



Kenmore Park Infant & Nursery School



Intimate Care Policy

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Intimate Care Policy

Introduction

Kenmore Park Infant and Nursery School is a rights respecting school. We will seek to meet the needs of children who require support with their intimate care and to be respectful of their needs. **(CRC Article 19: a right to be cared for and protected)**

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 normal day-to-day activities must not be discriminated against.

This policy applies to all staff undertaking personal care tasks with children - though is particularly pertinent for staff working in the Early Years. The NHS Choices website (<http://www.nhs.uk/conditions/pregnancy-and-baby/pages/potty-training-tips.aspx#close>) indicates that “By age four, most children are reliably dry during the day,” though some children may not be fully toilet trained.

In addition, there are other vulnerable groups of children and young people that may require support with personal care on either a short, longer term or permanent basis due to SEN and disability, medical needs or a temporary impairment.

This could include:

- children and young people with limbs in plaster
- children and young people needing wheelchair support
- children and young people with pervasive medical conditions

Staff will seek to work in close partnership with parents and carers to share information to ensure that children are not cared for in a way that could cause distress, embarrassment or discomfort.

Definition:

Intimate care is defined as any care which involves washing, touching or carrying out an invasive procedure that most children and young people carry out for themselves, but which some are unable to do.

Disabled pupils may be unable to meet their own care needs for a variety of reasons and may require regular support.

Intimate personal care tasks can include:

• Dressing and undressing; • Changing soiled or wet clothes; • Changing a nappy or pull up; • Toileting; • Washing; • Application of topical medicines (e.g. sun creams, eczema creams); • First aid and medical assistance. For some children this may involve support with medical aids such as colostomy bags etc. (This would always require training by a medical professional prior to the management of care).

Toilet Training:

Starting school or nursery has always been an important and potentially challenging time for both children and the schools that admit them. It is also a time of growth and very rapid developmental change for all children.

As with all developmental milestones in the Early Years Foundation Stage (EYFS), there is wide variation in the time at which children master the skills involved in being fully toilet trained. For a variety of reasons children in the EYFS may:

- be fully toilet trained across all settings

Kenmore Park Infant & Nursery School

- have been fully toilet trained but regress for a little while in response to the stress and excitement of beginning Nursery or Reception
- be fully toilet trained at home but prone to accidents in new settings
- be on the point of being toilet trained but require reminders and encouragement
- not be toilet trained at all but likely to respond quickly to a well-structured toilet training programme
- be fully toilet trained but have a serious disability or learning difficulties
- have delayed onset of full toilet training in line with other development delays but will probably master these skills during the Foundation Stage
- have SEND and might require help (during the Foundation Stage and beyond) with all or some aspects of personal care such as washing, dressing or toileting.

Schools are **not expected to toilet train pupils**. Therefore unless a child has a disability, as defined through legislation, **it is expected** that parents/carers will have trained their child to be **clean and dry before they start school/nursery** and manage their own intimate care needs.

The final decision regarding the admittance of children who are not yet toilet-trained or who have continence problems will be that of the Head Teacher. Any concern or issue regarding admission should be raised, in the first instance, with the Head Teacher. Any continued concern can then be raised with the Chair of Governors.

Our approach to best practice:

All children who require intimate care will be treated with respect at all times. The children's welfare and dignity are of paramount importance.

The school will work with parents to support and encourage them to ensure their children are toilet-trained at home. This approach has previously seen the organising of toilet-training workshops arranged by the school and facilitated by trained staff from the Children's Centre.

Every child has the right:

- to be safe
- to personal privacy
- to be valued as an individual
- to be treated with dignity and respect
- to be involved and consulted in their own intimate care to the best of their abilities
- to express views on their own intimate care and to have such views taken into account
- to have levels of intimate care that are appropriate and consistent

All staff working with children hold up-to-date Disclosure and Barring Service (DBS) checks.

Staff designated to carry out specific intimate care needs will be properly trained (as soon as the training becomes available)— receive appropriate guidance and know the school's Safeguarding policy, the intimate care policy and any other, related policies deemed appropriate by the Head Teacher/Inclusion Manager. Volunteers are **not** permitted to be involved in intimate care. Staff behaviour is open to scrutiny, and staff at Kenmore Park Infant & Nursery School work in partnership with parents/carers to provide continuity of care to children whenever possible.

The 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.

The management of all children with specific intimate care needs will be carefully planned. There will be careful communication with any pupil (whenever this is possible) who requires intimate care in line with their preferred means of communication to discuss needs and preferences.

