

Director of Child Safety and Protection
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LifePlus[®]

Intimate Care Policy

Child Safety and Protection

Intimate Care Policy- Includes expected and unexpected handling

LifePlus includes LifePlus schools in China and MENA region (including CDIS, CDIS, ISQ, TWS, TIS, WYIS, ISW, YHIS, YIA, and LifePlus Online Academy) and any other LifePlus entities.

Introduction:

This Policy stands in conjunction with other LifePlus policies including the LifePlus Child Safety Policy, Child Safety and Protection Code of Conduct, and Staff Handbook.

This policy recognizes that:

- Schools and educational organizations have a duty of care to children enrolled in the school and those who are affected by the operations of the school.
- In any action relating to intimate care, the best interests of the child are paramount.
- We value the personal privacy and dignity of a child and their value as an individual with unique needs and preferences, involving them to the best of their ability and consulting them regarding their own intimate care needs. We recognize age, gender, ability, cultural and religious differences, and sensitivities.
- Intimate Care management is one area of safeguarding. Every child has an equal right to be protected from harm and maltreatment, and everyone has a responsibility to support the protection of children.
- We recognize that our staff are in positions of great trust, and we are committed to ensuring that our staff will undertake their duties with professionalism and care, working in partnership with parents and guardians to share information and provide continuity of care.

The term “child” or “children” under this policy shall refer to any individual under 18. In addition, the term “child” shall also include any individual who is a student or otherwise placed under the care of a LifePlus entity, even if that individual is over the age of 18.

Intimate Care Defined

Intimate care can be defined as any care which involves washing, touching, or carrying out a procedure to intimate personal areas which most people usually carry out themselves. Some students are unable to carry out these procedures because of their young age, physical difficulties, or other special needs.

Examples include care associated with continence, menstrual management, and physical injury as well as more ordinary tasks such as help with washing, toileting, or dressing. Intimate Care

should never be associated with negative outcomes (impatience, scolding, punishment, rough handling) for a child.

(For supervising groups of students who are completing self-care tasks see the Change Room section of the Child Safety & Protection Code of Conduct).

Expectations of Admission

Students are expected to be toilet trained before attending our schools. Staff are not able to provide regular assistance to children who are not yet able to toilet themselves. Students are expected to be able to change their own clothes when accidents occur; however, it is normal for children to have toileting accidents. Children can also soil themselves due to illness, injury, or stress, and some students may have motor skills that limit full independence. In these situations, depending on age and ability, some may need verbal prompting and others minimal assistance to be hygienic and complete the process of getting changed. Note – in the future, if a school opens a 2year old class please contact the Director of Child Safety to organize expansion of this policy to include the needs of that age group.

Where it is identified that a child is needing regular assistance with intimate care staff will work with parents to determine if the child needs time at home to learn relevant skills to be independent or if a short-term Individual Health Plan is appropriate – an Individual Health Plan is not appropriate for general toilet training, that responsibility lies with the family.

In all care for students, parents, and staff collaboration is essential to high quality of care. Parent collaboration is an expectation of enrolment.

Intimate Care Basic Principles

1. Students who require regular assistance with intimate care will have a written Individual Health Plan (504) agreed upon by staff, parents or guardians and any other professionals actively involved, such as school nurses.
 - Ideally, the plan should be agreed upon at a meeting with key staff. Parental permission must be included in any child-specific planning that addresses intimate care needs. Older students should be given the opportunity to participate in the decision-making process, check what level of involvement they want in the planning, and how can they share their feedback/preferences before plans are confirmed.
 - Any historical concerns should be considered.
 - Individual Health Plan (504) clarifies roles, responsibilities, and expectations. It details specific needs and actions required for intimate care assistance as well as how care provision will be

recorded and reviewed. The plan is reviewed on a regular basis (at least annually and more frequently where appropriate) and at any time of change of circumstances, e.g. for trips or staff changes (where the staff member concerned is providing intimate care).

- Where relevant, it is good practice to agree with the student and parents or guardians on appropriate terminology for private parts of the body and functions. This should be noted in the plan.
 - Partnership is important in all aspects of a child's education and is especially vital in relation to intimate care. Parents and guardians have key information to make the process as comfortable as possible and knowledge of religious/cultural sensitivities.
 - Any plan must adhere to the information detailed in this policy as well as other LifePlus policies.
2. Occasional intimate care needs (e.g. wetting/soiling accident), are dealt with according to the general, agreed on procedures detailed in this policy. A child's intimate care needs should be met by staff without delay and parents made aware of any intimate care provision by the end of the school day/session.
 3. Teaching assistants/shadow teachers/teaching interns are to be the primary providers of intimate care support as much as possible.
 4. All students will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual student to do as much for him or herself as possible.
 5. Staff will be supported to adapt their practice in relation to the needs of individual students, taking into account developmental changes and individual abilities.
 6. There must be careful communication with each student who needs help with intimate care in line with their preferred means of communication (verbal or symbolic), to discuss their needs and preferences.
 7. Staff who provide intimate care should speak to the student personally by name, ask permission to assist when assistance is needed, explain what they are doing, and communicate with all children in a way that reflects their ages.
 8. Staff will work in close partnership with parents/ guardians and other professionals to share information and provide continuity of care.

