



Reviewed on:	October 2020
Next Review:	October 2021
Staff Responsibility:	Inclusion Lead SENDCo's Headteacher

## Intimate Care Policy



RSS children are **STARS** – Safe, Together, Achieve, Resilient, Special.

At Russell Street School we recognise that all children have different rates of development and differing needs during their time at school.

Most children achieve continence before starting full-time school. With the development of more early years' education and the drive towards inclusion, however, there are many more children in mainstream educational establishments who are not fully independent. Some children remain dependent on long-term support for personal care, while others progress slowly towards independence.

The achievement of continence can be seen as the most important single self-help skill, improving the person's quality of life, independence and self-esteem. The stigma associated with wetting and soiling accidents can cause enormous stress and embarrassment to the children and families concerned. Difficulties with continence severely inhibit a child's inclusion in school and the community. Children with toileting problems who receive support and understanding from those who act *in loco parentis* are more likely to achieve their full potential.

We are committed to ensuring that all pupils are able to access the whole curriculum and are able to be included in all aspects of school life. This includes providing suitable changes of clothing and attending to continence needs of our pupils where necessary.

The Governing Body is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

### Aims

All children have the right to be safe, to be treated with courtesy, dignity and respect and to be able to access all aspects of the educational curriculum and Russell Street School will work:

- To ensure that pupils with continence difficulties are not discriminated against in line with the Equalities Act 2010
- To provide help and support to pupils in becoming fully independent in personal hygiene
- To treat continence issues sensitively so as to maintain the self-esteem of the child
- Work with parents in delivering a suitable care plan where necessary
- To ensure that staff dealing with continence issues work within guidelines that protect themselves and the pupils involved (this links to Health and Safety (H&S) Policy and guidelines and Safeguarding Children Policy)

### Pupils' Needs

The staff work hard to build effective relationships with the parents and carers of the children. Any particular needs that a child may have will be dealt with sensitively and appropriately, working with parents/carers to ensure that each child can access the curriculum. Any child who has personal care or continence needs will be attended to in a designated area within school. Parents will only be contacted in extreme cases where soiling is severe and/or linked to illness eg. sickness and diarrhoea, or when a child refuses to let a member of staff help change their clothing.

## Care Plans

Where a pupil has particular needs (eg wearing nappies or pull-ups regularly, or has continence difficulties which are more frequent than the odd 'accident', staff will work with parents/carers (and health visitors/school nurse, if appropriate) to set out a care plan to ensure that the child is able to attend daily.

The written care plan (Appendix A) will include:

- Who will change the child including back-up arrangements in case of staff absence or turnover
- Where changing will take place
- What resources and equipment will be used (cleansing agents used or cream to be applied) and clarification of who is responsible (parent or school) for the provision of the resources and equipment
- How the product, if used will be disposed of, or how wet or soiled clothes will be kept until they can be returned to the parent/carer
- What infection control measures are in place
- What the staff member will do if the child is unduly distressed by the experience or if the staff member notices marks or injuries
- Training requirements for staff
- Arrangements for school trips and outings
- Care plan review arrangements

## Care Plan Agreements

In these circumstances it may be appropriate for the school to set up an agreement that defines the responsibilities that each partner has, and the expectations each has for the other (see Appendix B). This will include:

### The parent:

- agreeing to ensure that the child is changed at the latest possible time before being brought to the school
- providing the setting/school with spare nappies or pull ups and a change of clothing
- understanding and agreeing the procedures that will be followed when their child is changed at school – including the use of any cleanser or wipes
- agreeing to inform the setting/school should the child have any marks/rash
- 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 should this be necessary

### The school:

- agreeing to change the child during a single session should the child soil themselves or become uncomfortably wet
- agreeing how often the child would be changed should the child be staying for the full day
- agreeing to monitor the number of times the child is changed in order to identify progress made
- agreeing to report should the child be distressed, or if marks/rashes are seen
- agreeing to review arrangements should this be necessary.

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

Should a child with complex continence needs be admitted, the school will consider the possibility of special circumstances and/or provision being made. In such circumstances, an appropriate health care professional (School Nurse or Family Health Visitor) will be closely involved in forward planning.

## Personal Care Procedures

The staff will follow agreed procedures (see Appendix C) when attending to the care or continence needs of any pupil within the setting, whether this be a child with a care plan agreement or a child who has had an occasional 'accident'.

## Record Keeping

A written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (see afore-mentioned multi-agency guidance for the management of long term health conditions for children and young people).

Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.

