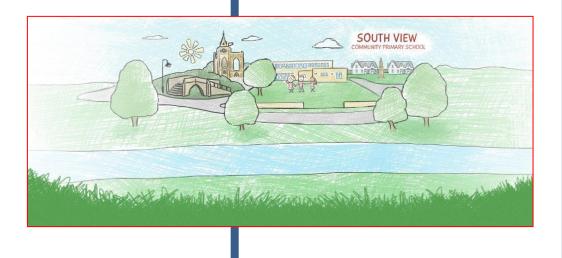


South View Community Primary School Intimate Care Policy

Last reviewed: December 2021 Reviewed by: FGB Next review due: December 2024 Advisory School 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 most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure, (e.g. 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/young people wherever possible.

South View Community Primary 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. South View Community Primary School recognises 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; the child's welfare and dignity is of paramount importance.

All staff employed at South View Primary School and working directly with children may be asked to provide or assist with intimate care. All staff are trained in Child Protection. Teachers and Teaching Assistants are trained in best practice for intimate care, these are detailed on the care plan (See Appendix 1). If required, Health and Safety training in lifting and moving will be provided as part of a Child's Intimate Care Plan. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex education to the children/young people in their care as an additional safeguard to both staff and children/young people involved.

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 members of staff 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 same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of adults known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers.

Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence.

Intimate care arrangements will be agreed/updated as needed with parents/carers and recorded on the child's intimate care plan (see appendix 1). The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

Parents will be contacted, via sealed letter, personal phone call or during a private face-to-face meeting, if there are additional concerns during intimate care. E.g. The nature of an incident means that the child is unable to be cleaned to an appropriate level where they can be comfortable or there is a change in the child's typical intimate care needs.

The Protection of Children

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

All children will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate manager/ 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.

If a child makes an allegation against a member of staff, all necessary procedures will be followed until the issue(s) are resolved. 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.

Signed Headteacher:

Date:

Signed Chair of Governors:

Date:

Review Date:

Appendix 1



Intimate Care Plan:

United Lincolnshire Hospitals

NHS Trust

CHILDS NAME

Year

1. Details of condition/need

Input from parents and any other professionals involved.

Whilst in school:-

X will need:

- Details of verbal prompts/questions
- Details of physical care required.
- *How often?*
- Where?
- We will use the following terms for describing private parts and bodily functions -

The following staff will provide intimate care:

Name	Role

Dignity and Respect

- Staff providing intimate care will be known to the child.
- The child's dignity and respect will be attended to throughout any intimate care.
- The child will be spoken to with their name and care provided will be described in an appropriate way, both to provide reassurance but also to further develop independent skills. (NB if a child has a disability developing further independence may not be possible and this will be changed to reflect that.)
- Intimate care will be provided in a way to respect privacy and modesty of the child. (**NB if that is not** possible due to a 'toilet accident' then intimate care will be provided as effectively as possible to provide privacy).
- Use the terms, as agreed above, to explain what is happening and actively encourage children to use these same terms to develop independence in asking for specific support.

Practical Considerations

• Staff will wear medical gloves when providing intimate care. On completion, these will be disposed in the yellow bag/bins (medical waste) in the disabled toilets located at the end of the office corridor or upstairs.

• A sign, barrier will be placed outside the disabled toilet while intimate care is being provided to ensure there are no interruptions.

- Child should be cleaned with wet wipes or toilet paper as appropriate.
- Suitable cleaning materials will be used to clean and disinfect changing surfaces.
- Supplies of fresh clothes should be to hand.

Support for school

Help and advice for school staff is available from the following:-

Name	Role	Contact Details
	Parents/carers	
	Health Professionals	

Care plan agreed by:-

_____ Parent/Carer

_____ Deputy Headteacher and SENCo

_____ Headteacher

Date:

Review Date: