

Approved: June 2021  
Review: June 2022



## **Cornerstone Academy Trust**

### **Intimate Care Policy**

This policy represents the agreed principles for intimate care throughout the Trust. This policy has been agreed by all staff and Trustees within the Trust. It should be read alongside the Trust's SEND policy, Safeguarding policy, Administration of Medicines policy and the Health and Safety policy. This policy will cover:

- a) Day to day intimate care for children where it is age appropriate for adults to provide intimate care i.e. changing nappies, supporting with dressing and supporting toileting
- b) Supporting children who have had an accident or require intimate care on an incidental basis i.e. where they are unwell
- c) Supporting children with SEND; or medical needs whom requires ongoing planned and specific care that is written into their intimate care plan.

### **Introduction**

The purpose of this policy is:

- To be respectful of personal privacy, safety and well-being of both child and adult.
- To safeguard the rights and promote the best interests of the children.
- To ensure children are treated with sensitivity and respect, and in such a way that their experience of intimate care is a positive one.
- To safeguard adults required to operate in sensitive situations.
- To raise awareness and provide a clear procedure for intimate care.
- To inform parents/carers of the process and agreed procedures for intimate care.
- To ensure parents/carers are consulted regarding the intimate care of their children.

### **Principles**

It is essential that every child is treated as an individual and that care is given as gently and as sensitively as possible. As far as possible, the child should be allowed to exercise choice and should be encouraged to have a positive image of his/her own body. It is important for staff to bear in mind how they would feel in the child's position. Given the right approach, intimate care can provide opportunities to teach children about the value of their own bodies, to develop their safety skills and to enhance their self-esteem. Parents and staff should be aware that matters concerning intimate care will be dealt with confidentially and sensitively and that the young persons' right to privacy and dignity is always maintained. Should your child require regular intimate care assistance the needs will be discussed and documented with the relevant professionals, including the SENCO and/or school Nurse and the child's parents.

**Definition** Intimate care is one of the following:

- Supporting a pupil with dressing/undressing
- Providing comfort or support for a distressed or sick pupil
- Assisting a pupil requiring medical care, who is not able to carry this out unaided.
- Cleaning a pupil who has soiled/wet him/herself, has vomited or feels unwell.

### **A) Day to Day intimate care for children where it is age appropriate**

- **Nappy Changing**
- **Supporting dressing/undressing**
- **Supporting children who are toilet training.**

Parents/Carers are asked to supply the following (if changing is needed on a regular basis):

- Spare nappies (if required)
- Wipes, creams, nappy sacks etc (if required)
- Spare Clothes
- Spare underwear

Nursery staff:

- Always tell another member of staff when you are doing a change or accompanying a child to the toilet
- Always ensure that a child's privacy is protected
- Always ensure that you are visible to other members of staff.
- In some instances, it may be appropriate for 2 members of staff to change a child. If a child gets very distressed when being changed.
- Always wear protective gloves & aprons and dispose of the nappies in yellow sacks
- Always wash hands thoroughly after supporting a child with intimate care.
- Follow the nappy changing risk assessment. If you have any additions or comments, then let a member of the management team know (see appendix 1)

### **B) Supporting children who have an accident or require intimate care on an incidental basis i.e. where they are unwell**

Sometimes it will be necessary for staff to aid a child in getting dressed, or undressed particularly in Early Years. Staff will always encourage children to attempt undressing and dressing unaided. If a child requires support the adult will begin the process and help children to help themselves. Where necessary, the adult will dress the child so that the child can be included fully in the activity with his/her peers.

### **Providing comfort or support**

Children may seek physical comfort from staff. Where children require physical support, staff need to be aware that physical contact must be child initiated. 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**

If it is necessary for a child to receive medicine during the Trust day parents must fill out a permission form from the Trust office and discuss their child's needs with a member of staff before the Trust agrees to administer medicines or medical care. See Administration of Medication Policy for further information.

