

Intimate Care Policy

Northgate Primary School



Approved by:

Northgate Governing
Body

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Next review due by:

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1. Introduction

1.1. 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, (e.g. the administration of rectal diazepam).

1.2. 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. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

1.3. Northgate Primary School 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. Northgate Primary School 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.

2. Best Practice

2.1. The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

2.2. Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in lifting and moving) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.

2.3. 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. Wherever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex education to the children/young people in their care as an additional safeguard to both staff and children/young people involved.

2.4. 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 he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for individual children as appropriate to meet their specific identified needs.

2.5. 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 adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented.

2.6. Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers.

2.7. Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence for example, female staff supporting boys in a primary school, as no male staff are available.

2.8. Intimate care arrangements 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.

3. Children wearing Nappies / Pads

3.1. Schools may have concerns regarding Child Protection issues when they are asked by parents to admit a child who is still wearing nappies. Child protection need not present an issue. It is good practice to provide information for parents of the policy and practice in the school.

Nappy Changing Policy

* Intimate Care Policy Parental Agreement form to be completed by parents of children joining our nursery who are not yet toilet trained.

* Parents will be responsible for providing all nappies, wipes and nappy sacks.

* Only staff employed by Northgate Primary School will be responsible for changing children.

* Staff member will notify another staff member that they are changing a child. (Best practice is for 2 members of staff to be present; however, for children in KS1 and KS2 if parents agree a child may be changed with one staff member only.)

* A child will be taken to the toilet area to be changed. (Disabled toilet in the Nursery EYFS children, disabled toilet outside Year 2 classrooms for KS1 children, wet room in Year 5/6 extension for KS2 children).

* They will be encouraged to lie down on a changing mat, an adjustable table bed (if available) or to stand as is most appropriate for the individual child. All staff wash their hands prior to changing a child.

- Disposable gloves and aprons will be worn by staff when changing a nappy and/or clothing.
- Soiled nappies and gloves will be disposed of in a nappy sack and placed in the lidded nappy bin provided (one located in Nursery disabled toilet, one in KS1 disabled toilet and one in First Aid / Medical Room).
- A child's clothing will be placed into a plastic bag to be taken home and spare clothes will be given. The spare clothes will be washed by the parent and returned to school.
- The changing mat will be wiped down with an antibacterial wipe.

4. Equipment Provision

4.1. Schools often ask for clarification regarding who is responsible for providing equipment when children require changing. 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 should be made aware of this responsibility. Schools are responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.

5. Health and Safety

5.1. Some schools are concerned about health and safety issues when staff are changing children or dealing with a child who has had an accident and is bleeding.

5.2. 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 polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste. The bin should be emptied on a weekly basis and it can be collected as part of the usual refuse collection service as this waste is not classed as clinical waste. Soiled nappies and gloves will be disposed of in a nappy sack and placed in the lidded nappy bin provided (one located in Nursery disabled toilet, one in KS1 disabled toilet and one in First Aid / Medical Room). Staff should be aware of the school's Health and Safety policy

6. First Aid and intimate care

6.1. Staff who administer first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.

6.2. Regular requirements of an intimate nature should be planned for. Agreements between the school/organisation, those with parental responsibility and the child

concerned should be documented and easily understood. The necessity for such requirements should be reviewed regularly. The child's views must also be actively sought and, in particular, any discomfort with the arrangements addressed.