These records will be kept in the child's file and available to parents/carers on request. In Nursery, the staff record intimate care in an intimate care book, which is stored in the first aid cupboard.

## Support

All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.

Staff who provide intimate care are trained in personal according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate. Due to current Covid-19 guidance all staff should wear PPE when they are carrying out any intimate care.

There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure. Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages. The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

Health & Safety guidelines should be adhered to regarding waste products.

No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

## Physiotherapy

Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.

Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes. Any concerns should be reported to the physiotherapist.

## Medical Procedures

Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the health care plan and will only be carried out by staff who have been trained to do so. It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

## Health and Safety Procedures

When dealing with personal care and continence issues, staff will follow agreed health and safety procedures (see Appendix D) to protect both the child and the member of staff.

## Child Protection

The normal process of changing continence or wet/soiled clothes should not raise child protection concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the changing process to ensure that abuse does not take place. Few settings/schools will have the staffing resources to provide two members of staff for changing and DBS checks are carried out to ensure the safety of children with staff

employed in our school. If there is a known risk of false allegation by a child then a single practitioner will not undertake changing. A student on placement will not change a child unsupervised. Wherever possible, the same member of staff will be allowed to change named children. This reduces the risk to the child and promotes their dignity. The care plan will outline back up or contingency measures in the event that the named member of staff is not available

### Monitoring and Review

- The SENCO / Inclusion Leader will take responsibility for monitoring that agreed procedures are being followed and are meeting the needs of children and families.
- It is the SENCO / Inclusion Leader's responsibility to ensure that all practitioners follow the school policy.
- Any concerns that staff have about child protection issues will be reported to the Designated Safeguarding Lead (DSL) and subsequently the Head Teacher for further referral if appropriate.
- This policy runs alongside other school policies, particularly Child Protection, SEN & Health & Safety.



## Intimate Care Plan

Name of child:	
Name of person(s) to change the child:	
Name of person(s) to change the child if main adult unavailable:	
Where changing will take place:	
What resources and equipment will be used:	
Who will provide the resources and equipment that will be used:	
Training requirements for staff:	
Disposal of product in:	
Infection control measures:	
Special arrangements for trips/ outings:	
When will the plan be reviewed:	
Review comments:	

If the child is unduly distressed, a member of staff will contact the parent/carer.

*\*If the above named member of staff is not available due to illness or staff training, then another person, familiar to the child will attend to the child's needs.*

SENCO/ Inclusion Leader approval:

Date:



## Intimate Care Plan Arrangements

### The Parent:

1. I agree to ensure that the child is changed at the latest possible time before being brought to the school
2. I will provide the setting/school with spare nappies or pull ups and a change of clothing
3. I understand and agree the procedures that will be followed when my child is changed at school
  - including the use of any cleanser or wipes
4. I agree to inform the setting/school should the child have any marks/rash
5. I agree to a 'minimum change' policy i.e. the school will not undertake to change the child more frequently than if s/he were at home.
6. I agree to review arrangements should this be necessary

Signed: ..... (Parent/Carer)

### The School:

1. We agree to change the child during a single session should the child soil themselves or become uncomfortably wet
2. We agree to monitor the number of times the child is changed in order to identify progress made
3. We agree to report should the child be distressed, or if marks/rashes are seen
4. We agree to review arrangements should this be necessary.

Signed: ..... (School member of staff)

Name: ..... (School member of staff)

Date: .....

## **APPENDIX C**

### **Personal Care Procedures**

The staff at Russell Street School will follow agreed procedures:

1. Change the child's clothing as appropriate, as soon as possible
2. Use appropriate cleaning products and adhere to health and safety procedures (see Appendix D)
3. Report any marks or rashes to parents and Head Teacher if appropriate
4. Inform parent/carer that a continence issue has arisen during the session
5. Contact a parent/carer only where soiling is severe and/or linked to illness eg. sickness and diarrhoea, or when a child refuses to let a member of staff help change their clothing.
6. Place a 'Do not enter' sign (visually illustrated) on the toilet door to ensure that privacy and dignity are maintained during the time taken to change the child.

## **APPENDIX D**

### **Health and Safety Procedures**

When dealing with personal care and continence issues, staff will follow agreed health and safety procedures:

1. Staff to wear disposable gloves and aprons while dealing with the incident
2. Soiled continence product used to be double wrapped, or placed in a hygienic disposal unit (identified bin in disabled toilet) if the number produced each week exceeds that allowed by Health and Safety Executive's limit.
3. Changing area to be cleaned after use
4. Hot water and liquid soap available to wash hands as soon as the task is completed
5. Paper towels available for drying hands.