



ST. ANNE'S C.E.(VC) PRIMARY SCHOOL



DIGNITY AND CARE POLICY

'Together with God, Making Learning a Life Long Friend'

Approved:	22.2.2021
Review Date:	31.12.2022

Principles

1.1 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Safeguarding Children and Safer Recruitment in Education' (2006) to safeguard and promote the welfare of pupils¹ at this school.

1.2 This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

1.3 The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

1.4 This intimate care policy should be read in conjunction with the schools' policies as below (or similarly named):

- safeguarding policy and child protection procedures
- staff code of conduct and guidance on safer working practice
- 'whistle-blowing' and allegations management policies
- health and safety policy and procedures
- Special Educational Needs policy
- Toileting Policy
- Policy for the administration of medicines

1.5 The Governing Body is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

1.6 We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is

essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

1.7 Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care. References to 'pupils' throughout this policy includes all children and young people who receive education at this establishment.

1.8 Where pupils with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

1.9 Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.

1.10 All staff undertaking intimate medical care must be given appropriate training.

1.11 This Dignity and Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

2) Child focused principles of intimate care

The following are the fundamental principles upon which the Policy and Guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

3) Definition

3.1 Intimate care may be defined as an activity required to meet the personal care needs of each individual child. Parents have a responsibility to advise staff of the intimate care needs of their child, and staff have a responsibility to work in partnership with children and parents. Intimate care can include:

- Feeding
- Oral care
- Washing
- Dressing/undressing

- Toileting
- Menstrual care
- Treatments such as enemas, suppositories, enteral feeds
- Catheter and stoma care
- Supervision of a child involved in intimate self - care

5. Children with continence problems or relevant medical conditions

Children with continence problems are a very diverse group. Each child needs to be treated as an individual but in broad terms the children with continence problems are in the following groups:

1. Late developers	The child may be developing normally but at a slower pace.
2. Children with some developmental delay.	The child may have a developmental delay in continence; either diagnosed or under investigation but will be in an early years or mainstream setting.
3. Children with physical disabilities or relevant conditions.	Physical disabilities/medical conditions, eg, spina bifida, cerebral palsy may result in long term continence difficulties and continence development/management plans are likely to be needed. Physical disabilities/medical conditions, eg, spina bifida, cerebral palsy may result in long term continence difficulties and continence development/management plans are likely to be needed.
4. Children with behavioural difficulties.	Delayed independence in personal hygiene may be part of more general emotional/behavioural difficulties.

5) Best Practice

5.1 Equipment Provision

The statutory guidance for the EY Framework (0-5 years of age); Welfare Requirements states that; 'There should be suitable hygienic changing facilities for changing any children who are in nappies and providers should ensure an adequate supply of clean bedding, towels, spare clothes and other necessary items are always available.' (Statutory guidance pg 36). Where a child is in nappies, parents/carers will be responsible for ensuring the school has a supply of nappies, wipes and nappy bags. Parents of children who regularly soil themselves will be required to provide a change of clothes in a named bag on a daily basis. Parents will be supported with toilet training by school staff and the school nurse. The school will be responsible for providing gloves, plastic aprons, a bin and liners to dispose of any soiled nappies on site. Pupils who require regular assistance with intimate care have written individual health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the

plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

In the case of children aged 6 years of age and over the requirement for providing adequate resources will be the responsibility of the parents/carers unless the child has a specific disability, in which case the NHS may be supplying the resources either to the family or direct to school.

School should maintain an emergency supply of adequate resources as detailed in a Contenance Care Plan. On occasions where our school's resources are used, parents will be requested to replace them.

5.2 Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

5.3 Where a care plan is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg has had an 'accident' and wet or soiled him/herself). Nappy changes should not be routine for pupils who are in the setting for 3 hours or less and should be based on the needs and comfort of the child. It is recommended practice that information on intimate care should be treated as confidential and communicated in person at handover, by telephone or by sealed letter, not through the home/school diary.

