



Henbury View First School

Intimate Care Policy (Early Years)

Definition of intimate care

Intimate care may mean different things to different people but it is usually used to describe any, or all, of the following activities;

Washing any part of the body Dressing/Undressing, Changing Nappies, assisting to use the toilet and medical intervention

Promoting personal development - continence

Achieving continence is one of the many developmental milestones usually reached within the context of learning before a child transfers to school. However, we acknowledge that there may be children with longer term continence issues for whom an individual Health Care Plan (HCP) may need to be put in place.

In addition, there may be children joining us in school who are at various points of developing their independence in toileting and may well need short term support in this important area of self-care.

No child will be refused a place in school in relation to continence issues and in house documentation for parents will openly acknowledge this.

Henbury View First School is committed to working with children, parents and any support agencies deemed necessary to ensure appropriate provision is made for all children with needs in this specific area of personal development and in so doing fulfil a commitment to the promotion of our inclusive school ethos.

We accept our responsibility to meet the needs of children with delayed personal development in the same way we aim to meet medical needs of children with any developmental, physical, social or academic adaptation. We aim to make reasonable adjustments to meet the needs of each child.

Child Protection

Treat every child as an individual

We recognise that it is important to not make assumptions and that every individual family will have their own way of doing things, their own names for body parts etc. Cultural, ethnic and religious differences may affect what is or is not appropriate. We ask the child and/or parents and respect their wishes.

Involve the child as far as possible in their own intimate/medical care

Promoting independence and allowing a child to manage their own self-care when able will be promoted. We support the child in doing all they can for themselves. If a child is fully dependent on the staff member, we ensure that they talk with them about what they are doing and give them choices wherever possible.

We will be responsive to a child's reactions and make sure that intimate care is as consistent as possible

We will ensure that we take opportunities to talk with parents and learn from them how they undertake intimate care tasks but we will, wherever possible, discuss our actions with the child e.g. 'Is it okay to do it this way?', 'Can you wash there?', 'How does mummy/ daddy do this?' and 'Does that feel comfortable?'.

Supply staff are not permitted to carry out personal care for a child, unless that supply staff member has worked sufficient hours in the building to have built up a relationship with the child and this will be decided by the Headteacher.

Given the above proviso, we have no anticipation that meeting the child's medical or continence needs should raise any issues of child protection as all staff have been DBS checked. Therefore, it will be normal practice for only one adult to be involved in attending to a child's personal needs. Staff should ensure that another appropriate adult is informed of the task to be undertaken.

Students on a work placement will not be involved in supporting children in this area of care.

At all times staff will be encouraged to remain highly vigilant for any signs or symptom of improper practice, as they do for all activities within school.

If any marks or injuries are noticed on a child during changing this should be immediately referred to the Designated Safeguarding Lead to follow up in line with safeguarding procedures.

A discussion will take place with parents regarding the arrangements and those staff who are likely to be involved in the changing routine.

Health and Safety

In school, the medical room is the designated space for attending to a child's personal and/or medical needs.

The appropriate resources provided in the medical room which will be maintained by the admin staff:

1. Non-latex disposable gloves and aprons
2. Changing table with adjustable height
3. Wet wipes
4. Where necessary spare nappies and/or pull up
5. Nappy sacks
6. Spare underwear
7. Plastic bags for wet/soiled clothing
8. Antibacterial cleanser
9. Air Freshener
10. First aid kit and medical supplies

If a child requires a medical procedure, accidentally wets or soils him/herself or requires intimate wider care they will be attended to in either of the designated areas referred to above. Spare resources can be found in the medical room but it is anticipated that you will check that you have everything to hand before you start any process to avoid having to leave the child in a state of undress.

Staff involved in any intimate care procedure will be expected to wear non-latex disposable gloves. Aprons provided will be considered appropriate for staff involved in any medical / intimate care if needed.

Wet or soiled nappies will be double wrapped and disposed of via the normal domestic waste route.

Changes of clothes should routinely be provided by parents if changes can be anticipated. Wet or soiled underwear/clothing will be returned to parents. Temporary storage of these will be in a tied bag (wet or lightly soiled) on the child's peg or brought to the medical room for storage (heavy soiling) if required prior to the child being collected at the end of the session.

The changing area will be cleaned and disinfected after use by the member of staff attending the child.

Hot water and liquid soap will be available to wash hands as soon as the task is complete. Paper towels will be available for drying hands.

Agreeing a procedure for personal care

Parents will be kept fully informed of the procedures the school will follow should their child need changing during school time or need medical intervention. A copy of the school policy will be made available on request.

Guidelines for staff involved in the process as detailed below will be visibly displayed in both designated changing areas. This will ensure they follow the correct procedure.

- Disposable non-latex gloves should be worn when conducting medical procedures or changing nappies.
- If at all possible, children should be changed standing up.
- Be familiar with any special names the child uses for body parts
- The child's skin should be cleaned with a disposable wipe. (Flannels should not be used to clean bottoms).
- Nappy creams/lotions should be labelled with the child's name and only if prescribed for that child - they must NOT BE SHARED.
- Any creams should be used sparingly as if applied too thickly they can reduce the absorbency of the nappy.

