

Bhaktivedanta Manor Primary School



Intimate Care and Physical Contact Policy

Version	Date	Author/Role	Ratified by	Review Date
1	Jan 2019	Ms Shelpa Patel: Interim Headteacher	F&P	Jan 2020

Intimate Care, Physical Contact and Toileting Policy

Definition

Intimate care can be defined as any care which involves, dressing and undressing, washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some children are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing. In most cases intimate care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure. It also includes supervision of children involved in intimate self-care

This policy supports the safeguarding and welfare requirements of Early Years Foundation Stage (EYFS) 2017 and the Disability Discrimination Act 2005:

At Bhaktivedanta Manor School will ensure that:

- No child's physical, mental or sensory impairment will have an adverse effect on their ability to take part in day to day activities.
- No child with a named condition that affects personal development will be discriminated against
- No child who is delayed in achieving continence will be refused admission
- No child will be sent home or have to wait for their parents/carer due to incontinence
- Adjustments will be made for any child who has delayed incontinence

Policy Statement

This policy aims to manage risks associated with intimate care needs and ensures that employees do not work outside the remit of their responsibilities

Physical contact.

At Bhaktivedanta Manor Primary School, we care for young children. There will be times when staff are required to have close physical contact with a child. It is also important for the children to feel safe, secure and loved in their environment. We understand that children can react differently to physical contact and we respect this. Staff have received training in safeguarding & child protection.

It should always be the child who instigates any sort of physical contact such as cuddles. If a child is very upset then the adult must ask the child if they want a cuddle. Children should not be kissed by the staff under any circumstances.

Nappy Changing/Toilet Training/Toileting Accidents

No child is excluded from participating in our setting who may, for any reason, not yet be toilet trained and who may still be wearing nappies or equivalent. We work with parents towards toilet training, unless there are medical or other developmental reasons why this may not be appropriate at the time. We provide nappy changing facilities and exercise good hygiene practices in order to accommodate children who are not yet toilet trained. We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgemental concern of adults.

This intimate care policy should be read in conjunction with the schools' policies as below (or similarly named):

- Safeguarding and Child Protection Policy(including whistleblowing)
- Staff Code of Conduct and Guidance on Safer Working Practice
- Health and Safety Policy and Procedures
- Special Educational Needs policy

We recognise that there is a need to treat all children, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. The child's welfare and dignity is of paramount importance. No child should be attended to in a way that causes distress or pain.

This policy is designed to act as a guideline for anyone with responsibility for the intimate care of the children at our setting. It outlines the guidelines for best practice.

Working with Parents/Carers

Staff understand their legal obligation to meet the needs of children with any delays in any area of their development. We work in partnership with parents on an individual basis to make reasonable adjustments to meet the needs of each child,

If a child has any disability or medical needs that may affect their personal care routine, a Health Care Plan will be drawn up in agreement with parents/carers and any other relevant professionals. Individual Health Care Plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer. Any historical concerns (such as past abuse) should be noted and taken into account. The health care plan will detail the following as a minimum,

- What care is required
- Number of staff needed to carry out the task (if more than one person is required , reason will be documented)
- Additional equipment required
- Child's preferred means of communication (e.g. visual, verbal). Agree terminology for parts of the body and bodily functions
- Child's level of ability i.e. what tasks they are able to do by themselves

- Acknowledge and respect for any cultural or religious sensitivities related to aspects of intimate care. The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer

The healthcare plan will be regularly monitored and reviewed in accordance with the child's development

Information, instruction and training

Meeting a pupil's intimate care needs is one aspect of safeguarding. This setting takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. We are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

As such adults, in this setting, assisting children and young people with their toileting needs will be provided with sufficient information, instruction and training to enable them to carry out their work safely and without significant risk to their health and that of others.

- Adults who assist children one-to-one should be employees of the school and be DBS checked at the appropriate level.
- Intimate care is discussed with all employees during their induction
- Staff are regularly trained regarding child protection and health and safety, (which may include manual handling), and are fully aware of infection control, including the need to wear disposable aprons and gloves.
- A member of the trained staff (who is ideally familiar to the child/young person) will work alongside a new or more experienced colleague when they are introduced to a child and their toileting routines/intimate care procedures.
- Students will not change nappies/undertake intimate care procedures, as part of their training
- Agency staff will not change nappies/ undertake intimate care procedures unless employed as a key person on a long term basis
- All staff should be made aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

Safeguarding/Child Protection

From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a child's body. It may be unrealistic to expect to eliminate these risks completely but in this school best practice will be promoted and all adults will be encouraged to be vigilant at all times. All staff must ensure that they protect themselves by following these guidelines.