5.4 In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (see afore-mentioned multi-agency guidance for the management of long term health conditions for children and young people).

5.5 Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.

5.6 These records will be kept in the intimate care file and available to parents/carers on request.

5.7 All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.

5.8 Staff who provide intimate care are trained in personal care (eg health and safety

training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

5.9 There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

5.10 Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

5.11 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

5.12 An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.

5.13 The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

5.14 Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.

4.15 Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

5.16 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

5.17 Health & Safety guidelines should be adhered to regarding waste products, regular collection of clinical waste is undertaken and the appropriate receptacles must be used.

5.18 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

6) Child Protection

6.1 The Governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

6.2 The school's child protection procedures will be adhered to.

6.3 From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

6.4 Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.

6.5 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Senior Person for Child Protection or Headteacher. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if appropriate, in accordance with the school's child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

6.6 If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

6.7 If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local

Authority Designated Officer in accordance with the school's policy: Dealing with Allegations of Abuse against Members of Staff and Volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

6.8 Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

7) Medical Procedures

7.1 Pupils who are disabled might require assistance with invasive or non-invasive medical procedures. These procedures will be discussed with parents/carers, documented in the health care plan or IEP and will only be carried out by staff who have been trained to do so.

7.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

7.3 Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

8) The Disability Discrimination Act 1995 DDA

The DDA as amended by the Special Needs Act 2001 requires that educational settings and service providers do not treat disabled pupils less favourably and to make reasonable adjustments to avoid putting disabled pupils at a substantial disadvantage. Admissions policies cannot set a standard of continence as a requirement for admission.

The act states that a disabled person is someone who has a physical or mental impairment which may affect normal day to day activities and is long term. It describes incontinence as an impairment which may affect normal day to day activities. Education providers are therefore under an obligation to meet the needs of children with delayed personal development and children should not be excluded from normal activities solely because of incontinence. Education providers are expected under the DDA to make reasonable adjustments to meet the needs of each child.

9) Safeguarding

There are two distinct groups considered here; the children and the adults dealing with the intimate care of the children.

- It is the duty of the Headteacher to ensure staff implementing this policy have an enhanced CRB clearance.
- It is the responsibility of each school to ensure that any member of staff or students in training (under direct supervision) dealing with the intimate

care of a child has an enhanced Criminal Records Bureau (CRB) clearance or police check. They must follow the Infection Control Guidelines for hygiene and the handbook of safety information.

- It is the responsibility of the Headteacher to ensure that there are sufficient staff, appropriately trained and designated to deal with continence issues and are aware of the Intimate Care Plan.
- It is the responsibility of the Headteacher to protect staff from potential allegations of abuse. For this reason two adults, preferably at least one of the same gender as the child, must be present this minimises the potential for allegations of abuse.
- The class teacher who has ultimate responsibility for the children in the class should be informed of a child is being taken to the toilet or to have a nappy changed and should be fully conversant with principles and procedures.
- Staff should at all times follow the procedure set out in the Continence Care Plan.

The Healthy and Safety at Work Act 1974

- Employers have a duty to ensure as far as is reasonably practicable, the health, safety and welfare of all employees a work.
- Employers have a duty to carry out risk assessments where the risks at work are significant to employees or others.
- The employee has a duty while at work to take responsible care of the health and safety of himself and other people who may be affected by his acts.

10)Procedures

Continence Care Plan

The Continence Care Plan pro- forma must be used to record the needs of each individual

child that has continence problems, along with actions to be taken agreed by the school

and the parent/carer. The class teacher is responsible for the Intimate Care Plan.

If

the school nurse is involved with the child then (s)he should also be involved in the drawing up of the Care Plan. Any change to the Plan, including changes of staff, should

be notified to all parties signing the Plan. A record of intimate care should also be kept.

The school should send a copy of the plan to any health professionals involved with the

children for comment.

