

# Woodland Academy Trust Intimate Care Guidance

| Document Control               |                       |  |  |
|--------------------------------|-----------------------|--|--|
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Woodland Academy Trust is committed to inclusion, diversity and promoting equal opportunity for all. All schools within the Trust share this commitment, providing an inclusive environment.

This objective applies to all policies and procedures and the Trust will at all times adhere to the requirements of the Equalities Act 2010 and any other associated guidance.

# 1. What is Intimate Care?

Intimate care is any personal care that most people usually carry out for themselves.

The Trust is committed to ensuring that all staff responsible for the intimate care of children or young people will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children/young people with respect when intimate care is given. No child/young person should be attended to in a way that causes distress, embarrassment or pain.

# 2. Our Approach to Best Practice

The management of all children/young people with intimate care needs will be carefully planned and should be a positive experience for all involved. Underpinning this is the notion that the child/young person who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

Suitable equipment and facilities can be identified to assist with children/young people who need special arrangements.

It is the school/setting's responsibility to support staff who are carrying out intimate care procedures. Advice can be given by contacting the occupational therapy service or school nurse as required.

Children/young people will be supported to achieve the highest level of autonomy possible given their age and abilities. Staff will ensure each child/young person does as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care localised agreements (Appendix 1) will be drawn up by the school and all involved staff as appropriate and shared and agreed by the child/young person (as appropriate) and their parents/carers.

Each child/young person's right to privacy will be respected. Careful consideration will be given to each situation to determine how many staff need to be present when the child/young person is being cared for. Children will be cared for by two adults.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the care plan. The needs and wishes of children/young people and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

#### 3. Our commitment

#### Who will change the nappy

Within our school EYFS provision, this is likely to be the Nursery Nurse/Teaching Assistant. There should also be a second member of staff allocated to support the provision of intimate care. A back-up plan should be agreed with the child's parent/carer to cover for the possibility of both these members of staff being unavailable. This should not assume that the parent/carer will be able to undertake this role. This role should, of course, be allocated to a member of staff who is physically able to undertake it.

#### • Where nappy changing will take place

The Department of Health recommends that one extended cubicle with a wash basin should be provided in each school for children with disabilities. If it is not possible to provide a purpose built changing area, then it is possible to purchase a changing mat, and change the child on the floor or on another suitable surface. A 'Do Not Enter' sign (visually illustrated) can be placed on the toilet door to ensure that privacy and dignity are maintained during the time taken to change the child.

# What resources will be used

The usual expectation is that parents/carers will provide a supply of suitable nappies or 'pull-ups'. It would be advisable for parents/carers to also supply a change of clothing. The school will provide the 'nappy sacks', changing mat and anti-bacterial wipes. All of these items will be covered, where appropriate, by COSHH regulations.

# How the nappy will be disposed of

The nappy should be double wrapped and placed in an appropriate bin which is inaccessible to other children. If the total number of nappies produced would fit into two large black bin bags or less, they can be disposed of with other rubbish.

#### What infection control measures are in place

Children should not be left to change their own nappies or clean themselves up until they are of an age where staff and parents/carers can depend on them to leave themselves and the toilet cubicle in a hygienic condition.

See Health and Safety section.

Our schools also consider the possibility of special circumstances arising, should a child with complex continence needs be admitted. In such circumstances the child's medical practitioners will need to be closely involved in forward planning – this will normally be alongside the school nurse/health team.

#### 4. Partnership Working

It is our intention to ensure that our schools and parents/carers work in complete partnership. This is supported by a localised agreement (Appendix 1).

Our localised agreement should be read and agreed in conjunction with the below points:

# • The parent/carer

- agreeing to ensure that the child is changed at the latest possible time before being brought to the setting / school
- providing the setting / school with spare nappies and a change of clothing
- understanding and agreeing the procedures that will be followed when their child is changed at school
- agreeing to inform the setting / school should the child have any marks / rash or other relevant infections
- agreeing to a 'minimum change' policy i.e. the setting / school would not undertake to change the child more frequently than if s/he were at home
- agreeing to review arrangements regularly
- Completion of Appendix 1

#### The school

- agreeing to change the child during a single session should the child soil themselves or become uncomfortably wet
- agreeing how often the child would be changed should the child be staying for the full day
- agreeing to report should the child be distressed, or if marks / rashes are seen
- agreeing to review arrangements should this be necessary
- Completion of Appendix 2

This kind of agreement should help to avoid misunderstandings that might otherwise arise, and help parents/carers feel confident that the setting/school is taking a holistic view of the child's needs.

# 5. Safeguarding Children

All children/young people will be taught personal safety skills as part of Personal, Social, Health Education (PSHE) relative to their age, ability and understanding.

Research indicates that children with an awareness of personal safety and the ability to be assertive are more resilient to abuse. These skills will be shared with parents/carers to enable them to be consolidated within the home/community.

If a member of staff has any concerns about physical or behavioural changes in a child/young person's presentation, e.g. marks, bruises, soreness or reluctance to go to certain places/people etc. s/he will immediately pass their concerns to the Designated Safeguarding Leads in their school/setting.