Any member of staff giving medicine to a pupil should check:

- The pupil's name
- Written instructions provided by parents or Doctor
- Prescribed dose
- Expiry date

Particular attention should be paid to the safe storage, handling and disposal of medicines. The Head Teacher has prime responsibility for the safe management of medicines kept at Trust. This duty derives from the Control of Substances Hazardous to Health Regulations 2002 (COSHH). Trust staff are also responsible for making sure that anyone in Trust is safe. Medicines should generally be kept in a secure place, not accessible to pupils but arrangements must be in place to ensure that any medication that a pupil might need in an emergency is readily available.

### **Soiling/wetting**

Intimate care for soiling will be given to any child in any school within the Trust. If a child is in need of changing, this will be completed with minimum physical input but necessary help and comfort depending on the needs of the child. The child will be encouraged to assist themselves independently but help and supervision will be on hand. The child will not be left alone in such circumstances. If changing is needed on a regular basis parents will be asked to provide nappies, bags, wipes and spare clothes.

When touching a child, staff should always be aware of the possibility of invading a child's privacy and will respect the child's wishes and feelings. If a child needs to be cleaned, staff will make sure that:

- Protective gloves are worn.

Approved: June 2021

Review: June 2022

- The procedure is discussed in a friendly and reassuring way with the child throughout the process.
- The child is encouraged to care for him/herself as far as possible.
- Physical contact is kept to the minimum possible to carry out the necessary cleaning.
- Privacy is given, appropriate to the child's age and the situation.
- All spills of vomit, blood or excrement are wiped up and flushed down the toilet.
- Any soiling that can be, is flushed down the toilet.
- Soiled clothing is put in a plastic bag, unwashed, and sent home with the child.

### **C) Supporting children with SEND or medical needs which requires ongoing planned and specific care which are written into an intimate care plan.**

If a child has diagnosed medical needs affecting toileting or other medical needs that would require intimate care i.e. regular medication, diabetes checks, etc, a school Health Care Plan will be written with parents/carers and signed by both staff, the school nurse, SENCO and parent/carer.

#### **Best Practice:**

When intimate care is given, the member of staff explains fully to the child, each task that is carried out, and the reason for it. Staff encourage children to do as much for themselves as they can, lots of praise and encouragement will be given to the child. When changing nappies, the changing bed in the toilet is used. The member of staff who has changed the child, will need to record this in the changing book in the Nursery and inform parents.

#### **Hygiene**

All staff must be familiar with normal precautions for avoiding infection, must follow basic hygiene procedures and have access to protective, disposable gloves.

#### **Protection for staff**

Members of staff need to have regard to the danger of allegations being made against them and take precautions to avoid this risk. These should include:

- Gaining a verbal agreement from another member of staff that the action being taken is necessary.
- Be aware of and responsive to the child's reactions.

#### **Safeguards for children**

There is an obligation to ensure that staff who have substantial, unsupervised access to children undergo police checks. All staff across the Trust are DBS checked on application and cannot undertake tasks within Trust until all checks are completed satisfactorily. The DBS's aim is to help organisations in the public, private and voluntary sectors by identifying candidates who may be unsuitable to work with children or other vulnerable members of society. Personal and professional references are also required and unsuitable candidates are not permitted to work within the Trust.

All those working with children should be closely supervised throughout a probationary period and should only be allowed unsupervised access to children once this has been completed to their supervisor's satisfaction.

It is not appropriate for volunteers to carry out intimate care procedures. Students should only do so under the supervision of a trained member of staff, following consultation with the student's college supervisors.

## Appendix 1

### Risk Assessment

Child's name	
Birth date	
Date of risk assessment	

Question	Yes / No	Notes
Does weight / size of pupil present a risk		
Does communication present a risk		
Does comprehension present a risk		
Are there any medical concerns		
Does moving and handling present a risk		
Does behaviour present a risk		
Any involvement with social services		