



Intimate and Personal Care Policy

Part of SHINE Multi Academy Trust

Company number 081634448



Management log

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Related policies

| Policy | Website link |
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| Equality | https://www.shine-mat.com/special/pupil-welfare/ |
| Child protection and safeguarding | https://www.ironvillecodnorpark.derbyshire.sch.uk/policies/ |
| Moving and handling | School Office |
| Health and safety | https://www.shine-mat.com/business-and-personnel/ |

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|------------------------------------|---|
| Cleaning of bodily fluid spillages | School Office |
| Inclusion | School Office |
| Equality | https://www.shine-mat.com/special/pupil-welfare/ |

Please note that the version of this document contained at <https://www.ironvillecodnorpark.derbyshire.sch.uk/> is the only version that is maintained.

Any printed copies should therefore be viewed as 'uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

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Equality

1.1 The SHINE Multi Academy Trust (SHINE) and its academies are committed to promoting equal opportunities and all stakeholders¹ will receive equal treatment regardless of age, disability, gender reassignment, marital or civil partner status, pregnancy or maternity, race, colour, nationality, ethnic or national origin, religion or belief, sex or sexual orientation (protected characteristics).

1. Introduction

2.1 Ironville and Codnor Park Primary School (school) are committed to providing the highest quality care, which meets the individual needs of children, and promotes their dignity, privacy and independence.

2.2 This policy provides an outline for the development of guidance and procedures related to the provision of personal and intimate care. It applies to all staff who undertake intimate and personal care tasks.

2.3 Any member of staff carrying out any personal or intimate care tasks must do so in accordance with this policy.

2. Aims

3.1 This guidance has the following aims:

- to safeguard the rights of children and staff who are involved in providing personal and intimate care
- to ensure inclusion for all children
- to ensure continuity of care between parents/carers and involved professionals
- to ensure all staff involved in personal and intimate care have access to appropriate training

¹ SHINE defines stakeholders as anyone who is invested in the welfare and success of SHINE and its pupils, including premises staff, administrators, teachers, support staff, pupils, parents/carers, families, community members, businesses, and elected officials such as school board members, city councillors, and state representatives.

3. Definitions

4.1 Personal care is defined as those tasks which involve touching, which is more socially acceptable, and is non-personal and intimate, and usually has the function of helping with personal presentation and enhancing social functioning. This includes shaving, skin care, applying external medication, feeding, administering oral medication, hair care, brushing teeth, applying deodorant, dressing and undressing, washing non-personal body parts, and prompting to go to the toilet.

4.2 Intimate care is defined as those care tasks associated with bodily functions, body products, and personal hygiene which demand direct or indirect contact with or exposure to the genitals, including such tasks as for example, helping with the use of the toilet, changing continence pads/nappies (faeces and/or urine), bathing/ showering, washing personal and intimate parts of the body, changing sanitary towels or tampons.

4.3 We will ensure that staff who regularly and routinely carry out these types of tasks as part of their day to day role have the specialist skills and training required to undertake these tasks.

4.4 Children should be encouraged to carry out their own intimate care wherever possible, this may need to be supervised. However, if aid is required in one off situations and staff who would normally undertake these tasks are not available, such care tasks could be carried out by any member of staff. In fact, leaving a child unclean and in soiled clothing may in itself become a safeguarding issue.

4. Guiding principles

5.1 This guidance is underpinned by the following guiding principles:

- assistance with intimate and personal care must be provided in a manner which is respectful of the child's rights to feel safe and secure, to remain healthy, and to be treated as an individual
- children have a right to information, in a format which is understandable, about how to ask a question or make a complaint about personal and intimate care
- children should be consulted as far as possible and encouraged to participate in decision-making about their intimate and personal care. Particular attention must be given to those children who have disabilities/conditions which mean they require additional support to do this

- decisions and plans about intimate and personal care are made in partnership with parents/carers

5.2 Our expectation is that before starting in Reception, children should be able to go to the toilet on their own and wash their hands. School is not expected to routinely teach children how to use the toilet. Therefore, unless a child has a disability or defined medical condition it is expected that parents/carers will have helped their children to be clean and dry by the time they start in Reception.

5.3 Where it becomes clear that a pupil without a disability or recognised medical condition is not toilet trained then careful consideration will need to be given to whether the school has suitable facilities and resources to admit the pupil and manage their safety and that of the other pupils and staff. Considerations might include whether or not the pupil is capable of cleaning and changing themselves effectively (with some support) and parental/carer attitude to resolving the problem. Consideration might also need to be given to the layout of the site and ensuring the pupils dignity such that they are not victimised or stigmatised. The headteacher will need to discuss this with the chair of SHINE's admission committee to ensure they do not breach any admissions legislation.

5. Ensuring carer competency

6.1 Staff need to be given information during the recruitment process about the types of intimate and personal care they may be required to carry out, and this should be included in any job description.

6.2 All staff working with children and young people must have been through an appropriate safer recruitment process.

6.3 Staff need to be given appropriate initial and on-going instruction/training in how to carry out intimate and personal care activities. This may include both generic training, and specific instruction in how to assist particular children.

6.4 Staff should have access to a set of procedures which give detailed guidance on how to carry out specific activities related to intimate and personal care and any individual care plan which is in place for a young person.

