**ROUND HILL PRIMARY**

****

**PERSONAL, INTIMATE CARE and TOILETING POLICY**

Created on 2nd October 2019

Intimate Care Policy for Round Hill

Round Hill is committed to the provision of care that is high quality and meets the individual needs of our young people. We ensure that all staff responsible for the intimate care of students will undertake their duties in a professional manner at all times. Round Hill School recognises that there is a need to treat all young people with respect when intimate care is given. We do not accept any young person being attended in a way that causes distress pain or indignity.

Introduction

The intimate care policy has been developed to safeguard both children and staff. Staff involved with their intimate care are aware of the need to be sensitive to the individual. Children’s dignity is preserved with a high level of privacy, choice and control. Staff have a good awareness of child protection issues. Staff strive to exhibit exemplary behaviour and understand they are subject to scrutiny. They work in partnership with parents/carers to provide continuity of care to our children.

Definition

Intimate care may be defined as any activity required to meet the personal care needs of each individual child. Parents/carers take the responsibility of advising staff of the intimate care needs of their young person. Staff take responsibility to work in partnership with pupils and their parents/carers.

Intimate care includes:

* Feeding and drinking
* Oral care
* Washing
* Dressing/undressing
* Toileting
* Menstrual care
* Treatment such as enemas, suppositories, enteral feeds.
* Catheter and stomach care
* Supervision of a child involved in intimate self-care.
* Touching (on a needs basis)
* Carrying out an invasive procedure such as cleaning up a child/young person after they have soiled themselves.

The Principles of Intimate care.

The following are the fundamental principles upon which the policy is based.

Every child has the right:

* To be safe
* To have personal privacy
* To be valued as an individual
* To be treated with dignity and respect
* To be involved either directly or in consultation as appropriate, in their intimate care, to the best of their ability.
* To have levels of intimate care that are as consistent as possible.
* To have carefully planned intimate care plans
* To be dealt with in a timely fashion (children in nappies should be changed immediately)

Our approach to best practice

* The management of all children with intimate care needs is carefully planned.
* The pupil who requires intimate care is treated with respect at all times; the child’s welfare and dignity is of paramount importance.
* A child who need intimate care will be dealt with immediately.
* Staff who provide intimate care are trained to do so (including Child Protection and training in moving and handling or Health and Safety training- e.g. equipment where relevant) 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.
* Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation.
* Children are supported to achieve the highest level of autonomy possible given their age and abilities. Staff encourage each person to do as much for him/herself as he/she can. This may mean, for example, giving them responsibility for washing themselves. Individual intimate care plans (ICP) are drawn up for particular children as appropriate to suit individual circumstances.

Children’s right to privacy will be respected. Careful consideration is given to each situation to determine how many carers might need to be present when a child is toileted. Where possible one pupil is supported by one adult unless there is a valid reason for having more adults present. (See Physical intervention below, for example). If this is the case, the reasons are clearly documented.

If possible at Round Hill, a small number of staff take turns dealing with intimate care. This ensures, as far as possible, that over-familiar relationships are discouraged from developing. It also avoids care needs carried being addressed by a succession of completely different members of staff

Intimate care arrangements are discussed with parents/carer’s on a regular basis. The needs and wishes of pupils and parents will be taken into account wherever possible within the constraints of staffing and in the ethos of equal opportunities. The School produces an individual ICP for all pupil who need regular help with intimate care.

The Protection of Children

Child Protection Procedures are adhered. Children will be taught personal safety skills carefully matched to their level of development and understanding. If a member of staff has any concerns about physical changes in a pupil, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the senior or designated safeguarding person.

If a young person becomes upset when being cared for by a particular member of staff, the situation is monitored in the first instance and if it reoccurs over time, a thorough investigation will be carried out and recorded. Parents/Carers will be contacted as part of this process. The School is committed to ensuring the child’s needs remains paramount. Action may be taken if and when appropriate.

If a pupil makes an allegation against a member of staff, all necessary procedures will be followed (See Safeguarding Policy).

Pupil Voice

Where possible the School listens to the child’s preference regarding the choice of his/her member of staff and sequence of care. Where there is doubt that a young person is able to make an informed choice on these issues, parents/carer’s are usually in the best position to act as advocates. However each case is assessed on an individual basis and other advocate considered if necessary. It is responsibility of all staff caring for a child to ensure they are aware of the child’s preferred method and level of communication. Communication methods may include words, signs, symbols, body movements and eye pointing.

Students wearing incontinence aids

There is a section for parents to sign on the ICP which outlines procedures and details of changing arrangements. This agreement allows the School and the Parent/Carer to be aware of potential issues from the outset. Staff inform Parents/Carers of any changes to personal care plans or child’s behaviour in relation to intimate care.

Changing Facilities

Staff ensure that changing takes place in a designed area for comfort, continuity and dignity. Should a changing bed be required for a named child, staff must be trained in moving and handling.

Equipment Provision

Parents/carers have a role to play when their child still needs to wear incontinence aids. Parent/carers are asked to provide nappies/pads, wipes, and are made aware of this responsibility. No parent/carer will be disadvantaged, however, if they are unable to do this and the School will support such parents/carers. The School is responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste. Equipment will be bought by the member of staff with responsibility for first aid, however all staff a responsibility for good communication when supplies are low.

Health and Safety

Staff always wear an apron and gloves dealing with a pupil who is bleeding or soiled when changing an Incontinence aid. Any soiled waste is placed in a polythene waste disposal bag, which is then sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste.