If a child/young person is displaying inappropriate sexual behaviour/language, advice should be sought from the appropriate source (e.g. In schools this might be: Designated Safeguarding Lead, School Nurse, Social Care).

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into 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/young person's needs remain paramount.

If a child makes an allegation against a member of staff the procedures for Allegations Against Staff will be followed. All staff involved in intimate care are required to have read the Child Protection and Safeguarding Policy.

Intimate care is a regulated activity; therefore, only members of staff who have an enhanced DBS certificate with a barred list check are permitted to undertake intimate care duties.

Wherever possible, staff involved in intimate care will not be involved in the delivery of sex education to the pupils in their care as an extra safeguard to both staff and pupils involved.

Individual intimate care plans will be drawn up for pupils as appropriate to suit the circumstances of the pupil.

Special consideration will be taken to ensure that bullying and teasing does not occur.

Be aware of the need to refer to other policies the Trust has in place for clarification of practices and procedures.

# 6. Health and Safety

Hygiene and Infection Control policies are in place as part of our schools' Health and Safety policy.

The procedures the setting/school will follow in case a child accidentally wets or soils him/herself, needs a nappy changing or is sick while on the premises include:

- Staff to wear disposable gloves and aprons while dealing with the incident ensuring that any cuts are covered with waterproof plasters
- Soiled nappies to be double wrapped, and placed in an appropriate bin which is inaccessible to other children Changing area to be cleaned with disinfectant after use
- Hot water and liquid soap readily available to wash hands as soon as the task is completed
- Hot air dryer or paper towels available for drying hands

(See Code of Practice on 'School Health Protection Matters' at; <a href="www.bexley.gov.uk/saferschools">www.bexley.gov.uk/saferschools</a>)

# Appendix 1

# Intimate Care – Localised agreement between school and parent/carer

| Name of Child   |  |
|---|--|
| Date of Birth   |  |
| Class / Teacher   |  |
| Care required and how often during the day                                    |  |
|   |  |
| Member(s) of staff who will carry out the tag                                 |  |
| procedures and confirm that they have read                                    | the Intimate Care Guidance               |
| Name  |  |
| Signature   |  |
| Where will the tasks be carried out and what safely carry out the procedures? | equipment/resources will be required to  |
|   |  |
| Infection control and disposal procedures in                                  | place                                    |
| •   | •  |
| Actions that will taken if any concerns arise                                 |  |
|   |  |
| Parents responsibility to provide   |  |
|   |  |
| Any school/home agreement of care/manag home diary (if required)              | ement plan or communication in school-   |
|   |  |
| Other professionals involved in care/advisor                                  | y role e.g. school nurse, health visitor |
|   |  |
| Additional information  |  |
|   |  |
| I/we have read the Intimate Care Guidance a                                   | nd give permission for the named member  |
| of staff to attend to the care needs of my/ou                                 | ır child and are in agreement with the   |
| procedures proposed   |  |
| Name of parent/carer  |  |
| Signature Head of School Inclusion Lead/SENDCo                                |  |
| Signature   |  |
| Date  |  |
|   |  |

# Appendix 2

| Intimate Care Log |  |  |
|-------------------|--|--|
| Name of Child:    |  |  |

| Date | Time | Type of care  | Carried out by | Signature |
|------|------|---|----------------|-----------|
|      |      | carried out - Toileting - Nappy change - Other intimate care task |                |           |
|      |      |   |                |           |
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|      |      |   |                |           |

# **Appendix 3**

# **Intimate care during coronavirus (COVID-19)**

During the coronavirus (COVID-19) pandemic, it is essential that we keep both our pupils and staff safe from the risk of transmission. That said, we are fully dedicated to supporting all our pupils with additional needs, including intimate care. This policy appendix outlines how intimate care will be carried out safely and in line with current guidance from the DfE.

# 1. Policy and procedure

- 1.1. Staff will have due regard for the following statutory guidance:
  - DfE (2020) 'Safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE)'
    - ] DfE (2020) 'Actions for early years and childcare providers during the coronavirus (COVID-19) outbreak'

# 2. Staff responsibilities

- 2.1. The school will carry out a relevant risk assessment to ensure provision for pupils in need is safe and in line with government guidance.
- 2.2. Staff will wash their hands before and after providing intimate care for 20 seconds, and routinely throughout the day.
- 2.3. Staff will wear sufficient PPE in line with the main provisions of this policy, outlined in this guidance.
- 2.4. Staff will dispose of PPE safely and in line with the school's infection control measures.
- 2.5. All staff will have due regard for the school's infectious control measures when carrying out intimate care.

# 3. Use of changing and toilet facilities

- 3.1. All surfaces and facilities are cleaned frequently with detergents and bleach on a daily basis, and toilets are cleaned between use by different pupils.
- 3.2. Facilities can only be used by one pupil at a time the school will ensure there are sufficient facilities to accommodate all pupils' needs.
- 3.3. Any individual with coronavirus symptoms, who requires a change immediately, will be changed in a separate changing facility, where possible, and staff wear face coverings during intimate care waste is double bagged and disposed of safely.

# 4. Monitoring and review

4.1. This policy appendix is reviewed in line with any government changes and communicated to all relevant individuals.