6.5 Staff should also have attended other relevant training, as necessary, including safeguarding disabled children, moving and handling (where appropriate), and administration of medication.

6. Safeguarding the dignity of children when providing intimate care

7.1 The number of adults involved with giving intimate and personal care should be indicated in the pupils care plan. School have made the decision for two carers to be present when intimate care is undertaken for safeguarding reasons.

7.2 Careful consideration should be given to how many adults might be involved in providing intimate care for a particular child. It would be inappropriate for one adult to have the sole responsibility of providing care for a child. This could create difficulties if the adult was absent from work or lead the child to become over reliant on one particular adult.

7.3 Adults should not provide intimate care for a child in an isolated part of a building and doors to changing areas should never be locked.

7.4 Students on placements or volunteers should not provide personal/intimate care.

7.5 There is a need to strike a balance between protecting the child's dignity by not drawing on too large a pool of carers, and on the other hand, protecting the child from over-dependence on one carer.

7.6 The child's preferences about gender of carer should be respected wherever possible.

7.7 School will make provision for emergencies such as a member of staff on sick leave.

7. Communicating intimate and personal care plans

8.1 Children should be included as far as possible in developing personal and intimate care plans.

8.2 The following points should be made:

- parents/carers must be consulted, and their views respected regarding personal and intimate care needs
- parents/carers are expected to provide services with information about their child intimate care needs. This information will be sought as part of the assessment process and forms the basis of the care plan
- parents/carers will be expected as part of the plan to supply the establishment with a sufficient supply of clean clothing and nappies/pull ups etc. relevant to their child's needs as identified in the plan. Parents/carers will need to supply an emergency contact who can attend the school should the need arise (for example, if spare clothes/nappies run out and the child needs changing)
- relevant members of the multi-professional team must be consulted as plans are developed; this may include nursing professionals, and therapists

- information about how to meet intimate and personal care needs must be documented as part of the care plan, which should be developed in partnership with parents/carers and involving the child; this plan must be made available to the staff giving assistance
- all care plans should detail not only how to carry out the intimate or personal care activities, but should include reference to the cleaning bodily fluids guidance and detail the universal precautions to be applied to the particular tasks in terms of infection control and protection of staff from contamination. They should also detail how to dispose of any bodily fluids and contaminated items and the safe storage of contaminated clothing
- where a personal and intimate care plan exists, this information must be shared with all relevant services on request
- care plans must be regularly reviewed and amended in the light of changes in the child's needs
- planning for outings and trips must take into account how the child's intimate and personal care needs will be met when away from the setting
- personal and intimate care plans should include opportunities to promote independence skills

8. Procedures and facilities for intimate care routines

9.1 If it is not possible to provide a purpose-built changing area any alternative changing arrangements must give due consideration to protecting both the posture of staff and the child from injury. Where appropriate and possible it is perfectly acceptable for children to be changed whilst standing up (staff should be provided with suitable seating at an appropriate height to avoid stooping where this is a regular occurrence).

9.2 Staff must wear disposable gloves and an apron while carrying out intimate care tasks.

9.3 Soiled nappies should be double wrapped. If the number produced each week exceeds that allowed by health and safety executive's limit, additional nappies should be placed in a hygienic disposal unit.

9.4 The changing area must be cleaned after use.

9.5 Hot water and liquid soap should be available for adults and children to wash their hands after intimate care routines. A hot air dryer or paper towels must also be available.

9. Assisting a child to change him/her self

10.1 On occasion, an individual child may require some assistance with changing if, for example, he/she has an accident at the toilet, gets wet outside, or has vomit on his/her clothes etc. This is more common in our Foundation Stage.

10.2 When assisting a child:

- staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given.
- staff will always ensure that they have a colleague in attendance when supporting dressing/undressing and will always give the child the opportunity to change in private, unless the child is in such distress that it is not possible to do so.
- if staff are concerned in any way parents will be sent for and asked to assist their child and informed if the child becomes distressed.
- if a child soils him/herself in school a professional judgement has to be made whether it is appropriate to change the child in school or request the parent/carer to collect the child for changing. In either circumstance the child's needs are paramount, and he/she should be comforted and reassured throughout.
- the child will be given the opportunity to change his/her underwear in private and carry out this process themselves.
- school will have a supply of water wipes, clean underwear and spare uniform for this purpose.
- if a child is not able to complete this task unaided, school staff will attempt to contact the emergency contact to inform them of the situation.
- if the emergency contact is able to come to school within an appropriate time frame, the child will be accompanied and supported by a staff member until they arrive. This avoids any further distress and preserves dignity.
- where anticipated, intimate care arrangements are agreed between the school and parents and, when appropriate and possible, by the child. Consent forms are signed by the parent and stored in the child's file. Only in emergency would staff undertake any aspect of intimate care that has not been agreed by parents and school. Parents would then be contacted immediately.
- the views of all relevant parties should be sought and considered to inform future arrangements.

- if staff have any concerns, they must report them. If they observe any unusual markings, discolouration or swelling report it immediately to the designated safeguarding lead.
- if a child is accidentally hurt during intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the designated safeguarding lead. Report and record any unusual emotional or behavioural response by the child.
- if a staff member has concerns about a colleague's intimate care practice, he or she must report this to the designated teacher for child protection.