

# **BEREWOOD PRIMARY SCHOOL**



## **Intimate Care Policy**

**Spring 2019**

<b>Revised by School</b>	Spring 2019
<b>Responsible Person</b>	Sue Patrick (head teacher)
<b>Responsible Committee</b>	Full Governing Body
<b>Ratified by GB</b>	Thursday 14 <sup>th</sup> March 2019
<b>Next Review</b>	Spring 2022



## **BEREWOOD PRIMARY SCHOOL**

### A distinctive vision

At Berewood Primary School we see education as a journey of discovery to fire the imagination, to establish a sense of self, and to gain the confidence to take full part in the wider world.

### An ethos of local partnership

Berewood Primary School and the University of Chichester Academy Trust share the belief that education has the power to transform society. Our school is deeply rooted in its locality and encourages the involvement and interest of parents and the community, recognising that strong and vibrant communities have partnership and inclusion at their heart.

## **INTIMATE CARE POLICY**

Berewood Primary School follows all advice and guidance available from the Health and Safety team at Hampshire County Council and the School Nursing Service, in addressing issues of continence. This policy confirms these arrangements and clarifies procedures in our school.

### **Developing a care plan**

A planning meeting with the head teacher, parents, relevant teaching assistants and school nurse is arranged for each child with continence difficulties, in order to develop a care plan. This meeting also identifies equipment, accommodation and support requirements (see Intimate Care Plan in appendix).

### **The hazards**

The main health and safety hazards when caring for children with continence difficulties are:

- Spread of infection
- Skin irritation
- Manual handling

Good hygiene must be used when changing incontinence pads or nappies and / or cleaning a soiled child, to reduce the risk of infection.

### **Do:**

1. Ensure you have all the equipment you need and access to water before you begin each nappy/pad change.
2. Wash hands thoroughly before and after each nappy/pad change (including after disposal of nappy).
3. Wear latex-free disposable gloves and a disposable apron. Use a waterproof changing mat, if the child is unable to stand.
4. Use disposable towels and consider using a hand sanitizer.
5. Clean any surface that is soiled or touched during nappy/pad changing with a detergent solution followed by a hypochlorite disinfectant (eg one part household bleach to one hundred parts water) and then dry the surface. (If you wish to avoid using bleach, there are less harmful products containing hypochlorite such as Milton.) Detergents and disinfectants must be labelled clearly and stored securely, in accordance with COSHH regulations. 'Use by' dates must be adhered to as the product effectiveness diminishes over time. Disposable cleaning cloths should be used.
6. Dispose of nappies/pads safely by placing them in an individual plastic bag. Put this into a bin with a second plastic liner. See link to Clinical Waste below.
7. Ensure the changing area is well away from food preparation areas.
8. Store clean nappies/pads away from changing area to prevent cross-contamination.

### **Do not:**

1. Use changing mats without protecting them with paper towels. Towels should be changed for every child and discarded after use.
2. Use mats that are dirty or have broken or torn waterproof coverings.
3. Share creams and lotions between children.
4. Use fingers to remove cream from containers. (Use a clean disposable spatula each time.)
5. Return soiled waste to parents – this raises a dignity issue for the child and may lead to careless disposal of waste in the school grounds/local area. Clinical waste bins are provided in the hygiene and medical rooms.

### **Appropriate Skincare**

Parents should supply the pads, towelling and nappies, wipes, creams and so on to the

establishment. Items may be listed in the health care plan. Change nappies/pads often, especially after soiling. It is important to keep the child's skin clean and dry. Rinse any soap away thoroughly because it may over-dry the skin and cause irritation. Be aware that scented wipes can cause irritation. If the pupil uses disposable nappies or pads, it is recommended by the product manufacturer that barrier creams are not used as these reduce the product's absorbency.

### **Manual Handling and Pupil Safety**

Adequate space and equipment is required for changing and cleaning children to avoid manual handling injury. The designated area must have sufficient space so that staff do not have to adopt hazardous postures when attending to a child.

Changing children on the floor should be avoided for staff's health and safety, for hygiene reasons and for the child's dignity. Children may be changed/cleaned in a standing position. Use kneeling pads if appropriate, when changing a child.

Children who are unable to stand should be changed on a height adjustable changing bed. The child should either climb on and off themselves or use appropriate equipment identified on their moving and handling risk assessment/care plan. Cot sides should be used to avoid the child slipping off the bed. Do not leave a child alone on a changing bed.

Staff complete annually the Hampshire County Council e-learning course on general manual handling and, if appropriate, specific training in an individual pupil's specific handling requirements.

