

# WESTERTON PRIMARY ACADEMY



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## INTIMATE CARE POLICY

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At Westerton Primary Academy we involve the child as far as possible in his or her own intimate care and avoid over-scaffolding aspects of the intimate care that children may be able to do independently. If this is not possible and a child is fully dependent on you, talk with her or him about what you are doing and give choices where possible whilst ensuring that you are always responsive to a child's reactions. If a child expresses dislike of a certain person carrying out her or his intimate care it is important to find out why. Conversely, if you feel that a child is uncomfortable when you are carrying out intimate care, it is vital that you share this with SLMT or the Designated Safeguarding Lead.

Principal of Westerton Primary Academy, David Livie, has a responsibility for ensuring that staff have a consistent approach as it is important that approaches to intimate care are not markedly different between individuals.

## **CHILDREN'S INTIMATE CARE GUIDELINES**

This policy is reflective of the Leeds Safeguarding Children Board Intimate Care Policy.

This policy also has due regard to relevant legislation and guidance, including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2011
- Health Act 2006
- Equality Act 2010
- DfE (2021) 'Keeping Children Safe in Education'

This policy is implemented in conjunction with the Academy's:

- Health and Safety Policy
- First Aid and Medicine Policy
- Safeguarding Policy
- Staff Code of Conduct
- Whistleblowing Policy

## **DEFINITION**

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body.

Personal care generally carries more positive perceptions than intimate care. Although it may often involve touching another person, the nature of this touching is less intimate and usually has the function of helping with personal presentation and hence is regarded as social functioning. These tasks do not invade conventional personal, private or social space to the same extent as intimate care and are certainly more valued as they can lead to positive social outcomes.

Changing children's clothing following on from play based learning in the outdoor area or water area, for example, is not intimate care and the following staffing measures do not apply.

## **INTIMATE CARE GOOD PRACTICE GUIDELINES**

These guidelines should be viewed as expectations upon staff, which are designed to protect both children and staff alike. In situations where a member of staff potentially

breaches these expectations, other staff should be able to question this in a constructive manner.

If staff are not comfortable with any aspect of the agreed guidelines, they should seek advice from the Principal, David Livie. For example, if they do not wish to conduct intimate care on a 1:1 basis, this should be discussed, and alternative arrangements considered.

If you are unsure of the procedure of intimate care with an individual or the guidelines set out below, you must liaise with other professionals. Liaison with other professionals is essential where there are a number of carers and settings. Other procedures must be carried out by staff who are formally trained or medical professionals.

## **STAFFING**

At Westerton Primary Academy we treat every child with dignity and respect and ensure privacy appropriate to the child's age and the situation. Privacy is an important issue. Much intimate care is carried out by one staff member along with one child. This practice should be actively supported unless the task requires two people. Having people working alone does increase the opportunity for possible abuse. However, this is balanced by the loss of privacy and lack of trust implied if two people have to be present – quite apart from the practical difficulties. It should also be noted that the presence of two people does not guarantee the safety of the child or young person – organised abuse by several perpetrators can, and does, take place. Therefore, staff should be supported in carrying out the intimate care of children alone unless the task requires the presence of two people. Staff in Nursery and Reception should carry out intimate care in the 'Hygiene Suite.' An additional member of staff should locate themselves in the vicinity of the hygiene suite so that they are in view of the 'viewing panel' located on the door. The member of staff who is carrying out the intimate care has responsibility for informing the second member of staff prior to the intimate care being carried out. This is a protective measure for staff and children alike. Intimate care for children in Years 2 – 6 should be carried out in the medical room with children maintaining their own personal hygiene as much as possible. For older children, if support is required, it is preferable if the member of staff is the same gender as the young person. However, this is not always possible in practice.

## **PARENTS/CARERS**

Each child, for whom it is appropriate, is to have a written 'Intimate Care Plan' included in their support plan, however, some children within the Academy may require intimate care on an infrequent basis without the need of a support plan. Close involvement of parents/carers and child/young person are essential in developing 'Intimate Care Plans' and written consent must be given by them.

The plan should be disseminated to all staff involved in the intimate care of the pupil. Care plans must be renewed regularly, at least once a year at the Annual Review, falling in line with the Autumn term parent consultation meetings.

Consideration is to be taken when disposing of children's/young person's soiled clothing. Prior agreement with parents/carers is to be sought wherever possible. Soiled clothing should be placed in a plastic laundry bag for the parent/carer to take home to wash. No soaking of soiled clothing should take place. Any faecal matter should be disposed of down the toilet before placing clothing in a plastic bag.

## RECORDING

A pupil changing record sheet should be signed by all staff involved in any intimate care tasks, including the additional adult located within the vicinity of the hygiene suite for EYFS and Year 1. Copies will be kept in a file in the hygiene suite for Nursery and Reception children. In line with GDPR privacy laws (2016), these files will remain in the cupboard and the hygiene suite will remain locked at all times when not in use. Included in this record is a section for staff to record any comments or observations such as skin impairment or a changed bowel or urinary pattern for example.

If you are concerned that during the intimate care of the child:-

- You accidentally hurt the child
- The child seems sore or unusually tender in the genital area
- The child appears to be sexually aroused by your actions
- The child misunderstands or misinterprets something
- The child has a very emotional reaction without apparent cause (sudden crying or shouting)

At the end of each academic year, the EYFS and Year 1 Phase Leader, Emily Dufton is responsible for uploading the intimate care records to the child's CPOMs records. Again, this is in line with GDPR (2016).

