication of inappropriate practice and report such concerns to the designated person
- If there is a known risk of false allegations by a child or the child exhibits extreme behaviour on a regular basis, then appropriate precautions should be incorporated into the child's plan
- All adults working with children have enhanced DBS clearance and will be closely supervised throughout any probationary period. Staff will only be allowed unsupervised access to children once the probationary period has been completed to the supervisor's satisfaction
- Volunteers and students on long term placements with enhanced DBS clearance will not be involved in intimate care
- Where possible, staff should work with children of the same sex and be mindful of and respect the personal dignity of the child when supervising, teaching or reinforcing toileting skills
- All staff involved in changing nappies or supporting toileting should be aware of the child's health care plan and ensure that this is adhered to at all times. Any deviation from the plan should be reported and recorded in line with school procedures

- Parents and line managers are informed of any accidents or concerns that arise whilst changing children and these are recorded in accordance with school procedures
- The adult responsible for the child (e.g. class teacher) is made aware when a child is being taken to the toilet or having a nappy changed

Sensitive information about a child will only be shared with those who need to know, such as parents or members of staff who are specifically involved with the child. Other adults should only be told what is necessary for them to know to keep the child safe. Parents and children need to know that where staff have concerns about a child's well-being or safety arising from something said by the child or observation made by staff, the Designated Person will be informed.

The Health and Safety at Work Act 1974

- Employers have a duty to ensure as far as is reasonably practicable, the health, safety and welfare of all employees at work.
- Employers have a duty to carry out risk assessments where the risks at work are significant to employees or others.
- The employee has a duty while at work to take responsible care of the health and safety of himself and other people who may be affected by his acts.

School Procedures

1. Intimate Care Plan and Risk Assessment

The Intimate Care Plan pro forma must be used to record the needs of each individual child that requires continence management, along with actions to be taken agreed by the school and the parent / carer. If the health professional and/or school nurse is involved with the child then they should also be involved in the drawing up of the Intimate Care Plan. In addition to this a **risk assessment** should be completed.

The plan will include written guidelines which specify:

- Who will change the child (to include more than one person to cover for absence etc)
- Where changing will take place
- What resources will be used and who will provide them
- How a nappy will be disposed of
- How other wet or soiled clothes will be dealt with
- What infection control measures are in place
- How changing occasions will be recorded and how this will be communicated to parents in confidence.

Any change to the plan, including changes of staff, should be notified to all parties signing the plan. A record of intimate care will also be kept. The school will send a copy of the plan to any health professionals involved with the child for comment.

The plan will be completed taking into account the following partnership working principles:

The parent should

- Agree to change the child at the latest possible time before bringing him/her to school.
- Provide spare nappies and a spare set of clothes if appropriate.
- Understand and agree the procedures that will be used when the child is changed – including the use of any cleanser or the application of any cream which if provided by parents/carers should be sent into school in a named and sealed container. We will follow our Administration of Medication policy where appropriate, and prior written permissions should be obtained from parents/carers

- Agree to inform the school should the child have any marks / rash in line with our safeguarding procedures.
- Agree to notify us if the child's needs change at any time which needs to be reflected in the Health Care Plan.
- Agree to attend Health Care Plan review meetings.

The school should

- Include the following in the child's Intimate Care plan; frequency of changing, taking into consideration their individual needs.
- Agree to record frequency of changes throughout the day, including any information on rashes or marks, which is to be shared with the parent/carers on a daily basis.
- Agree to review arrangements as and when necessary and as a minimum at six monthly intervals.

2. Facilities

The Department of Health recommends that an extended cubicle with a washbasin should be provided in each school for children with disabilities. Alternatively, older children could stand astride a changing mat placed on the floor. The Education (Premises) Regulations 1996 require all schools with a Foundation Stage to provide a deep sink or shower for cleaning soiled children. Standard toilet cubicles are not considered suitable for changing as they are not large enough to accommodate the child and 2 members of staff. Toilets designed for the disabled may be large enough.

The EYFS statutory guidance requires "suitable hygienic changing facilities for changing any children who are in nappies" (Statutory Guidance EYFS page 36)

We have a bathroom management area with toilet, washbasin, changing area and changing/medical table.

At all times the safety of the child and staff should be considered.

Procedure for dealing with nappy changing to avoid cross contamination:

1. Staff are to wash their hands appropriately;
2. Put on new disposable apron and gloves
3. Child should be asked to lie down on the bed / changing table if appropriate, an older child may be more comfortable standing up
4. Child can assist where appropriate to support their continence independence
5. Change child's nappy/pad
6. Put soiled nappy/pad in nappy sack (or in an emergency a plastic bag)
7. Wash hands with gloves still on.
8. Spray and wipe the changing mat with appropriate cleaning agent
9. Put wipes, nappy/pad, sack, apron and gloves into a plastic bag
10. Wash hands again
11. Dispose of the plastic sack in the appropriate school waste
12. Wash hands again and ensure the child washes hands before being returned to class/setting

Note: where it is known that the child is infected with a blood born virus all materials should be double wrapped in yellow clinical waste bags and arrangements made for the waste to be removed for incineration.

The Vaynor First School

Intimate Care Plan

Name	Date of birth	Emergency contact number
Identified need		
Resources – provided by parent / carer		
Resources – provided by school		
Action to be taken		
Staff involved		
Additional Information		
How will parent / carer be informed		
Signature of parent / carer and child (if appropriate)		
Signatures of school staff named above		
Signature of school nurse / health professional (if appropriate)		
Review date		

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Record of Intimate Care Intervention

Child's name:

Date	Time	Procedure	Staff signature	Second signature

Risk Assessment for Intimate Care

Child's name:

Date of Risk Assessment:

Date for review:

Yes

Measures to reduce risk

1. Does weight/size/shape of pupil present a risk?

2. Does communication present a risk?

3. Does comprehension present a risk?

4. Is there a history of child protection concerns?

5. Are there any medical considerations? Including pain/discomfort?

6. Does moving and handling present a risk?

7. Does behaviour present a risk?

8. Is staff capability a risk?

9. Are there any risks concerning individual pupil capability?

- General fragility
- Fragile bones
- Head control
- Epilepsy
- Other

10. Are there any environmental risks?