### **Safety**

Pupils with disabilities can be extremely vulnerable. All staff involved with their intimate care need to be sensitive to the pupil's needs and also aware that some care tasks or treatments could be open to possible misinterpretation. False allegations of sexual abuse are extremely rare, but certain basic guidelines will safeguard both pupils and staff. Everyone is safer if expectations are clear and approaches are consistent as far as possible. If you cannot work within these guidelines for any reason, please talk to a member of the senior management team.

### **Dignity, Respect and Privacy**

Treat every pupil with dignity, respect and ensure privacy appropriate to the pupil's age and situation.

Privacy is an important issue. At times intimate care is carried out by one staff member alone with one pupil. This practice is accepted unless the task requires two people. Having people working alone does increase the risk of abuse, however, this is balanced by the loss

of privacy and lack of trust implied if two people have to be present, as well as the practical difficulties of releasing two members of staff.

Male and female pupils must not use changing areas simultaneously. There may be an element of discretion in the reception classes. Pupils must never share a toilet cubicle.

Cubicle doors must be closed as should the door to the toileting area, unless there is a specific agreement between the parent and the school.

Staff must be aware that they are being monitored when carrying out intimate care of pupils. The physical conditions within the toilet area will make monitoring more discreet, for example, cubicle doors may be shoulder height so that adults can, if necessary, peer over the top whilst maintaining privacy for pupils. Staff should feel less vulnerable knowing that adults could enter the toilet area to observe at any time. Another alternative will be for staff to keep a record of intimate care that has been undertaken. Staff should inform a colleague before and after undertaking intimate care.

Each pupil that requires intimate care will have an intimate care plan which includes a monitoring element. All staff will be responsible for monitoring the intimate care of pupils. The head teacher or SENCo will co-ordinate the intimate care of pupils.

It is more appropriate that female pupils are changed by female staff and that male staff do not come within close proximity of a female pupil in a state of undress, unless in exceptional circumstances. Should this happen it must be logged on the intimate care plan and brought to the attention of the headteacher. School will also have regard for parental and staff needs when devising and implementing intimate care plans.

### **Involve the pupil as far as possible in their own intimate care**

Try to avoid doing things for the pupil that he/she can do alone and if a pupil is able to help, ensure that they are able to do so. If a pupil is fully dependent on you, talk with them about what you are doing and give them choices where possible.

### **Be responsive to a pupils' reactions**

Where possible check your practice by asking the pupil, particularly if you have not previously cared for them, for example, "Is it OK to do it this way?", "Can you wash there?". If a pupil expresses dislike of a certain person carrying out their intimate care, try and find out why and as far as possible respect their personal preferences.

### **Make sure practice in intimate care is as consistent as possible**

Teachers have responsibility for ensuring that staff have a consistent approach and this is achieved through regular monitoring and evaluation of the intimate care plan. It is

important that approaches aren't markedly different between different staff. Where possible there will be one named member of staff who is the lead for each child.

### **Never do something unless you know how to do it**

If you are not certain how to do something, ask. If you need to be shown more than once, ask again. Intimate care such as administering rectal diazepam must only be carried out by staff who have been formally trained and must be witnessed. If handling or lifting is required, staff should receive the appropriate training and a risk assessment will be carried out.

### **If you are concerned, report it**

If during the intimate care of a pupil you accidentally hurt him/her, or the pupil seems unusually sore or tender in the genital area, or appears to be sexually aroused by your actions, or misunderstands or misinterprets something, or has a very emotional reaction without apparent cause; report any such incident as soon as possible to another person working with you and to the headteacher. Some of these could be cause for concern about the pupil, or alternatively the pupil or another adult might possibly misconstrue something you have done. Parents are also encouraged to report any injuries or soreness.

### **Encourage the pupil to have a positive image of their own body**

Confident, assertive pupils who feel their body belongs to them are less vulnerable to sexual abuse. As well as basics like privacy, the approach you take to a child's intimate care can convey lots of messages to them about what their body is worth. Your attitude to the pupils intimate care is important. Their experience of intimate care should be relaxed and stress free.

### **Monitoring and Evaluation**

This policy was reviewed by all staff and Governors in Spring 2019 as part of the 3 year policy review cycle.



## Berewood Primary School Intimate Care Plan

**Name:**

**Date of review:**

**Basic Requirements:**

Indicates need for the toilet/Requires changing at:

Manual Handling Aspects (including aids required)

**Privacy and Dignity**

**Monitoring** (comments and date)