

# Holy Trinity C of E Primary Academy & Nursery



## Intimate Care Policy 2023/2025

**Date Approved: Feb 2023**

**Date to be Reviewed: Feb 2025**

**Approved By:**

Liz Holmes - Executive Principal *Ms E Holmes* Date: 6<sup>th</sup> February 2023

Chris Harris - Chair of Local Academy Committee *Chris Harris* Date: 6<sup>th</sup> February 2023

## **Holy Trinity CE Primary Academy & Nursery**

### **Intimate Care Policy**

#### **Principles**

1.0 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and 'Safeguarding Children and Safer Recruitment in Education' (DfES 2006) to safeguard and promote the welfare of pupils at this school.

1.1 The Governing Body and Principal will act in accordance with the supplementary DfES guidance: 'Safer Recruitment and Selection in Education Settings' (2005) and 'Dealing with Allegations of Abuse against Teachers and other Staff' (2005)

1.2 This Academy 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.

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

1.4 This intimate care policy should be read in conjunction with the following

- Keeping Children Safe in Education, 2015
- revised SSCB procedures, 2015
- Working Together 2015
- Ofsted 2015 Safeguarding inspection framework
- Early years and Foundation Stage Guidance 2012

Holy Trinity CE Primary Academy & Nursery's:

- child protection policy
- health and safety policy and procedures
- policy for the administration of medicines
- DCC moving and handling policy
- Special Educational Needs policy
- procedures and policy on use of force and restraint
- staff code of conduct or guidance on safe working practice.

1.5 Holy Trinity CE Primary Academy & Nursery 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. It is acknowledged that these adults are in a position of great trust.

1.6 Holy Trinity CE Primary Academy & Nursery recognises that there is a need to treat all children, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. The child's welfare and dignity is of paramount importance. No child should be attended to in a way that causes distress or pain.

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

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## **Definition**

2.0 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 children are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

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

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## **Best Practice**

3.0 Staff who provide intimate care at Holy Trinity CE Primary Academy & Nursery are trained to do so including in child protection and are fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate.

3.1 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.

3.2 As an additional safeguard, staff involved in meeting intimate care needs will not usually be involved with the delivery of sex education to the same children, wherever possible.

3.3 There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the child is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

3.4 All children 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 his/herself as possible.

3.5 Children who require regular assistance with intimate care have written Care Plans agreed by staff, parents/carers and any other professionals actively involved, such as Academy nurses or physiotherapists. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer. Any historical concerns (such as past abuse) should be noted and taken into account.)

3.6 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 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 sealed letter, not through the home/Academy diary.

3.7 Every 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 needs help with intimate care. Adults who assist children one-to-one should be employees of the Academy and be DBS checked at the appropriate level.

3.8 It is not always practical for two members of staff to assist with an intimate procedure and also this does not take account of the child's privacy. It is advisable, however, for a member of staff to inform another adult when they are going to assist a child with intimate care.

3.9 Wherever possible the same child will not be cared for by the same adult on a regular basis; 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, while at the same time guarding against the care being carried out by a succession of completely different carers.

3.10 Wherever possible staff should care for a child of the same gender. However, in some circumstances this principle may need to be waived; for example, female staff supporting boys in a primary Academy if no male staff are available. This is safe working practice to protect children and to protect staff from allegations of abuse.

3.11 The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

3.12 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

3.13 If necessary, advice should be taken from the local council regarding disposal of large amounts of waste products.

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## Child Protection

4.0 The Governors and staff at Holy Trinity CE Primary Academy & Nursery recognise that children with special needs and disabilities are particularly vulnerable to all types of abuse.

4.1 The school's child protection policy and inter-agency child protection procedures will be accessible to staff and adhered to.

4.2 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 child's body. It may be unrealistic to expect to eliminate these risks completely but in this Academy best practice will be promoted and all adults will be encouraged to be vigilant at all times.

4.3 Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.

4.4 If a member of staff has any concerns about physical changes in a child's presentation, e.g. unexplained marks, bruises, soreness etc s/he will immediately report concerns to the Executive Principal, Head of School or designated senior person for child protection Mel Wright or Wendy Richards. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if necessary, in accordance with inter-agency procedures. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless it is considered that to do so will place the child at risk of harm.

4.5 If a child becomes distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Executive Principal. The matter will be investigated at an appropriate level and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

4.6 If a child makes an allegation against an adult working at the school, this will be investigated by the Executive Principal (or by the Chair of Governors if the concern is about the Executive Principal) in accordance with the agreed procedures.

4.7 Any adult who has concerns about the conduct of a colleague at the Academy or about any improper practice will report this to the Executive Principal or to the Chair of Governors if the concern is about the Principal.

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## Physiotherapy

5.0 Children who require physiotherapy whilst at Academy should have this carried out by a trained physiotherapist. If it is agreed in the care plan that a member of the Academy 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 and updated regularly.

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

5.2 Adults (other than the physiotherapist) carrying out physiotherapy exercises with pupils should be employees of the school.

5.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

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### **Medical Procedures**

6.0 Children with disabilities might require assistance with invasive or non-invasive medical procedures such as managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the care plan and will only be carried out by staff who have been trained to do so.

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

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## **Nappy Changing**

We work with parents towards toilet training, unless there are medical or other developmental reasons why this may not be appropriate at the time. We have the necessary bathroom provision and hygiene practice in order to accommodate children who are not yet toilet trained. We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgemental concern of adults.

### **• Nappy changing and recording procedures (See below)**

All new staff will be supervised as part of their induction training.

Young children can be encouraged to wear 'pull ups' or other types of trainer pants as soon as they are developmentally ready and comfortable with this and their parents agree. Key persons undertake changing young children in their key groups; back up key persons change them if the key person is absent.

Changing areas are warm and are safe areas.

Each young child has their own basket to hand with their nappies or 'pull ups' and changing wipes, creams, etc. provided by parents/carers, or can be bought in daily in their nursery bag.

Personal Protective Equipment (PPE) (disposable gloves) are available and the areas are prepared before children are brought to the changing area.

All staff are familiar with the hygiene procedures and carry these out when changing nappies.

In addition, key persons ensure that nappy changing is relaxed and a time to promote independence and learning in young children.

Young children are encouraged to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet.

They are encouraged to wash their hands and have soap and towels to hand.

Nappies and 'pull ups' are disposed of hygienically within a nappy sack and the nappy bin provided. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are rinsed and bagged for the parent to take home.

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## **Record Keeping**

8.0 It is good practice for a written record to be kept in our agreed format every time a child is changed.

**This policy was adopted by the Governing Body in February 2023**

**It will be reviewed bi-annually.**