Kenmore Park Infant & Nursery School

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Depending on their maturity and levels of stress, children may communicate using different methods - words, signs, symbols, body movements, pointing, etc.

To ensure effective communication:

- make eye contact at the child's level
- use simple language and repeat if necessary
- wait for response
- continue to explain to the child what is happening even if there is no response
- treat the child as an individual with dignity and respect

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account the child's level of understanding

Where specialist equipment and facilities above that currently available in the school are required, every effort will be made to provide appropriate facilities in a timely fashion, following assessment by either a Nurse, a Physiotherapist and/or Occupational Therapist.

Pupils will be supported to achieve the highest level of independence possible, according to their individual condition and abilities. A child will be encouraged to attend to their own needs wherever possible and safe to do so –depending on their age and stage of development. It may be possible to provide supervision and guidance, intervening only where necessary or if the child asks for help. The expectation is that staff will work in 'limited touch' cultures and that when physical contact is made with pupils, this will be in response to the pupil's needs at the time and it will be of limited duration. Staff will encourage each child to do as much for them self as they can.

Individual care plans will be drawn up for any pupil requiring regular intimate care. Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. Where possible one pupil will be cared for by one adult unless there is a sound reason for having more adults present. In such a case, the reasons will be documented. When a child requires intimate care, the member of staff caring for the child will notify another member of staff of the task being undertaken, so that they are aware and remain in close proximity and it will then be recorded on the 'Intimate Care' record sheet. Wherever possible, the same child will not be cared for by the same adult on a regular basis; all members of staff within the child's year/phase are known to the child and will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing. Each child's right to privacy will be respected. (**Article No. 23 – a right to special help if you need it.**) Personal care should always be provided in an appropriate area so that the child/young person is afforded privacy.

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 and parents will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation. If a child has a continuing need for intimate care, for example, they are in a nappy, arrangements will be discussed with parents/carers, and an individual care/support plan will be written and signed. Advice and support from a Health Visitor/School Nurse will be sought where necessary. Meetings will take place between the parents/carers and the school on a regular basis to monitor progress. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation. Parent/carers will provide nappies or pull ups, wipes, nappy sacks and a changing mat (where appropriate). The school will provide gloves and disposable aprons for staff.

Where a care plan is not in place and a child needs help with intimate care (in the case of a toilet 'accident') then parents/carers will be informed the same day. This will be communicated via an 'Accident/incident/illness report slip' also referred to as a 'white slip' (a note completed by a Welfare Assistant) sent home with the child or via a phone call. A phone call will be the response whenever there are concerns that a parent/carer may not understand written English.

Kenmore Park Infant & Nursery School

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. she/he will immediately report concerns to the appropriate person for Safeguarding. A clear record of the concern will be completed and referred on if necessary (see Safeguarding policy).

Responsibilities

Management responsibilities:

- To ensure that staff will receive on-going training in good working practices which comply with health and safety regulations such as hygiene procedures; manual handling; awareness of medical conditions and associated first aid/ child protection procedures; and other aspects of Intimate Care.
- To keep a record of training undertaken by staff and to ensure that refresh and updating training is provided where required.
- To provide induction programmes for all new staff and to ensure that all new staff are familiar with the school's Intimate Care policy

Staff Responsibilities:

- Staff must be familiar with the Intimate Care policy/procedures.
- Staff must adhere to health and safety and intimate personal care policies and procedures and must report any health and safety concerns to management within the school.
- Designated staff will liaise with parents/carers and other appropriate services over the development and implementation of the agreed Intimate Care Procedures. • Designated staff will liaise with other professionals regarding specific aspects of Intimate Care if appropriate.

Person Responsible for Policy:- J Snowden, Inclusion Manager

Approved by the Governing Body – 11th October 2017

Next review: July 2020 (unless there are changes in guidance in which case there will be an earlier review).

Kenmore Park Infant & Nursery School

Appendix 1: Letter to Children who may require intimate care

Dear Parents

INTIMATE CARE

Kenmore Park Infant & Nursery 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. We recognise 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, embarrassment or pain.

Intimate care is any care which involves washing, touching or carrying out a procedure (such as cleaning up after a child has wet or soiled him/herself) to intimate, personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process as part of a staff member's duty of care.

The management of all children with more specific/ specialist 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.

