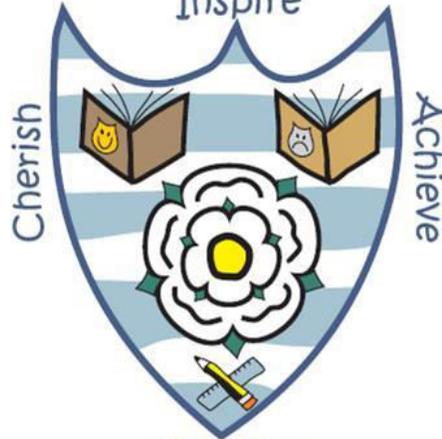


Birkwood Primary

Inspire



Cherish

Achieve

Together

School

INTIMATE CARE POLICY

(part of the Safeguarding procedures)

UPDATED SEPTEMBER 2020

(Revised to take account of 'Continence Guidance in EYFS Settings' 2017)

'Children learn best when they are healthy, safe and secure, when their individual needs are met, and when they have positive relationships with the adults caring for them.'
(EYFS Statutory Framework 2014, paragraph 3.1)

Introduction

Staff at Birkwood Primary School who work with children who have special needs realise that the issue of intimate care is a difficult one and requires staff to be respectful of children's needs.

Definition

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene including such issues as continence and menstrual management as well as more ordinary tasks such as help with washing or bathing.

Aims

Birkwood Primary 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. School recognises 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 or pain.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children will have a high awareness of child protection issues. Staff behaviour will be open to scrutiny and staff will work in partnership with parents/carers to provide continuity of care to children wherever possible.

Staff will deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents/carers who are encouraged to reinforce the personal safety messages within the home.

Our Approach

All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are fully aware of best practice. Where required, 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 children taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible the staff who are involved in the intimate care of children will not usually be involved with the delivery of sex and relationship education to their children as an additional safeguard to both staff and children involved.

There will be careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child will be made aware of each procedure that is carried out and the reasons for it.

As a basic principle, children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. At all times, adults will be supervised when changing children to ensure safeguarding protocols are followed for both staff and children. To preserve the child's privacy and dignity one adult will normally be in attendance.

Parents/carers will be involved with their child's intimate care arrangements on a regular basis. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

Each child will have an assigned senior member of staff to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

Working in Partnership with Families

In some circumstances it may be appropriate for school to set up a home-setting/school agreement that defines the responsibilities that each partner has and the expectations each has for the other. This could include:

The Parent/Carer:

- Agreeing to ensure that the child is changed at the latest possible time before being brought to the setting/school
- Providing the setting/school with spare nappies and a change of clothing
- Understanding and agreeing the procedures that will be followed when the child is changed at setting/school – including the use of cleansing materials and the application of cream
- Agreeing to inform the setting/school should the child have any marks/rashes
- Agreeing to a 'minimum change' policy i.e. the setting/school would not undertake to change the child more frequently than if s/he were at home
- Agreeing to review arrangements when necessary

The Setting/School

- Agreeing to change the child should the child soil themselves or become wet
- Agreeing to monitor the number of times the child is changed in order to identify progress made
- Agreeing to follow appropriate procedures should the child be distressed or if marks/rashes are seen (www.safeguardingchildrenbarnsley.com)
- Agreeing to review arrangements should this be necessary

This kind of agreement should help to avoid misunderstandings that might otherwise arise, and help Parents/Carers feel confident that the setting/school is taking a holistic view of their child's needs.

The Protection of Children

Child Protection Procedures and Inter-Agency Child Protection procedures will be accessible to staff and adhered to.

Where appropriate, all 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 child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the designated person for child protection. A clear record of the concern will be completed and referred to the appropriate social care department. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm. [See Barnsley Safeguarding Children Board Child Protection Procedures and also the Safeguarding and Child Protection Policy].

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. 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 child makes an allegation against a member of staff, all necessary procedures will be followed.