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9. Wherever possible, a child's intimate care needs will be met by a member of staff the child knows.

Safeguarding

1. Intimate Care management is one area of safeguarding, and LifePlus recognizes that students of a very young age and students with special needs (visible and invisible) are particularly vulnerable to all types of abuse.
2. The school's child protection procedures will be adhered to (as outlined in LifePlus's child safety policies).
3. Adults who assist students with intimate care will be employees of the school, not students or volunteers, and therefore have safer recruitment checks completed. Staff are aware of relevant policies and have completed annual Child Safety Training.
4. Every child's right to privacy and modesty will be respected. Careful consideration will be given to each student's situation to determine who might need to be present when he or she needs help with intimate care. While consistency is valuable, changing staff is a safety mechanism for the child, and staff should rotate if a child needs regular intimate care.
5. Intimate care around changing soiled clothing can usually take place in toilets that are private enough to respect the child's dignity but, if assistance is needed, also allows the adult to be seen at all times. We seek to maintain the child's privacy and dignity but also keep adult assistance open to scrutiny. No adult will be alone with a child behind a closed door when assisting with intimate care.
6. At a minimum when 1 adult is providing verbal or practical assistance, 1 other adult will be nearby. The 2nd staff member should be in listening range and able to look in on occasion. They should especially look in if any concerns are identified, if the child expresses distress, or if the assistance is taking longer than expected. As much as possible, the 1st adult will be the same gender as the child, but it is understood that in some staff situations, especially in ECC, this may not be possible due to the gender of staff available.
7. If a member of staff has any concerns about physical changes in a student's presentation, e.g. unexplained marks, bruises etc., they will immediately report concerns to the class teacher and the Child Safety Specialist at the school.

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8. If a child becomes distressed or unhappy about being cared for by a particular member of staff, this should also be reported to the class teacher and Child Safety Specialist at the school – staff schedules will be altered until concerns are assessed and resolved.
 9. As an additional safeguard to the children and adults concerned, staff involved in regular intimate care provision will not be the main teachers of the Child Safeguarding curriculum content to those same children.
 10. Staff will not carry a mobile phone, camera, or similar device whilst providing intimate care.
 11. CCTV is not to be located in nor able to see into areas where students change.
 12. See Appendix A for details regarding ‘Procedure for Changing a Child’s clothes – for ECC students’.

Record Keeping and Communication

1. Where a health plan is not in place, parents or guardians will be informed the same day if their child has needed help with meeting intimate care needs. Also, every time a child receives medical treatment that involves intimate care or has been in a situation involving emergency handling, parents or guardians will be informed on the same day. This information will be treated as confidential and communicated to the parent or guardian in person, by direct message, or over the phone, not through the student diary/planner or the student themselves.
2. Accurate school records should also be kept when a child requires assistance with intimate care; these can be brief but should, at a minimum, include the full date, time, staff present, and any comments such as changes in the child’s behavior. See an example in Appendix B for use by ECC classes, Special Needs classes, and other Elementary classes if needed. Records should be kept in a classroom, office, or electronic file, accessible to staff and administrators but not in a public space. The exact location can be determined by the elementary leaders/administrators or Special Needs director/lead in each school and must be accessible to leadership for review.
3. A written record should be kept in an official school format every time a child receives medical treatment that involves intimate care (see Health Office medical records for details).

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4. Any emergency handling event will be documented as a Log report in the students' file in PowerSchool by the Elementary or Secondary Principal and consideration given to which staff needs to be informed of the event so they can effectively monitor for future risks or concerns.
 5. Sensitive information will be kept confidential and shared only with those who need to know. Note that confidentiality has limits and is not absolute; where signs of harm are identified information will be shared with relevant staff.

Environment (location) and Equipment

1. Intimate care around changing soiled clothing can usually take place in toilets that are private enough to respect the child's dignity but also allow the adult to be seen at all times. Health-related intimate care will ideally take place in the nurse's office. If a child is unable to be moved (e.g. has a significant injury on an excursion) staff will provide as much dignity and privacy to the student as possible in the circumstances.
2. When considering how to meet the intimate care needs of children, schools/settings should carry out appropriate risk assessments. These can be generic e.g. annual review of facility appropriateness for changing children who have occasional accidents.
3. Risk assessments that are needed relating to specific areas or in specific situations for a particular child with regular, ongoing intimate care needs should be included in Individual Health Plans.
4. Parents are responsible to wash and return any clothes that are lent to a student. If a child has an Individual Health Plan, parents are responsible to provide clothes, wipes, or other materials needed for safety and hygiene.
5. Staff should be fully aware of best practices regarding infection control and waste disposal including the requirement to wear disposable gloves and aprons where appropriate and use appropriate bins.