## CONCERNS

Staff are trained annually to recognise the potential indications of abuse or neglect in children and be aware of how to act upon their concerns in line with the Leeds L.S.C.B procedures.

You must report any incident as soon as possible to another person working with you and make a brief written note of it. **This then must be discussed immediately with the Designated Safeguarding Lead, Jane Sayers.** This is to safeguard yourself and the child. Additionally, if you are a member of staff who has noticed that a child's demeanour has changed directly following intimate care e.g. sudden distress or withdrawal, this should be noted in writing and discussed with the designated safeguarding lead, in line with Westerton Primary Academy's Safeguarding Policy and Safer Working Practice Policy.

## FACILITIES

- Facilities are to be easily accessed by the child and designed with the appropriate advice from relevant professionals where necessary, for example, Occupational Therapist, Physiotherapist, School Nurse, or appropriately trained professionals.
- Hand washing facilities are to be provided within the room for the child/young person and staff. Liquid soap and paper hand towels are to be available.
- Toilet facilities should be separate from bathrooms/showers. This is particularly important for disabled facilities with a shower tray, as water may spread over the whole floor area and become contaminated from around the shower.
- All waste bins are to be fitted with a lid to be foot operated.
- A secure area for clinical waste awaiting collection must be available.

- The importance of privacy is maintained by ensuring the room can be seen to be in use and be secured from intrusion.
- All equipment is to be stored safely but easily accessible to the child where this is necessary. It is important to take into consideration the privacy of the individual children/young people and the safety of others.
- Facilities must be regularly inspected and maintained.
- All notices must be laminated.

## **EQUIPMENT**

The list of equipment detailed below is not exhaustive but gives examples of types of equipment available for use.

1. Rise and fall bed, with suitable sides (located in the medical room).
2. Changing mat, suitable for a younger child, covered with intact waterproof material (located in the EYFS hygiene suite).
3. Moving and handling equipment (located in the EYFS hygiene suite).
4. Gloves – if direct contact with blood or body fluids is anticipated, staff to wear seamless, non-sterile gloves (e.g. latex and non-latex which are powder free) (located in the EYFS hygiene suite and medical room).
5. Aprons – disposable plastic aprons (located in the EYFS hygiene suite and medical room).  
The use of cotton is not recommended.
6. Disposable paper towels (located in the EYFS hygiene suite and medical room).
7. Disposable wipes – the product as agreed in the ‘Intimate Care Plan.’ (to be provided by parent / carers. If necessary, additional wipes are located in the EYFS hygiene suite and medical room.)
8. Continence care products (to be provided by parents/carers).
9. Yellow Clinical Waste Bags for waste that has come into contact with body fluids. Large amount of waste to be disposed of using yellow plastic bags. Green bins for weekly collection by Leeds City Council. All bags should be labelled, secured with self-locking tie and stored in an appropriate secure area awaiting collection for incineration.

## **SWIMMING**

Pupils in Year 3 regularly participate in swimming lessons at Morley Leisure Centre: during these lessons, some children will need to use cubicles separate to other pupils during changing and may require adult supervision.

Parental consent will be obtained before assisting any pupils in changing clothing before and after swimming lessons. Details of any additional arrangements will be recorded in the pupil’s individual intimate care plan. This is outlined in the ‘swimming’ risk assessment.

## **OFFSITE VISITS**

Before offsite visits, including residential trips, the pupil's individual intimate care plan will be amended to include procedures for intimate care whilst off the school premises. Staff will apply all the procedures described in this policy during residential and off-site visits. Prior knowledge of location, for example, layout of toilets is to be sought wherever possible.

**INTIMATE CARE PLAN**

<b>Name</b>	
<b>Date</b>	
<b>Date of Birth</b>	
<b>Assessor</b>	
<b>Relevant Background Information</b>	
<b>Setting</b>	Hygiene Suite Toilet Medical Room
<b>Consent given</b>	
<b>Identified need – specific individual requirement e.g. cream applied</b>	
<b>Communication</b>	Use of symbols? Signs? Verbal prompts? Object of reference etc?
<b>Self care skills</b>	Fully dependent/aided Supported/independent
<b>Mobility</b>	Independent/steady/grab rail Unsteady/wheelchair user
<b>Fine motor skills</b>	Can do – tapes/zips/buttons/taps/towels/adjust own clothing
<b>Moving and handling Assessment Step by step guide to what happens</b>	Tracking/mobile hoist or S, M, L or own sling in chair transfer using mobile hoist. Walking frame/support to table/physical turntable
<b>Facilities</b>	Environment to provide dignity safely Curtain Handwashing
<b>Equipment</b>	Gloves, wipes, aprons, waste bins foot operated Rise and fall bed. Changing mat/moving and handling equipment. Contenance produce/nappy size/paper towels/liquid soap/spray cleaner
<b>The disposal of soiled articles of clothing as agreed with parents/carers</b>	Solid waste into the toilet. Clothes sent home in tied plastic bag. Indicate in bag or in diary contents of bag.
<b>Frequency of procedure required</b>	On arrival/mid morning/lunchtime/mid afternoon/ whenever necessary/on request
<b>Review date</b>	Whenever needs change

**I/we have read, understood and agree to the plan for Intimate Care**

Signed .....

Name .....

Relation to child .....

Date .....

