ROKESLY INFANTS SCHOOL

Intimate Care Policy

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1) Principles

The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Keeping children safe in education (2025) to safeguard and promote the welfare of pupils at this school.

Rokesly Infant and Nursery school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding. This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

This intimate care policy should be read in conjunction with the schools' policies:

- Safeguarding and Child Protection Policy and Procedures
- Staff Code of Conduct
- 'Whistle-blowing' and Allegations Management Policies
- Health and Safety Policy and Procedures
- Special Educational Needs Policy

The Governing Body is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

We recognise that there is a need to treat all pupils with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

Where pupils with complex and/or long-term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

All staff undertaking intimate care must be given appropriate training.

2) Definition

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their age, physical difficulties or other special needs.

It also includes supervision of pupils involved in intimate self-care.

3) Child focused principles of intimate care

The following are the fundamental principles upon which the policy and guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

4) Best Practice

4.1 Assisting a child to change his / her clothes

This is more common in our foundation stage. On occasions an individual child may require some assistance with changing if, for example, he / she has an accident at the toilet, gets wet outside, or has vomit on his / her clothes etc.

Staff will always encourage children to dress and undress unaided. However, if assistance is required this will be given. Staff will always ensure that they have a colleague nearby when supporting dressing/ undressing and always give the child the opportunity to change in private.

If staff are concerned in any way or a child is distressed then parents/carers will be asked if they can come to school to assist their child.

4.2 Changing a child who has soiled him/herself

If a child soils him/ herself in school a professional judgement has to be made as to whether it is appropriate to change the child in school, or request the parent/carer to collect the child for changing. In either circumstance the child's needs are paramount and he/she should be comforted and reassured throughout. The following guidelines outline our usual procedures but we will also seek to make age-appropriate and individual responses where needed.

The child will be given the opportunity to clean themselves and change his / her underwear in private. School will have a supply of clean underwear and spare clothes for this purpose.

If a child is not able to complete this task, school staff will attempt to contact the parents/carers to inform them of the situation and ask them to come to school to support their child's changing.

If the parents/carer is able to come to school within an appropriate time frame; the child will be accompanied and supported by a staff member until they arrive. This avoids any further distress and preserves dignity.

If the parents/carers cannot attend, the decision will be taken on the basis of loco-parentis and our duty of care to meet the needs of the child to change the child, the member of staff completing the care should advise another member of staff that they are changing the child.

Where a care plan is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by a conversation with the parent/carer when collecting the child.

If a child needs support changing after wetting or soiling themselves, school will keep a record which will include brief notes, date, and who was present. This will be kept in the nursery office or the school welfare room. (Appendix A)

4.3 Pupils who require regular assistance

Pupils who require regular assistance with intimate care have written individual intimate care plans (Appendix B) agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. The plan will be agreed and signed for by the parent and shared with all key staff. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes

(where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

Accurate records will be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case. (Appendix C)

These records will be kept in the medical room in the main school and in the nursery office in the nursery.

All pupils will be supported to achieve the highest level of autonomy possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.

4.4 Medical Procedures

Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the intimate care plan and will only be carried out by staff who have been trained to do so by relevant professionals.

It is particularly important that these staff follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

A written record will be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage.

Any members of staff who administer first aid will be appropriately trained. If an examination of a child is required in an emergency aid situation another adult will be asked to be present, with due regard to the child's privacy and dignity.

4.5 Physiotherapy

Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the EHCP that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given to the school staff and updated regularly. The physiotherapist should observe the member of staff applying the technique.

Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

5 Staffing intimate care

Staff who provide intimate care are trained in personal care (eg health and safety training in moving and handling) according to the needs of the pupil. Staff are aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate. Staff will be supported to adapt their practice in relation to the needs of individual pupils.

Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

An individual member of staff should inform another appropriate adult if they are going alone to assist a pupil with intimate care.

Adults who assist pupils with intimate care will be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

Health & Safety guidelines must be adhered to regarding waste products, and the use of yellow clinical waste bins.

No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

Care plans include specific information for supporting children with bespoke medical needs.

6) Child Protection – see: RIS Safeguarding and Child Protection Policy and Procedures

The Governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

From a child protection perspective, it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this

school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

Where appropriate, pupils 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 pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Safeguarding Lead. A clear written record of the concern will be completed and the school's child protection procedures followed.

If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's policy.

Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors, in accordance with RIS Safeguarding and Child Protection Policy and Procedures and 'Whistle-blowing' Policy.