



Mission Statement

"A Caring Christian Family Where We Grow Together"

EYFS INTIMATE CARE PROCEDURE

Effective Date: 01/04/2017

Review Date: Sept 2024 Annual

| Review Date | Signed Head Teacher | Signed Director RCSAT |
|-------------|-----------------------|-----------------------|
| 08/09/2018 | <i>J. L. J. J. J.</i> | <i>P. B. B. B.</i> |
| 13/09/2019 | <i>J. L. J. J. J.</i> | <i>P. B. B. B.</i> |
| 30/09/2020 | <i>J. M. Badger</i> | <i>P. B. B. B.</i> |
| 30/09/2021 | <i>J. M. Badger</i> | <i>P. B. B. B.</i> |
| 30/09/2022 | <i>J. M. Badger</i> | <i>P. B. B. B.</i> |
| 30/09/2023 | <i>J. M. Badger</i> | <i>P. B. B. B.</i> |

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|---------------------------------|-----------------------------|
| Persons Responsible for Policy: | Executive Headteacher RCSAT |
| Approval Date | 01/04/2017 |
| Signed: | Director RCSAT |
| Signed: | Executive Headteacher RCSAT |



1. Introduction

- 1.1 Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas.
- 1.2 In most cases such care will involve cleaning for hygiene purposes, as part of a staff member's duty of care. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure.
- 1.3 The issue of intimate care is a sensitive one and requires staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There will always be a high awareness of child protection issues.
- 1.4 Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.
- 1.5 The following policy is a model based on best practice.

2. Aims and Objectives

- 2.1 RCSAT Schools 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.
- 2.2 We recognise that there is a need to treat all children with respect when intimate care is given.
- 2.3 No child should be attended to in a way that causes distress or pain.

3. Our Approach to Best Practice

- 3.1 The management of all children with intimate care needs will be carefully planned.
- 3.2 The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.
- 3.3 Any child with intimate care needs will be supported to achieve the highest level of autonomy that is possible given their age and abilities.
- 3.4 Staff will encourage each child to do as much for him/herself as s/he can. This may mean, for example, giving the child responsibility for cleaning themselves.

4. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

- 4.1 Each child's right to privacy will be respected.
- 4.2 Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted.
- 4.3 There should always be a second responsible adult in attendance or with a clear view of the situation.
- 4.4 Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing care.
- 4.5 Intimate care arrangements will be discussed with parents on a regular basis and recorded on the child's care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing.

5. The Protection of Children

- 5.1 Education Child Protection Procedures and Inter-Agency Child Protection procedures will be adhered to.
- 5.2 All children will be taught personal safety skills carefully matched to their level of development and understanding.
- 5.3 If a staff member has any concerns about a child's physical changes (bruises, marks etc) they will immediately report concerns as per school procedures.
- 5.4 If a child becomes distressed or unhappy regarding being cared for by a particular member of staff, the matter will be looked into, parents will be consulted and outcomes recorded.
- 5.5 Staffing schedules will need to be altered until the issue is resolved as the child's needs remain paramount.



5.6 If a child makes allegations against a member of staff, necessary procedures will be followed.

6. Children Wearing Nappies

- 6.1 Any child wearing nappies will have an intimate care plan which must be signed by the parent/carer.
- 6.2 This plan will outline who is responsible in school for changing the child, and where and when this will be carried out.
- 6.3 This agreement allows school and parents to be aware of all issues surrounding the task from the outset.

7. Health & Safety Guidance

- 7.1 Staff should always wear an apron and gloves when dealing with a child who is soiled (with any bodily fluids), or when changing a nappy.
- 7.2 Any soiled waste should be placed in a polythene waste disposal bag and sealed. The bag should then be placed in a bin, (with a liner) specifically designed for such waste. This bin should be collected on a weekly basis as part of the usual refuse. It is not classed as clinical waste.

8. Special Needs

- 8.1 Children with special needs have the same rights to privacy and safety when receiving intimate care.
- 8.2 Additional vulnerabilities (any physical disability or learning difficulty) must be considered when drawing up care plans for individual children.
- 8.3 Regardless of age and ability, the views and emotional responses of children with special needs should be actively sought when drawing up or reviewing a care plan.

9. Physical Contact

- 9.1 All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact.
- 9.2 Staff must be aware that even well-intentioned contact might be misconstrued by the child or an observer.
- 9.3 Staff must always be prepared to justify actions and accept that all physical contact is open to scrutiny. The expectation is that when staff make physical contact with pupils it will be:
 - 9.3.1 For the least amount of time necessary (limited touch)
 - 9.3.2 Appropriate, given their age, stage of development and background
 - 9.3.3 In response to the pupil's needs at the time
- 9.4 Arrangements must be understood and agreed by all concerned, justified in terms of the child's needs and consistently applied and open to scrutiny.
- 9.5 Where possible, consultation with colleagues should take place where any deviation from arrangements is anticipated. Any deviation from the agreed plan must be documented and reported.
- 9.6 Extra caution may be needed where a child has previously suffered abuse or neglect. This may lead to staff being vulnerable to allegations of abuse. Many such children are needy and seek out inappropriate physical contact. In such circumstances staff should deter the child, seek witnesses and document and report the incident.