Health & Safety

Covid-19 addition from Risk Assessment 09/20

'If a child becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they can return home. A fluid-resistant surgical face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child is necessary, then it is suggested that disposable gloves, a disposable apron and a fluid-resistant surgical face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eye e.g. from coughing, spitting, or vomiting, then eye protection should also be worn.

It is very important to follow the COVID-19 Outbreak Control Plan for Schools which is kept in the Covid-19 Key Documents File in JA's Office'

At Birkwood, we have designated areas that provide a suitable place for the changing of children. In the main school there is a toilet area which provides additional space for attending to a child's personal needs.

In the Nursery and Foundation, there are equipped toilet areas and medical room in school which provide appropriate environments for attending to children who may also be wearing pull-ups or nappies.

Each of these areas will have appropriate resources provided.

<u>Nursery/Foundation Stage</u>	<u>Main School</u>
<ul style="list-style-type: none">• Disposable gloves and aprons• Changing mat• Wet wipes• Spare nappies and pull-ups• Nappy sacks• A selection of suitable spare underwear and clothing• Plastic bags for wet/soiled clothing• Antibacterial cleanser/wipes• Disposable cloths• Air freshener• Antibacterial soap• Hand sanitising gel• Copy of changing procedure displayed• Intimate care record	<ul style="list-style-type: none">• Disposable gloves and aprons• Changing mat• Wet wipes• Nappy sacks• A selection of suitable spare underwear and clothing• Plastic bags for wet/soiled clothing• Antibacterial cleanser/wipes• Disposable cloths• Air freshener• Antibacterial soap• Hand sanitising gel• Copy of changing procedure displayed• Intimate care record

Guidelines for Changing Children

- Adults to wash their hands, wear gloves and an apron before changing the child
- If possible children should be changed standing up
- The child's skin should be cleaned with a disposable wipe
- Nappy creams/lotions should be labelled with the child's name and used only if prescribed for that child – they must not be shared
- Any creams should be used sparingly as if applied too thickly they reduce the absorbency of the nappy
- Disposable gloves should be worn when changing nappies. The nappy should be folded inward to cover faecal material and double wrapped in a nappy bag.

- Any soiled or damp clothing should be placed in a plastic carrier bag and stored on a temporary basis in the changing area and given to parents at the end of the session.
- Once the child has been changed and removed from the changing area, the surface should be cleaned with an antibacterial detergent spray or wipe and left to dry.
- Gloves, apron and any items used for cleaning the changing area will be wrapped and disposed of via domestic waste.
- Hands should be thoroughly washed afterwards
- Complete the intimate care record or individual record for the child.

The procedure for changing children is attached.

In the cases of children with particularly complex needs, the school works closely with healthcare professionals to plan appropriately for their care.

Monitoring and Review

The Governing Body reviews this policy every two years. The Governors may, however, review the policy earlier than this, if the government introduces new regulations, or if the governing body receives recommendations on how the policy might be improved. This policy will be reviewed in August 2022.

Signed _____ Headteacher Date _____

Signed _____ Chair of Governors Date _____



Procedure for Changing Children

1. Wash hands
2. Put on gloves and apron if required
3. Assemble equipment including any provided by the parent (nappies, wipes, change of clothing etc.)
4. Ask child to stand on the changing mat
5. Remove wet/soiled nappy or clothing
6. Clean the skin with disposable wipes
7. Fold nappy inward on itself and double wrap in a nappy bag.
8. Place soiled/damp clothing in a labelled bag and store in the changing area until given to parents at the end of the session
9. Once the child has been changed and removed from the changing area, clean the surface with antibacterial detergent spray or wipes and leave to dry
10. Wrap gloves, aprons and any wipes/cloths used for cleaning the changing area and dispose of in the bin provided
11. Wash hands thoroughly

12. Complete the intimate care record sheet or the child's individual file