Working with child of the opposite sex.

The intimate care of boys and girls is carried out by any appropriately trained member of staff with the following provisos.

* When intimate care is being carried out, all children have the right to dignity and screens/curtains put in place.
* If the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance.
* Report any concerns to the Senior or Deputy Designated Person for Child Protection and make a written record.
* Parents/carers must be informed about concerns unless the Designated Person thinks more harm may happen to the child when they return home after school.

Additional Guidance-Safeguarding

This is additional guidance to safeguard children and staff with regard to situations which may lead themselves to allegations of abuse:

Physical Contact

All staff engaging in the care and education of children in the School exercise caution in the use of physical contact.

The expectation is that staff will work in a ‘limited touch’ culture and that when physical contact is made, it will be in response to the child’s needs at the time, will be of limited duration and will be appropriate to their age, stage of development and background. Staff are aware that even well-intentioned physical contact may be misconstrued directly by the child, an observer or by anyone to whom the action is described. Staff accept that all physical contact is subject to scrutiny.

Some children have the potential to seek out inappropriate physical contact. In such circumstances staff should deter the child without creating a negative experience. Ensuring that a witness is present is encouraged to help protect staff from such allegations.

Physical Intervention

There may be occasions when it becomes necessary for staff to use physical intervention for safety reasons. When involved in intimate care with a child for whom this is a known risk, the recommendations is for 2 staff to attend the pupil. If it is an unknown risk, staff involved in intimate care calls for a second person to assist. In both cases the School’s CRB approach must be used (compliant with LA policy). In all such cases the incident is documented and reported using CPOMS system using the care category.

In light of the School’s CRB policy, under no circumstances is it be permissible to use physical force as a form of punishment, behaviour modification, or to make a pupil comply with an instruction. It is acknowledged that physical force of this nature could potentially constitute a criminal offence.

Pupils in distress

There may be occasions when a distressed pupil needs comfort and reassurance which may include physical touch (such as that given by a caring parent). Staff are vigilant at all times, ensuring contact is not threatening or intrusive or subject to misinterpretation. Staff use their professional judgment to assess the child’s level of distress and subsequent actions will take into account age, extent and cause of the distress. Unless the pupil needs an immediate response, staff consider whether they are the most appropriate person to respond. Consideration is given to the involvement of other adults known to the student if deemed more appropriate.

First Aid and intimate care

Children’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), other members of staff are made aware of the task being undertaken for safety reasons. Regular requirements of an intimate nature is planned into individual’s ICP. Agreements between the School and those with parental responsibility are documented and easily understood. It is communicated/discussed with the child where appropriate and reviewed regularly. The School recognises the importance of gaining the young person’s views and in particular, to identify and address any discomfort with the arrangements.

Showers/changing clothes

All procedures for intimate care are followed as above. If intimate care is required it is understood that children are entitled to respect and privacy when changing clothes or taking a shower. However, staff must ensure that there is the required level of supervision to safeguard pupils and to ensure that bullying or teasing does not occur. This means that adults announce their intention of entering changing rooms and avoid any visually intrusive behaviour. The School may offer swimming programmes at Bramcote Leisure Centre. On these occasions, more than one member of staff will be present in the case of pupils being in a state of undress.

The same procedures apply for residential visits see below.

Educational visits, out of hours learning

Staff take particular care when supervising pupils in the less formal atmosphere of a residential setting or after-school activity.

Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of staff will be no different from the behaviour expected within school. To ensure child’s safety, increased vigilance is required when using intimate procedures during field trips, residential experiences etc.

Reviewing the policy

The policy (and all risk assessments of individual children) should be revisited termly as part of pupil progress (even if no changes are necessary), and updated at least once a year as well as whenever there are changes to the access medical needs. This SENCO will ensure the updating of plans, involving members of staff.

The care required may change as the children’s' needs change, so staff training should also be updated as part of any review process as appropriate.

## Appendix 1: Intimate Care and Toileting Parental Consent Form

|  |  |
| --- | --- |
| **Name of Child:** |  |
| **Date of Birth:** |  |
| **Class / Teacher Name:** |  |
| **Care required and how often during the day** |
|  |
| **Member(s) of staff who will carry out the tasks – all staff need to be fully aware of****toileting/intimate care plan and school priorities** |
| **Name:** |  |
| **Signature:** |  |
| **Where will the tasks be carried out and what equipment/resources will be required to****safely carry out the procedures:** |
|  |
| **Infection Control and Disposal Procedures in place:** |
|  |
| **Actions that will be taken if any concerns arise:** |
|  |
| **Parent’s responsibility to provide:** |
|  |

|  |
| --- |
| **Any School/Home agreement of care/management plan or communication via school-****home diary (if required):** |
|  |
| **Other Professionals in involved in care/advisory role: (School Nurse, Health Visitor,****etc)** |
|  |
| **Additional Information:** |
|  |
| **I/We have read the Intimate Care/Toileting Policy provided by Round Hill Primary Primary School. I/We give permission for the named member(s) of staff to attend to the care needs of my/our child and are in agreement with the procedures proposed** |
| **Name of Parent/Carer:** |  |
| **Signature:** |  |
| **Head Teacher:** |  |
| **Signature:** |  |
| **Date:** |  |

**Appendix 2 – Intimate Care and Toileting Log**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Time** | **Type of Care Carried out (toileting, nappy change, other****intimate/personal care task)** | **Carried out by** | **Signature** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |