

## Intimate Care Policy – Whole School & EYFS

This policy is available to families and prospective families on the school's website and by request from the School Office. If you require a copy of this document in large print or audio format, please contact the School Office.



# Sires Hill PRIMARY ACADEMY

## Policy Review Information:

<b>Policy</b>	SHPA Intimate Care Policy
<b>Review schedule</b>	Every 4 Years
<b>Statutory Policy</b>	No
<b>Policy owner</b>	Exec Principal
<b>Lead Reviewer</b>	Office Manager
<b>Approver and date of last approval</b>	Exec Principal, May 2024

<b>Key review dates</b>	<b>Changes made</b>
06/2016	Written by A Ashcroft
09/2020	Reviewed: no changes
02/2023	DPA policy aligned to SHPA branding pre September '23 opening
December 2023	Reference to statutory safeguarding guidance added Policy to be reviewed every 4 years Reference to recording care in record book has been removed Parental permission and care plan templates added as appendices
May 2024	Reviewed. Addition of the use of sun cream during hot weather. Updates to the arrangements in providing consent to intimate care.
Next review date: September 2028	

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### Policy Statement

Sires Hill Primary Academy is committed to ensuring that all staff responsible for the intimate care of children will undertake duties in a professional manner, at all times. We recognise that there is a need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment, or pain. Children’s dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff that provide intimate care to children are all trained in child protection issues. Staff will work in partnership with families to provide continuity of care.

### Aims

This policy complies with [statutory safeguarding guidance](#).  
It also complies with our funding agreement and articles of association.

The aims of this policy are;

- To safeguard the rights and promote the best interests of the children.
- To ensure children are treated with sensitivity and respect, and in such a way that their experience of intimate care is a positive one
- To safeguard adults required to operate in sensitive situations
- To raise awareness and provide a clear procedure for intimate care
- To inform families on how intimate care is administered
- To ensure families are consulted in the intimate care of their children.

### Principles

- Every child has the right to be safe
- Every child has the right to personal privacy
- Every child has the right to be valued as an individual
- Every child has the right to be treated with dignity and respect
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities and understanding
- Every child has the right to express views on their own intimate care and to have such views taken into account.

- Every child has the right to have levels of care that are as consistent as possible.

### **Definition**

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most young people usually carry out themselves but some pupils are unable to do so because of their young age, physical difficulties or other special needs. Examples include care associated with medical aid, continence and menstruation management as well as more ordinary tasks such as help with washing, toileting or dressing.

### **Supporting dressing/undressing**

Sometimes it will be necessary for staff to aid a child in getting dressed and undressed – particularly in the Early Years. Staff will always encourage children to attempt undressing and dressing unaided.

### **Providing comfort or support**

Where children require or seek physical support, staff will be made aware that physical contact must be kept to a minimum and be child initiated. When comforting a child or giving reassurance, the member of staff's hands should always be seen and a child should not be positioned close to a member of staff's body which could be regarded as intimate. If physical contact is deemed to be appropriate staff must provide care which is suitable to the age, gender and situation of the child.

If a child touches a member of staff in a way that makes them feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable. I.e. children should be discouraged from giving indiscriminate hugs to staff members as a routine.

### **Soiling**

Sometimes children soil themselves and it will be necessary to change them.

Upon enrolling at school, families are asked to consent or not on the school's management information system (Arbor) to enable staff to clean and change their child should the need arise (e.g. a toilet accident or sickness) or where it aligns with typical age and stage of development needs (e.g. toilet training and nappy changing in the EYFS).

Families who have children who require nappy changing or regular intimate care e.g. medical procedures, will be asked to complete and sign a medical care plan with the teacher to enable staff to clean and change their child.

If a child needs to be cleaned, staff will make sure that:

- Protective gloves are worn
- The procedure is discussed with the child in a friendly and reassuring way.
- The child is encouraged to care for themselves as much as possible
- Physical contact is kept to the minimum possible to carry out the necessary cleaning
- Privacy is given appropriate to the child's age and the situation
- All spills of vomit, blood or excrement are wiped up and flushed down the toilet. Where this is not possible then the waste will be double bagged and disposed of correctly in the bin store. This also applies to nappies (a dedicated nappy bin will be provided in Early Years).
- Any soiling that can be, is flushed down the toilet
- Soiled clothing is put in a plastic bag (unwashed) and sent home with the child

## **Sun Protection**

We believe in promoting Sun Safety to ensure that children and staff are protected from skin damage caused by the harmful UV rays in sunlight. During hot terms (usually Summer and Autumn), we send a message to all families to ensure children attend school wearing a sun hat and had sun cream applied as well as bringing sun cream in their bag, which they are able to apply themselves, during the day.

As part of our procedures we will:

- Educate children throughout the curriculum about the causes of skin cancer and how to protect their skin;
- Encourage children to wear clothes that provide good sun protection, and use sun cream where appropriate;
- Seek shade, particularly in the middle of the day and to use shady areas during breaks, lunchtimes, sports and trips;
- Regularly remind children, staff and families about sun safety through newsletters, posters and activities for children;

Families should practise sun cream application at home and ensure children know the areas to cover. This is also covered in PHSE and assemblies. If children are unable to apply their own suncream (mainly Nursery-aged pupils or those with specific SEND needs) and it is considered necessary for staff to assist with the application of sun cream, the sun cream will **only** be applied to face, neck, arms, hands and lower legs. Families are asked to ensure all other areas are covered and sun cream applied before school.

## **Medical Management Plans**

Pupils who require regular assistance with intimate care have written medical management plans agreed by staff, families/carers and any other professionals actively involved, such as school nurses etc. Ideally the plan should be agreed at a meeting at which all key staff and the pupil and parent should be present wherever possible. Any historical concerns will be taken into account. The plan should be reviewed as necessary but at least annually and at any time of change of circumstances. It is good practice to agree with the pupil and parent/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

## **Record Keeping**

- Medical management plans for pupils who have known care and medical needs will be kept in the pupil's file in the main school office and on the school MIS system.
- A written record will be kept in a format agreed by families and staff every time a child has an invasive medical procedure and kept in the pupil's file.
- Accurate records will be kept when a child requires assistance with intimate care; these will include date, time, who was present and any comments such as changes in the child's behaviour. These will be available upon request.

## **Staff protection**

Adults who assist pupils with intimate care will be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks. Best practice will be promoted and adults will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practices. We recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse. Sensitive information will only be shared with those that need to know.

**Monitoring and evaluation**

This policy will be reviewed every 4 years or earlier if necessary. Policy implementation will be monitored by the SLT.



## Appendix 1 – Intimate Care Template

PARENTS/CARERS	
Name of child	
Type of intimate care needed	
How often care will be given	
What training staff will be given	
Where care will take place	
What resources and equipment will be used, and who will provide them	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	
CHILD	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
Signature of child	
Date	

This plan will be reviewed twice a year.

Next review date:

To be reviewed by:

## Appendix 2 – Template parent/carer consent form

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of parent/carer	
Address	
I give permission for the school to provide appropriate intimate care to my child.	<input type="checkbox"/>
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)	<input type="checkbox"/>
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	<input type="checkbox"/>
<p>I <b>do not</b> give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident).</p> <p>Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed).</p> <p>I understand that if the school cannot reach me or my emergency contact, if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.</p>	<input type="checkbox"/>
Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	