All staff are knowledgeable about intimate care and individual needs are taken into account. Staff who provide intimate care are trained to do so (including Child Protection and Handling – if available and appropriate) and are fully aware of best practice. Suitable equipment and facilities will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes. The child will be supported to achieve the highest level of independence 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 may be drawn up for specific children as appropriate. Each child's right to privacy will be respected.

Kenmore Park Infant & Nursery School values the partnership with parents and carers and values their information in relation to children needing intimate care. All parents/carers of children admitted to school ~~may~~ will be required to complete an agreement form on admittance to the school. This agreement gives permission to provide intimate care as required. We would like parents to sign the agreement which gives permission for the school to provide intimate care as necessary. ~~Please return the permission slip to your child's class teacher.~~

Yours faithfully,

Mrs. R. K. Mahil-Pooni
Headteacher

Kenmore Park Infant & Nursery School

Appendix 2

PERMISSION FOR SCHOOLS TO PROVIDE INTIMATE CARE

Child's Last Name	
Child's First Name	
Male/Female	
Date of Birth	
Parent/Carers name	
Address	

I give permission to the school to provide appropriate intimate care support to my child e.g. changing wet or soiled clothing, washing and toileting.

I will advise the school of any medical complaint my child may have which affects issues of intimate care.

Name.....

Signature.....

Relationship to Child.....

Date.....

Kenmore Park Infant & Nursery School

Appendix 3

Intimate Care Procedures

Procedure for undressing and dressing pupils – after wetting or soiling:

(Where a child is heavily soiled, the parent/carer will be phoned and asked to come to the school to support with the cleaning of their child and, if required, to take the child home to be washed down properly as the school does not have shower facilities for washing children after such incidences.)

Ensure:

- You have told another member of staff that you are involved in an intimate care procedure
- This takes place away from others, but that doors are left ajar

1. Ensure you are wearing disposable gloves and a disposable apron
2. Encourage the child to remove clothing from lower body first and to do it independently. Provide help or assistance only when, and if needed
3. Wash/clean as required – again encourage the child to do this independently using wet wipes
4. Ensure lower regions are covered before removing garments from upper body (if necessary)
5. Give the child the clean clothes (either provided by the parents/carers, or, where these are not present, lend them some clothes.)
6. Encourage the child to dress themselves. Provide help and assistance as appropriate/required.
7. Put the wet or soiled clothes in a plastic bag and ensure the child takes them home at the end of the session. Include a note to let parents know why their child has been changed. Where appropriate, we may speak to the parents as well.
8. Child must then wash their hands, with soap or gel
9. Remove gloves and apron and wash your hands. Dispose of these in an appropriate bin
10. **IMPORTANT** - Record the care given on the **Intimate Care Record** sheet and sign that a note for parents has been completed.

Procedure for changing nappies: Ensure privacy before procedure

1. Ensure you are wearing disposable gloves and a disposable apron
2. Remove clothes from the child's lower body, or provide help if they do can do it independently
3. Take off the nappy while the child is standing
4. Wipe away the mess using wipes provided. It may be possible to encourage the child to do this for themselves
5. Ensure the skin is clean and dry
6. Put on a clean nappy (using a changing mat) or pull up (whilst child is standing).
Check that it fits snugly around the waist and legs
7. Dress the child or allow them to dress themselves if they are able to
8. Ask the child to wash their hands
9. Ensure that the soiled nappy is put in a nappy sack or plastic bag and dispose of the nappy using the nappy bin provided
10. Dispose of gloves and apron – in the Nappy bag
11. Wash your hands with soap
12. Record and sign the Intimate Care Record sheet and send home note to let parents know that X's nappy was changed today X times at ...am/pm by X.

Kenmore Park Infant & Nursery School

Appendix 4

Intimate/Personal Care Plan

Child's Name:	Date:
Main areas of need:	
Is there an Individual Healthcare Plan? Y/N If so, this must be attached to this document.	
Dressing/Undressing Plan – if applicable. (Should include equipment needed and location)	
Toileting Plan (if applicable) – include equipment needed and location	
This plan was written by _____ on (date) _____ Agreed with parents/carers on _____ Child's views were sought in relation to this plan on _____. If this was not the case, please state why: _____	
Signed (Parent/carer) _____	Date _____
Signed (Staff member) _____	Date _____

Kenmore Park Infant & Nursery School

Appendix 6 (NB – A 'white-slip recording the same information may be used)

Letter to Parent/Carer

Dear Parent/Carer

This is to let you know that _____ had a toilet accident today and was taken to the medical room. He/she changed unaided / was assisted while changing into dry underwear.