Emergency Handling Principles and Training

Emergency Handling Defined

Emergency handling is when a staff member needs to physically hold or move a student due to imminent risk of injury or harm to that student or to others. Emergency handling is only used in instances where other behavior management strategies or environmental changes are unable to

create a safe environment for or a safe response from the student concerned. The aim is for actions to be reasonable, proportionate, and deemed necessary with the aim of reducing risk using the least intrusive option as possible - for example, if a student is highly distressed and in the process of harming themselves or others, or if a student is about to collide with a moving vehicle.

Specialized Training

Each school is planning to have 2 staff trained in crisis management and de-escalation. This was put on hold when the school moved to online learning in 2020, when in-person schooling becomes more stable LifePlus Director of Learning Support will arrange the relevant training. Staff then will be informed of who is in this role and seek for the trained member to come to any relevant situation as soon as possible. It is recognized that in an emergency, some action may need to be taken before these staff can arrive.

Best Practice

In emergency handling situations, we recognize that the safety and welfare of our students is of first importance. Of second importance is the safety and welfare of our staff. Emergency handling is for situations where there is no time to employ other tactics or where there is no realistic alternative. Where time allows, staff will try to use other behavioral de-escalating strategies such as:

- Verbal communication - show care and concern by acknowledging unacceptable behavior and requesting alternatives.
- Reminding of the school behavior policy and disciplinary consequences (if appropriate)
- Removing any audience to create a calmer environment.
- Removing dangerous objects from the area
- Using positive touch (e.g., a gentle hand on the mid back, holding hands with a younger student, or linking arms in a supportive manner) to guide or escort a student to a calmer/safer environment.
- When responding to a situation where emergency handling is required, staff will seek to maintain the dignity of the student as much as possible. A key way to do this is by talking to the student about what you are doing and why. It could include asking other students to leave the room until the distressed student is calm.
- Staff will seek the help of other colleagues as soon as possible. If staff see another staff member managing an emergency handling situation, they will ask the teacher what assistance is needed and follow the initial teacher's lead.

After an event when emergency handling has been used:

- Assessment will be done of the student's needs for ongoing services or support and what might be needed before being able to return safely to school. See the Suicide Intervention Protocol for more details if the situation has involved self-harm or risk of self-harm.
- Staff will be offered debriefing and support from leadership and/or external support services.
- A risk assessment will be completed to assess the risk of this event happening again and recommendations given to leadership for any changes to procedures or environment as appropriate.

Intimate Medical Care

1. In any situation needing medical assistance, any members of staff who administer first aid should be appropriately trained, and the school nurse or further medical assistance should be sought as soon as possible.
2. Nursing staff will refer to their own training and health office manual for detailed guidance regarding medical care.
3. If an examination of an area under a child's clothes is required in an emergency situation, it is important to have another adult present and to have due regard for the child's privacy and dignity as much as possible in the situation.

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

Appendix A

Procedure for Changing a Child's clothes – for ECC students

1. Identified that a child needs to be changed.
2. Ask the child if they can clean and change themselves.
3. Identify what specific assistance they may need and why.
4. Find a 2nd adult to provide support and accountability.
5. Determine the best location for them to get changed - usually class toilets – choose a cubicle that is best for you to remain visible to other staff if you need to assist while allowing the child as much privacy as possible.
6. Gather any equipment needed – e.g. items needed for change of clothes, wipes, plastic bag for soiled items.
7. Take the child to the changing area - stay outside the cubicle and encourage them to do what they can; they can ask you to come closer when help is needed.
8. When they ask for help, stop moving, or miss something, offer verbal guidance and prompting, and allow them to try to do it with specific guidance themselves before providing assistance.
9. Disposable gloves are recommended to be worn (handwashing is still essential after using gloves)
10. When providing assistance, keep explaining what you are doing and why – staff will only touch or briefly wipe clean an area when there is a clear visible need to do so and the child is unable to do so themselves.
11. Child's skin to be cleaned using disposable wipes where this is needed (by the child whenever possible).
12. Any soiled clothes are to be put into a plastic bag and returned to the parents to clean.
13. Staff to oversee the child wash their hands and wash their own hands.
14. Staff to determine if changing area needs to be cleaned with disinfectant after use and organize for this to be done if needed.
15. In ECC and special needs classes, intimate care provision will be logged and signed by staff involved on a staff log sheet. Details should be noted including what was needed and why and any relevant additional notes (e.g. injury noticed, clean clothing lent to child from the nurse's office) See example in Appendix B.
16. In older Elementary classes where intimate care is a rarer event, there is no log but the child's class teacher and TA are to be informed if help has been provided by another staff member.
17. Staff member to inform parents on that school day that intimate care assistance was provided.
18. If it is identified that a child is often needing assistance, speak to the ECC Principal to discuss an Individual Health Plan (504).

