**WASPS INTIMATE CARE POLICY**

**Introduction**

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. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure (eg the administration of rectal diazepam).

The issue of intimate care is a sensitive one and will require 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 shall be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children wherever possible.

**Aim**

Haddenham Community Infant School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

**Our Approach to Best Practice**

The management of all children with intimate care needs will be carefully planned.

* The child who requires intimate care is treated with respect at all times as their welfare and dignity is of paramount importance.
* Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training) and are fully aware of best practice.
* Apparatus will be provided to assist with children who need special arrangements following medical assessment.
* The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves.
* Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.
* Each child's right to privacy will be respected. 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. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented.
* Wherever possible the child will be cared for by the same adult on a regular basis. Other staff will be trained to ensure care can be given in times of staff absence.
* Intimate care arrangements will be discussed with parents/carers 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 and equal opportunities legislation.

**The Protection of Children**

Education Child Protection Procedures and Inter-Agency Child Protection procedures will be adhered to.

* If a member of staff has any concerns about physical changes in a child's presentation, eg marks, bruises, etc they will immediately report concerns to the Designated Person for Child Protection.
* If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded.
* Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution.
* Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount.
* Further advice will be taken from outside agencies if necessary.
* All staff engaged in the care and education of children need to exercise caution in the use of physical contact. The expectation is that staff will work in ‘limited touch’ cultures and that when physical contact is made with pupils this will be in response to the pupil’s needs at the time, will be of limited duration and will be appropriate given their age.
* Staff should be aware that even well intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny.
* Children with special needs may require more physical contact to assist their everyday learning. The arrangements must be understood and agreed by all concerned, justified in terms of the child’s needs, consistently applied and open to scrutiny.
* If a child makes an allegation against a member of staff, all necessary procedures will be followed.

**Children Wearing Nappies**

* Children wearing nappies should be changed in the disabled children’s toilet on the changing platform or changing mat.
* Prior to the child attending school the parents must view the available changing area and agree to it being used.
* Parents will meet with the staff responsible for changing their child and discuss routines.
* Parents must provide nappies, disposal bags, wipes, etc.
* The school will provide gloves, aprons and a bin and liners to dispose of the waste.
* These routines must be reviewed termly and changes made where necessary.
* The dignity and privacy of the child should be of paramount.

**Trips and Visits**

* Children needing intimate care support during visits will be cared for by their designated member of staff.
* Changing facilities will be checked during the pre visit and any specific procedures will be put in place.
* Staff will take the children’s changing equipment with them.
* There will always be two members of staff on a visit who are trained and able to change children needing intimate care.

**Health and Safety**

* Staff should always wear an apron and gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy.
* Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed.
* This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste.
* The bin should be emptied on a weekly basis and it can be collected as part of the usual refuse collection service as this waste is not classed as clinical waste.
* Staff should be aware of the school’s Health and Safety policy.

Parent Signature ………………………………………………………………. Date ………………………………

**Reviewed: January 2024**