Best practice for the protection of staff includes ensuring that:

As far as possible, nappy changing/intimate care procedures will be carried out by the child's Key Person, protection being afforded to the single member of staff in the following ways:

- Careful consideration is given as to how many staff might need to be present when a child or young person needs help with intimate care/toileting. It is not always practical for two members of staff to assist with an intimate procedure and also this does not take account of the child's privacy. However, staff must inform another adult when they are going to assist a child with intimate care. If two members of staff are present to assist with intimate care procedures that they do not talk over the child or young person.
- Cameras and mobile phones are never taken into bathroom areas.
- Individual health care plans are in place for children aged 3 years and over, who need regular support with intimate care and the key person should be familiar with and follow these
- Where an individual health 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 (eg: has had an 'accident' and soiled him/herself)
- Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.
- Key persons should be aware of the young children in their care who are in nappies or 'pull-ups' and those children who have occasional accidents. An adult who is not familiar to them will never support a child in intimate care.
- Staff will always tell another member of staff when you are doing a change or accompanying a child to the toilet
- Staff will ensure that a child's privacy is protected appropriate to the child's age and situation. We have separate toilets for the children to use with doors.
- Staff should ensure that they are visible to other members of staff. Nappies are changed on a designated change mat in the designated area. This is enclosed enough to give the child privacy, yet are not out of sight of other staff.
- All staff must wear protective gloves & aprons for nappy changes or cleaning a child who has soiled themselves.
- The child should be involved as much as possible in his or her intimate care. Allow the child to be as independent as possible. This can be for tasks such as removing clothing or washing private parts of a child's body. Support the children in doing everything that they can for themselves.

- If a child is fully dependant on you then talk to him/her about what you are doing and give choices where possible.
- Staff follow the nappy changing risk assessment and they inform a member of the management team know if the risk assessment needs reviewing/amending

Toileting Procedures

- When a child has a specific medical or developmental conditions which could impact on toileting management, then advice from the doctor should be sought either by the parent/carer or with permission, the designated adult e.g. teacher or SENCO. Children receiving chemotherapy – it is advisable to contact the child’s Oncology Nurse for specific guidance. Contact details should be available from the parent/carer.
- Parents/carers should be reassured that if their child has an accident, it is not a problem and children will not be made to feel that it is an issue
- Children access the toilet when they have a need to and are encouraged to eventually be independent.
- Staff members only assist children to use the toilet when it is necessary and appropriate.
- Young children are encouraged to take an interest in using the toilet; they may just want to sit on it and talk.
- Children are encouraged to wash their hands and have soap and towels to hand. They are allowed time for some play as they explore the water and soap.
- Anti-bacterial hand wash liquid or soap is not used for young children.
- Children who are fully toilet trained are encouraged to use toilet paper to wipe themselves and flush the toilet.
- Trainer pants and ordinary pants that have been wet or soiled are rinsed and bagged for parents to take home.

Toileting Accident Procedures

For children who are wet only:

- The child should be taken into the bathroom and if s/he can remove wet clothing independently this should be encouraged
- The child should be encouraged to try to use the toilet
- Then dry clothes can be given and the child supported to dress.
- A record should be kept
- Wet clothes should be put in a nappy sack and hung on the child’s peg or in his/her bag
- Flushing the toilet and good hand washing should be completed.

For children who are soiled

Main points above should be followed initially

- It will be impossible to change a child in a toilet cubicle in these circumstances but children should be given as much privacy as possible. Showering facilities are available in the disabled toilet area at the main reception area of the school
- The child should be supported to stand on a changing mat
- Children must be fully dressed before they return to play
- All wastage i.e. wipes, gloves and aprons will be disposed of immediately into a nappy bag and tied.
- The nappy bag and its contents will then be placed in the appropriate bins.
- Assist child to wash their hands using soap and warm water, and dry them using the paper towels or hand-dryer provided
- Staff member to also wash hands
- Staff members to clean changing mat that was used, ready for the next child.

Dealing with body fluids

Urine, faeces, blood and vomit will be cleaned up and double bagged immediately and disposed of safely in bins provided. When dealing with body fluids, staff wear protective clothing (disposal plastic gloves) wash themselves thoroughly afterward. Soiled children's clothing will be bagged to go home as staff will not rinse it. Children will be kept away from the affected area until the incident has been completely dealt with. All staff maintain high standards of personal hygiene, and will take all practicable steps to prevent and control the spread of infection.

Concerns

Staff must report any incident as soon as possible to the designated person for safeguarding, if you are concerned that during the intimate care of a child;

- You accidentally hurt a child
- The child seems sore or unusually tender in the genital area
- You have any concerns about physical changes in a child's presentation, e.g. unexplained marks, bruises, soreness etc
- The child misunderstands or misinterprets something
- The child has a very strong emotional reaction without apparent cause (sudden shouting or crying)
- If a child becomes distressed or very unhappy about being cared for by a particular member of staff.. The matter will be investigated at an appropriate level 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's needs

remain paramount. Further advice will be taken from outside agencies if necessary.

- If a staff member has concerns about a colleague's intimate care practice they must report this following the settings whistleblowing policy
- **If young children are left in wet or soiled nappies, 'pull ups' or clothes in the setting, this may constitute neglect and will be a disciplinary matter. Settings have a 'duty of care' towards children's personal needs.**

Record Keeping

A written record must be kept using our agreed format every time a child requires assistance with intimate care, including date, times and any comments such as changes in the child's behaviour. It should be clear who was present.

Disseminating and Implementing this Policy

All school staff will be required to read this policy on their induction and to comply with the contents of the policy. The policy will be kept in the policy folder and will be available for staff to refer to at all times. The implementation of the policy will be monitored by the DSL and Head on a day to day basis. If incidences of non-compliance do occur, this will be dealt with on a case by case basis through performance management of staff. Any adverse incidents will be recorded and reviewed to ensure the policy is fit for purpose. The policy will be formally reviewed at least annually