The Plan should be completed taking into account the following partnership working principles.

The parent should:

- Agree to change the child at the latest possible time before bringing him/her to school;
- Provide the school with spare nappies, wipes, nappy sack and a spare set of clothes;
- Understand and agree the procedures that will be used when the child is changed at school - including the use of any cleanser or the application of any cream which if provided by parents/carers should be sent into school in a named and sealed container;
- Agree to inform school should the child have any marks/rash;
- Agree to a 'minimum change' policy, ie, the school would not undertake to change the child more frequently than if s/he were at home;
- Agree to notify the school if the child's needs change at any time which needs to be reflected in the Care Plan;
- Agree to attend review meetings.

The School should:

- Agree to change the child at the earliest opportunity should the child soil themselves or become uncomfortable wet;
- Where defined by the Care Plan should agree how often the child would be changed should the child be at school for the whole day;
- Agree to complete the Continence Care Record of Intimate Care each time the child is changed: including noting down if the child is distressed or if marks/ rashes are seen;
- Agree to provide the protective equipment for the staff (gloves and apron).
- Agree to review arrangements as and when necessary and as a minimum of six monthly intervals.

Facilities

The Department of Health recommends that an extended cubicle with a washbasin should be provided in each school for children with disabilities. Alternatively, older

children could stand astride a changing mat placed on the floor. In the Early Years Foundation Stage the child will be supported in an end cubicle and the changing mat will be placed on the floor with one member of staff inside the cubicle with the child and one outside the bathroom.

Written guidelines for Staff

The following are guidelines which should be agreed by school and made available to

parents/carers of children for whom a Continence Care Plan is in place.

- Individual job description will specify that they will deal with continence problems, where they have agreed to do so.
- To protect staff from allegations two members of staff should always be present.
- Nappy changing will take place in the disabled toilet cubicle or the end cubicle in the Key Stage 1 toilets.
- The only resources used will be those included in the Continence Care Plan.
- Infection control measures (Follow procedure for dealing with nappy changing)
- If the child is unduly distressed reassure the child explaining the reason for changing the nappy. Be aware of any soreness and record on Intimate Care pro forma.
- If marks or injuries are noticed on the child the member of staff will inform the DSL.

Procedure for dealing with nappy changing

- The two members of staff dealing with the child to wash hands.
- Put on new disposable apron and gloves (for your own protection and to reduce cross contamination).
- Child should be asked to lie down on the changing table if appropriate; an older child may be more comfortable standing up.
- Change child's nappy pad. Wipe child's bottom, children wipe own bottom if able to with wipes provided.
- Put soiled nappy pad and wipes in nappy sack (or in an emergency a plastic bag).
- Wash hands with gloves on. And help child down.
- Spray and wipe the changing mat.
- Put nappy sack, apron and gloves into a plastic bag.
- Wash hands again.
- Dispose of the plastic sack in the normal school waste.
- Wash hands again and ensure the child washes hands before being returned to class.

Note: where it is known that the child is infected with a blood born virus all materials should be double wrapped in yellow clinical waste bags and arrangements made for the waster to be removed for incineration.

This procedure will be laminated and will be up in the KS1 toilets.

1. Policy Review

This policy will be regularly reviewed by the Governing Body and updated annually in line with St Anne's Primary School's Policy Schedule.

Appendix 1:

St Anne's Primary School		
Intimate Care Plan		
Name:	Date of Birth:	Emergency Contact Number:
Identified need		
Resources - provided by parent/ carer		
Action to be taken		
Staff involved		
Additional Information		
Signature of parent/ carer and child if appropriate		
Signature of class teacher		
Signature of school nurse/ health professional (if appropriate)		
Date of plan		
Review Date		

APPENDIX 2

For each child with an Intimate Care Plan there must also be a record of intimate care.

St Anne's Primary School				
Child's Name:				
Date	Time	Staff	Comment	Signatures of staff

