

## Intimate Care & Nappy Changing Policy

### Introduction

At Finstock CE Primary School our primary concern is to address the needs of all children to help them achieve their full potential. We work in partnership with our families and encourage and support the involvement and inclusion of individual children and it is for this reason that we have an intimate care policy.

### Definition

Intimate care is any care that involves washing, touching or carrying out an invasive procedure that some children are unable to do due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development. Intimate care may involve help with drinking, eating, dressing, toileting and nappy changing.

### Intimate Care

The Headteacher and Local Committee Members will ensure that the personal care needs of children are attended to by:

- respecting the wishes of staff in relation to the intimate and personal care of children.
- ensuring that a sufficient number of staff (at least two) are trained to toilet or change children throughout the school.
- ensuring that staff working with children with identified intimate care needs have received appropriate training.
- providing appropriate support to staff to create an Intimate Care Plan alongside parents.
- recognising the need for privacy and confidentiality in relation to intimate care.

All children who need intimate care are recognised as being especially vulnerable and staff involved in intimate care should therefore be particularly sensitive to their individual needs.

From time to time any child may need a level of intimate care, for example if they become unwell. In these circumstances, supported by a member of staff, children should be encouraged as much as possible to undertake their own intimate care. Where it has been necessary to provide any intimate care parents/carers must be informed and a record of the intimate care that was given and by whom kept.

Any child wearing nappies/ pull ups will have an individual intimate care plan. The plan will be reviewed termly to ensure that the level of intimate care required is accurate and updated.

## Child Protection

Where intimate care raises any concerns these should be raised with the headteacher immediately. Safeguarding concerns must be dealt with in accordance with the school's policy.

- If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the headteacher / Designated Safeguarding Lead, who will then follow the procedures outlined in the Safeguarding and Child Protection policy.
- If any parent or member of staff has concerns or questions about intimate care procedures or individual routines they should contact the headteacher / Designated Safeguarding Lead.
- 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.
- Queen Emma's operates a whistle-blowing policy as a means for staff to raise concerns relating to their peers.
- If an allegation is made against a member of staff, the school will follow the procedure outlined in the Safeguarding Policy and Managing Allegations against staff policy

## Working with our families

Partnership with parents underpins the school's administration of intimate care. Much of the information required to make the process of Intimate Care Plan as comfortable as possible is available from parents, including knowledge and understanding of any religious/cultural sensitivities. To ensure consistency of care and that intimate care provided is in line with parent's wishes and the child's needs, an intimate care plan must be agreed and signed by parents where it is likely that intimate care will be needed or where a child has ongoing intimate care needs.

Parents are encouraged to work with staff to ensure their child's needs are identified, understood and met. This will include involvement in the development of Intimate Care Plan. (See appendix)

Exchanging information with parents is essential through personal contact, telephone or correspondence. Particular care must be taken when gathering and sharing information regarding intimate care as it is likely to contain confidential information that should not be accessed by people other than the parent and staff members involved with the delivery of intimate care.

Open communication between staff responsible for intimate care and parents must be maintained. Staff and parents should arrange to review the Intimate Care Plan at least annually and more often as necessary, particularly where a child's needs may have changed.

Parents will provide a named bag for their child containing – nappies / pull ups, wipes, nappy bags or plastic bags, change of clothes and a plastic bag to put wet or soiled clothes into. If their child needs a cream or lotion this should be named.

### **Occasional 'accidents'**

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 (e.g. has had an 'accident' and wet or soiled him/herself). The following should also be taken into consideration.

When a child has required assistance with intimate care following an accident, accurate records should be kept, these can be brief, but should as a minimum, include full date, times, who was present and the nature of the intimate care provided.

An individual member of staff should inform another appropriate adult when they are going to assist a pupil with intimate care. Where possible, intimate care should be undertaken with a minimum of two adults in attendance so as to safeguard both the adults and the child. Where this is not possible, the member of staff conducting the intimate care should inform another adult of the assistance they are providing and where they are providing it. Where only one adult is providing intimate care the door to the space where the care is being provided must be left open.

Adults who assist pupils with intimate care following an 'accident' should be employees of the school, not students or volunteers, and they will have the usual range of safer recruitment checks, including enhanced DBS checks.

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

### **Pupil voice**

Every attempt should be made to determine the child's wishes. To ensure effective communication with the child, staff should:

- ascertain the agreed method of communication (words, signs, signals) and identify this in the agreed Intimate Care Plan,
- allow the child, subject to their age and understanding, to express any preferences regarding their care,
- encourage as much independence in relation to their intimate care as the child is capable of,
- agree appropriate terminology to be used by staff for private parts and bodily functions and record them in the Care Plan.

Where there is any doubt that a child is able to make an informed choice on these issues, the child's parents are usually in the best position to act as advocates.

### **Guidelines for Staff**

Staff members must:

- ensure that sensitive information about a pupil is only shared with those who need to know, such as members of staff specifically involved with the child.
- ensure they know who to ask for advice if they are unsure or uncomfortable about a particular situation or procedure.
- identify and use a communication system that the child is most comfortable with.
- provide the child with choices regarding their intimate care wherever possible
- communicate with and involve the child in the intimate care process

- develop, where possible, greater independence in the pupil in relation to their intimate care
- maintain confidentiality with children who discuss elements of their intimate care (safeguarding procedures must be followed where appropriate)
- work closely with other healthcare professionals as necessary to ensure best practice.

### **Nappy changing procedure**

- Intimate care procedures will be carried out by the child's key adults wherever possible. A child will never be supported in intimate care routines by an adult who is not familiar to them.
- The member of staff changing the child will inform another member of staff that they are going to do this.
- A child will always be consulted before an intimate care routine takes place. This gives the child time to process what is going to happen next. They will never be forced to leave what they are doing.
- Staff will use the designated changing area to maintain the child's privacy. These areas are enclosed enough to respect the child's privacy, yet are not beyond sight of other staff members.
- Mobile children can be changed standing up. The child's preference/needs will be considered, together with any assessed risks involved.
- Staff will wash their hands and wear fresh aprons and disposable gloves while changing a child (see PPE requirements)
- Soiled nappies, wipes and gloves will be securely wrapped and disposed of appropriately in the designated covered bin with a disposable liner. The bin will be emptied at least once a day and the liner replaced.
- The changing area will be cleaned with antibacterial spray.
- Hot water and soap is available for staff to wash hands as soon as changing is finished.
- Paper towels are available to dry hands.

### **When involved in intimate care staff must:**

- wear single-use disposable gloves and aprons
- cleaning changing mats with antibacterial spray after every use
- follow robust hand-washing procedures
- inform a colleague when leaving the room to support a child with intimate care
- dispose of waste safely in a designated covered bin with a disposable liner. The bin will be emptied at least once a day and the liner replaced.

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