

PURSTON INFANT SCHOOL



Intimate Care Policy

At Purston Infant School all children deserve the right to be safe and be treated with dignity, respect and privacy at all times to enable them to access all aspects school life.

Aim

At Purston Infant School we aim to meet the needs of all our children and promote their welfare. We recognise and assist children with intimate care where needed and ensure that the children are treated with courtesy, dignity and respect at all times.

Intimate Care

Intimate care is defined as care involving washing, touching or carrying out a procedure to intimate personal areas which some children may need support in doing because of their young age, physical difficulties or other special needs. Where a child has intimate care needs a designated member of staff takes responsibility to provide the care they need. Needs of the children are addressed on an individual basis.

Due to the developmental stages of children, we support them with their personal care. This includes reminding children to go to the toilet, flushing of toilets and washing their hands to develop their independence. We are responsible for children's personal care skills as an essential part of personal development, in order to be able to access the rest of the curriculum.

If a child has needed help with meeting intimate care needs this is treated as confidential and shared with parents/carers in person at the end of the school day. This policy sets out clear principles and guidelines on supporting intimate care with specific reference to toileting. It should be considered in line with our Safeguarding Policy, Health and Safety Policies and Administering of Medicines Policy.

This policy supports the safeguarding and welfare requirements and the Disability Discrimination Act 2005. Purston Infant 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 development will be discriminated against.
- No child who is delayed in achieving continence will be refuse admission.
- No child will be sent home or have to wait for their parent/care due to incontinence.
- Adjustments will be made for any child who has delayed incontinence.

Nappies

Children do come to our setting in nappies and staff are experienced in this. We support children sensitively and with dignity in this matter. For children with specific toileting needs there is access to changing facilities. We do ask that parents supply nappies and wipes for their children with needs.

Soiling and Accidents

Occasionally children will have toileting accidents and need to be attended to. Parents are asked to provide a change of clothes for their child which are kept in a bag on their coat peg

in the cloakroom. School does have spare clothes available in the event that a parent hasn't provided any for their child and parents are asked to return these as soon as possible, washed and dried.

Intimate care for soiling will be given to any child who requires this if a toileting accident occurs. Discussions will take place regarding this in the initial parents meeting when children begin our Lower Foundation Stage. Parents who wish to opt out of this have the opportunity to do so through discussion with the class teacher at the beginning of each school year.

Guidelines for good practice

Adhering to these guidelines of good practice should safeguard children and staff. Disabled children can be especially vulnerable to abuse. Staff involved with their intimate care need to be sensitive to their individual needs. Staff also need to be aware that some adults may use intimate care as an opportunity to abuse children. If a staff member has concerns about a colleague's intimate care practice, they must report this to the headteacher.

- Involve the child in their intimate care. Try to encourage a child's independence as far as possible in their intimate care. Where the child is fully dependent talk with them about what is going to be done and give them choice where possible. Check your practice by asking the child or their parent about any likes/dislikes while carrying out intimate care.
- Be aware of the child's method and level of communication. Use simple language and repeat if necessary. Make eye contact at the child's level. Continue to explain to the child what is happening even if there is no response.
- Ensure privacy appropriate to the child's age and situation. A suitable location for carrying out intimate care should be specified on the care plan.
- A lot of care is carried out by one staff member alone with one child. The practice of providing one to one intimate care of a child is supported, unless the activity requires two people for the greater comfort/safety of the child or the child prefers two people.
- If a child's intimate care is delivered by several different staff, a consistent approach to care is essential. Effective communication between school staff, parents or carers and external agencies ensures practice is consistent.
- Be aware of own limitations. Only carry out care activities you understand and feel competent and confident to carry out. If in doubt, ask. Some procedures must only be carried out by staff who have been formally trained and assessed e.g. enteral feeding, rectal diazepam.
- There is a positive value in both male and female staff being involved with children of either sex. The intimate care of children can be carried out by a member of staff of the opposite sex. Wherever possible, the child's and parents' preferences will be respected and if a member of staff of the same sex is preferred to perform intimate care tasks, wherever possible this will be offered. It must be noted though that as the school staff team at present is predominantly female, it may not be possible to offer a male member of staff for intimate care tasks for boys.
- Promote positive self-esteem and body image. Confident, self-assured children who feel their body belongs to them are less vulnerable to abuse.
- If the child appears distressed or uncomfortable when personal care tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance. If necessary, the Intimate Care Plan should be

reviewed, with further advice taken from parents of health care professionals as required.

- If you have any concerns you must report them. If you observe any unusual markings, discolouration or swelling including in the genital area, report immediately to the headteacher and log on CPOMS. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made. Parents/carers must be informed about concerns.