Lighthouse Special Education

Three Little Ships International Preschool

Personal care and Intimate care protocol

Definition of personal care

Personal care refers to the procedures that most children carry out for themselves but which some are unable to do due to their developmental stage, their physical disability, their learning difficulties, or their medical needs. Examples of personal care are:

- Administering first aid
- Skin care
- Applying external medication
- Feeding
- Administering oral medication
- Hair care
- Brushing teeth
- Dressing and undressing (clothes, not including underwear)
- Washing non-intimate body parts
- Prompting to go to the toilet

Definition of intimate care

Intimate care refers to personal care that requires direct or indirect contact to an intimate area of the child's body. Intimate care also includes the supervision of children involved in their own personal care; this could be on a regular basis or during a one-off incident. Examples of intimate care are:

- Dressing and undressing (underwear, swimwear)
- Assisting with using the toilet, including potty training
- Changing nappies and continence pads (urine and faeces)
- Changing sanitary wear
- Bathing/showering
- Wiping/washing intimate parts of the body
- Administering rectal medication
- Dealing with an age-appropriate care plan regarding masturbation

Parents have a responsibility to advise staff of the personal and intimate care needs of their child, and staff have a responsibility to work in partnership with children and parents.

Staff who are uncomfortable about providing personal and intimate care to a student should discuss this with the school's Director.

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Principles of intimate care

A. Every child has the right to feel safe and secure. The environment in which the intimate care is provided is familiar and comfortable for the child and offers privacy. Clear agreements are made regarding the responsibility for the specific equipment and materials that are needed to carry out the intimate care plan for the student. Consistent language is used by all staff and, as far as possible, parents. Volunteers, interns and lunchtime supervisors do not carry out intimate care procedures but may be asked to observe a procedure in an emergency. Therapists seek written permission from parents themselves to administer personal and/or intimate care unless this is agreed in the child's Individual Education Plan.

B. Every child has the right to personal privacy. The environment in which the intimate care is provided is appropriate for both the child's privacy as well as protecting the professionalism of the staff member. The resources required are stored and accessible in a way that maintains the child's dignity. The staff react in a professional manner at all times and promote a positive body image through their actions and words.

C. Every child has the right to be valued as an individual. We recognize 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. Personal care is not seen in isolation or separated from other aspects of the child's life. The child's background and previous experiences are taken into consideration. Parents have the responsibility to advise the school of cultural information that is relevant to the intimate care needs of their child. The staff follow agreed procedures in communicating instances of intimate care with parents so that they know what is happening to their child.

D. Every child has the right to be involved and consulted. Children are encouraged to express their views about their own intimate care to the best of their abilities and will be listened to by the staff. Children participate in the routine of intimate care as far as they are able.

E. Every child has the right to have consistent levels of intimate care as far as possible. All staff will follow the agreed protocol for individual children and are aware of shared procedures and the language to be used.

F. Staff members have the right to ask for assistance or to be observed when carrying out intimate care procedures.

G. All staff follow the school's policy regarding the reporting of suspected instances of child abuse. They will also appropriately report signs of illness or injury or when a child is distressed.

H. Clear guidelines for staff are put in place regarding individual children's special medical needs. These are written in consultation with the child's parents and doctor.

I. All staff contribute to the education of children in the area of personal and intimate care, as is indicated on page 3 of their Individual Education Plan and agreed with parents and therapists.

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Health and safety considerations for personal and intimate care

Staff members inform parents of the health and safety protocols in the school guides for new parents and if individual concerns arise.

First aid considerations

- First aid boxes are visual and easily accessible in each classroom.
- Gloves are available for staff administering first aid.
- Medical protocols such as those for dealing with seizures, bite and allergy are posted in the first aid cupboard.

Toileting

- The environment for changing children is kept clean, dry and safe.
- Parents provide necessary materials for their child; nappies, wipes, extra clothing.
- Resources that are necessary are labelled and easily accessible.
- Staff members use gloves when providing intimate care, double gloving in case of infectious issues (HIV etc.)
- All children wash their hands properly after every use of the toilet.
- The following resources are available:
    - Toilet paper
    - Paper towels
    - Wet wipes
    - Spare nappies and wipes (provided by the child's parent)
    - Nappy bags
    - Disposable aprons and gloves
    - Cleaning equipment: spray cleanser and cloth (pink)
    - Nappy bags, nappy bin and paper towel bin (labelled)
    - Spare clothes (provided by the child's parent/carer)
    - Plastic bags (for soiled clothing)

Safety for staff

- The changing table in the pre-school has steps for the child to climb and avoid the need for staffing lifting children.
- Staff are advised to have up-to-date hepatitis inoculations.
- Staff are informed of all individual child protocols (e.g. for epilepsy, allergies)
- Staff are updated on health and safety matters in staff meetings.
- Staff are advised on proper lifting techniques when dealing with a student with a physical disability.