If the procedure is for a soiled nappy, this should be folded inward to cover faecal material and double wrapped in a nappy bag. Soiled nappies should be disposed of into the pedal bin provided. The disposal bin should be lined with a disposable liner and emptied daily, replacing the used liner. These bins should be stored away from the reach of children.

- Any soiled or damp clothing should be placed in a plastic carrier bag and stored for 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 a detergent spray or antibacterial wipes and left to dry.
- Gloves and aprons and any items used for cleaning the changing area will be disposed of in yellow bags via clinical waste.
- Hands should be thoroughly washed afterwards.

Should a child with particularly complex needs be admitted to the school, we will work closely with parents and health care professionals involved in any forward planning activity.

Resources

It is appreciated that caring for may take up to ten minutes, even longer in certain circumstances. In the school, designated staff members will carry out medical procedures as agreed with parents and stated on the child's Individual Health Care Plan. Changing nappies will generally be undertaken by the teaching assistant .

Where a child has a longer-term need, the school's leadership team will ensure that additional resources are allocated to enable the individual needs of the child to be met. The Admin Assistant with responsibility for dealing with the medical needs in school, will be involved in this changing also.

At lunchtime, general continence issues involving younger children will come under the remit of the midday supervisors although it is anticipated that children with health care needs will be dealt with by their assigned member of staff wherever appropriate.

If, at any time, supervision of the children is deemed to be compromised in any way additional staff will be deployed in order that the personal needs of any child can be addressed as quickly as possible. This may mean that another class TA will provide emergency class cover.

Keys to Success

A successful transition to routine independence in this area of self care is more likely to be achieved when we, as practitioners work closely with parents with a positive approach to supporting the child in this aspect of their development.

We will not assume that the child has failed to achieve full oversight of their medical or continence requirements because this has not been attempted in the home. However, where this is the case we will have a positive and structured approach developed, in partnership with parents and carers, to ensure a successful outcome for a child.

If there is further concern that delayed continence may be linked with delays in other aspects of the child's development this will be sensitively discussed with parents and carers and a specifically planned programme be jointly developed and agreed.

There are other professionals who can help with advice and support. The Family Health Visitor or school nurse will have knowledge of who can be contacted to offer support and advice in this area. Health care professionals can also carry out a full health assessment in order to rule out any medical cause of continence problems.

Routine Partnership working

In order to achieve a clear understanding of the shared responsibilities of both parents and school it may be appropriate to set up a mutual agreement which will define each other's expectations and require the completion of an Individual Health Care Plan.

If this is deemed necessary issues discussed and agreed may cover the following areas.

The parent:

- Agreeing to ensure that the child is changed at the latest possible time before being brought to school
- Providing the school/setting with any materials required for medical procedures or spare nappies/underwear, a change of clothing and any prescribed creams
- Understanding and agreeing the procedures that will be followed when their child is cared for at school – including the procedure of any intimate care.
- Agreeing to inform the school should the child have any marks/rashes
- Agreeing to change a child as required within reason, however should this be frequent, a review of the Health Care Plan would be completed with parents

- Agreeing to review arrangements whenever deemed necessary

The School/setting:

- Agreeing to carry out agreed medical / continence procedures when required
- Agreeing to carry out the procedures as agreed with parents and stated on Individual Health Care Plan, recording the times and procedure carried out
- Review the Individual Health Care Plan whenever deemed appropriate
- In relation to continence, agreeing to monitor the number of times the child is changed in order to identify progress made
- Agreeing to discuss any marks or rashes seen

PROCEDURE FOR CHANGING CHILDREN WHO WET OR SOIL

1. Wash hands.
2. Assemble equipment including any provided by the parent (nappies, change of clothes, etc)
3. Ask child to lie on the changing mat.
4. Put on gloves / apron.
5. Remove wet/soiled nappy or clothing.
6. The child's skin should be cleaned with a disposable wipe(s).
7. Nappies should be folded inwards on themselves and double-wrapped in a nappy bag. (Dispose of nappy/pull ups in pedal bin provided).
8. Any soiled or damp clothing should be placed in a plastic bag and stored for a temporary basis in the changing area and given to parents at the end of the session.
9. Once the child has been changed and removed from the changing area, the surface should be cleaned with a detergent spray or antibacterial wipes and left to dry.
10. Gloves and aprons and any items used for cleaning the changing area will be disposed of in yellow bags via clinical waste.
11. Hands should be thoroughly washed afterwards.



INTIMATE CARE PLAN

Name:	Class:
Nature of intimate care/support required:	
What can the student do for him/herself?	
How can the student communicate the need to go to the toilet and/or ask for help?	
Agreed procedures for administering the required care, including number of staff required:	
Resources or equipment required and who will provide them:	
School provides aprons and gloves for staff, dry wipes and wash cream. Contenance products are disposed of by school as clinical waste.	
Training required: Please specify	
Named staff to provide the care (including lunch and playtimes, swimming lessons, off site visits etc.)	
How can the student communicate who he/she would like to support them with their intimate care?	
Which room/s to use and times:	
Aims to work towards:	
Any other comments:	
Agreed by: Teacher/Parent/Other professional	
Signed.....Print.....Date.....	
Signed.....Print.....Date.....	
Signed.....Print.....Date.....	

