

St Mary and St Michael Catholic Primary School

Policy for Intimate Care



*“Learning together hand in hand with our friend
Jesus.”*

Policy for Intimate Care

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 and carers to provide continuity of care to the children/young people wherever possible.

This policy is based on best practice in special schools.

St Mary & St Michael Catholic Primary School is committed to ensuring that all staff responsible for intimate care of children will undertake their duties in a professional manner at all times. St Mary & St Michael Catholic 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.
- Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training if lifting and moving) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from a 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 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 same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers 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 discussed with parents/carers on a regular basis and recorded on the child's care plan. The needs and wishes of children and parents/carers will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

The protection of children

- Local Safeguarding Children 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 headteacher as 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.
- If a child makes an allegation against a member of staff, all necessary procedures will be followed (see Procedures for managing allegations of abuse against staff Policy).

Health and Safety

Health and Safety advice can be found in the London Borough of Tower Hamlets Health and Safety Handbook located in the school office.

Special Needs

Children with special needs have the same rights to safety and privacy when receiving intimate care. Additional vulnerabilities that may arise from a physical disability or learning difficulty will be considered with regard to individual teaching and care plans for each child. As with all arrangements for intimate care needs, agreements between the child, those with parental responsibility and the school will be easily understood and recorded.

Regardless of age or ability, views and/or emotional responses of children with special needs will be actively sought in regular reviews of these arrangements.

Appendix A

Additional guidance that has been considered when developing this policy:

- **Children wearing nappies**

Schools may have concerns regarding Child Protection issues when they are asked by parents/carers to admit a child who is still wearing nappies.

Child protection need not present an issue. It is good practice to provide information for parents and carers of the policy and practice in the school. Such information should include a simple agreement form for parents and carers to sign outlining who will be responsible within the school for changing the child and when and where this will be carried out. This agreement allows the school and the parent/carer to be aware of all issues surrounding this task right from the outset.

Some schools, as part of their good practice, have introduced a notebook to record who changes a child, how often this task is carried out and the time left/returned to the classroom following this task. Examples of such good practice provide reassurance for parents and carers that systems are in place and that schools have implemented procedures for staff to follow.

- **Changing facilities**

Children who have long-term incontinence will require specially adapted facilities. The disabled toilet adjacent to the Early Years Foundation Stage Unit has sufficient space and a changing bed.

The dignity and privacy of the child should be of paramount concern.

- **Equipment provision**

Parents and carers should provide nappies, disposal bags, wipes, changing mat etc. and parents/carers will be made aware of this responsibility. The school will be responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.

- **Health and Safety**

Staff should always wear an apron and some 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 classified as clinical

Agreement:

This policy was discussed by the full governing body at the meeting held on Wednesday 19th May 2010.

Review Date:

This policy was reviewed March 2014.

Next Review Date: March 2017