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Staff professional conduct

Adults who assist pupils with intimate care are employees of the school, not interns or volunteers, and will have had the usual range of safer recruitment checks, including enhanced VOG checks.

The HSV and Lighthouse Special Education both have Codes of Conduct to which all staff must adhere.

Any adult who has concerns about the conduct of a colleague at the school or about any improper practice should firstly address this with the colleague, keeping in mind our international character, and that colleagues may interpret behaviours differently. Concerns must be reported to the school director in accordance with the HSV's child protection procedures.

If a child touches a member of staff in a way that makes him/her uncomfortable, this can be firmly but gently discouraged in a way which communicates that the touch, rather than the child, is unacceptable. If a child touches a member of staff, as noted above, this should be discussed, in confidence, with the designated teacher for child protection or the school director.

Children's vulnerability to abuse

Children and young people with disabilities have been shown to be particularly vulnerable to abuse and discrimination. It is essential that all staff are familiar with the HSV's Child Protection Policy and procedures, with agreed procedures within this policy and with the child/young person's own care plan.

The following are factors that increase our students' vulnerability:

- Children and young people with disabilities often have less control over their lives than is normal.
- They do not always receive sex and relationship education, or if they do, may not fully understand it, and so are less able to recognize abuse, either inflicted on or by them.
- They may have multiple carers through residential or hospital placements.
- Differences in appearance, disposition and behaviour may be attributed to the child's disability rather than abuse.
- They are not always able to communicate what is happening to them.

Staff vulnerability to accusations of abuse

Intimate care may involve touching the private parts of the child/young person's body and therefore may leave staff more vulnerable to accusations of abuse. Our children may interpret or verbalise the adult's actions in different ways, thus falsely accusing a staff member of abuse. It is unrealistic to eliminate all risk, but this vulnerability places an important responsibility on staff to act in accordance with agreed procedures.

Working with children of the opposite sex

There is positive value in both male and female staff being involved with children. Ideally, every child should have the choice as to who assists them with intimate care but the current ratio of female to male staff means that assistance will more often be given by a woman.

It is recommended that a second adult is nearby when intimate procedures are performed unless the parents have agreed to the presence of one adult only.

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Procedures

1. When intimate care is being carried out, all children have the right to dignity and privacy, i.e. they should be appropriately covered; the door closed or screens/curtains put in place; no mobile telephones or other recording device should be held by the staff member.
2. If agreed in the care plan, it is acceptable for only one member of staff to assist a student unless there is an implication for safe moving and handling of the child. On all other occasions a second adult will be nearby.
3. An intimate care plan involving discussion with school staff and the child's parents or carers, relevant health personnel and the child/young person should be drawn up. An intimate care permission form should be part of the care plan. All parties should sign the plan. The plan must be reviewed on an annual basis. The school or setting's complaints procedures and confidential person should be known to all, and followed where necessary.
4. If an intimate care plan has been agreed and signed by parents, children and staff involved, it is acceptable for only one member of staff to assist unless there is an implication for safe moving and handling of the child. On all other occasions two adults will be in attendance.
5. 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 himself/herself as possible.
6. It is the responsibility of all staff caring for a child to ensure they are aware of the child's method and level of communication. Communication methods may include words, signs, symbols, body movements and eye pointing and these should be identified in the care plan. Special words that the child uses for body parts, if different from the correct language, should be given in the care plan. School-aged children should be taught the correct words, such as 'penis' and 'vagina'.
7. If the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately while the adult tries to ascertain why the child is distressed. Reassurance should be given to the child and the care may be handed to a different adult.
8. Any care, other than that which is covered in the care plan and/or the intimate care permission form, should be recorded in an accident report form or an incident report form (e.g. staff intervention during a tantrum).
9. Any concerns must be reported to the designated teacher for Child Protection and a written record of the concerns must be made.
10. Parents must be informed about any concerns that staff have reported.
11. 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. These records will be kept in the child's file and available to parents/carers on request.

Forms

The following forms are available:

- Individual Education Plan
- Medication Permission Form
- Intimate Care Permission Form
- Intimate Care Record Form

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How do we ensure that intimate care is a positive experience for the child?