



Applebee Wood School

Intimate Care Policy

School Mission Statement

Applebee Wood School is an inclusive school where we work together to provide a caring and supportive environment to meet and celebrate the diverse abilities and needs of all our pupils, enabling them to fulfil their personal, social, moral and academic potential.

School Aims

- To provide a broad, balanced and relevant curriculum differentiated to meet individual needs.
- To encourage and promote understanding of each pupil's individual needs.
- To raise self-esteem through a positive approach to teaching & learning.
- To develop and enhance appropriate social skills in a range of contexts.
- To increase independence for life.

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.

Intimate care policy for Applebee Wood School

Applebee Wood 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. Applebee Wood 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 Safeguarding & Child Protection) and are fully aware of best practice. 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 carers might need to be present when a child is toileted.

Where possible one child will be catered for by two adults unless there is 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 only one 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 for example, female staff supporting boys in a primary school, as no male staff is available.

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 will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

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.

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 Inter - Agency Child Protection Procedures for details).

Children wearing nappies

It is good practice to provide information for parents of the policy and practice in the school. Such information should include a simple agreement form for parents 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 to be aware of all the issues surrounding this task right from the outset.

A record of who changes a child, how often this task is carried out and the time they left/returned to the classroom following this task should be kept.

Changing facilities

Children who have long - term incontinence will require specially adapted facilities.

The dignity and privacy of the child should be of paramount concern. If a suitable room is unavailable then an area, which can be made private by the use of a screen, is acceptable. Consideration should be given to the sighting of this area from a health and safety aspect. The area should not be situated in a thoroughfare, as a changing mat will have to be used on the floor when a child is to be changed. This is the recommended method of changing a child, as it avoids an adult having to lift a child and cause possible back injury.

Equipment Provision

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

Health and Safety

Staff should always wear 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 classed as clinical waste. Staff should be aware of the school's Health and Safety policy.

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 must 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 organisation should be easily understood and recorded.

Regardless of age and ability, the views and/or emotional responses of children with special needs should be actively sought (with advocacy arrangements made for those who can't) in regular reviews of these arrangements.

Physical Contact

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact.

The expectation is that staff will work in 'limited touch' cultures and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background.

Staff should be aware that even well intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny.

Physical contact which is repeated with an individual child or young person is likely to raise questions unless the justification for this is formally agreed by the child, the organisation and those with parental responsibility. Children with special needs may require more physical contact to assist their everyday learning.

The general culture of 'limited touch' will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned, justified in terms of the child's needs, consistently

applied and open to scrutiny. Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported. Extra caution may be required where a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to staff vulnerable to allegations of abuse. Additionally, many such children are extremely needy and seek out inappropriate physical contact. In such circumstances staff should deter the child without causing them a negative experience. Ensuring that a witness is present will help to protect staff from such allegations.

Showers/changing clothes

Young people are entitled to respect and privacy when changing clothes or taking a shower. However, there must be the required level of supervision to safeguard young people with regard to health and safety considerations and to ensure that bullying or teasing does not occur. This means that adults should announce their intention of entering changing rooms, avoid remaining in changing rooms unless pupil needs require it, avoid any physical contact when children are in a state of undress and avoid any visually intrusive behaviour.

Appendix 1 Applebee Wood School Individual Care Plan : Intimate Care.

Name of Child.....

Date of Birth.....

Date plan was written.....

Was this care plan discussed with the child YES/NO

If no, please indicate reason.

Agreed with parent

Date.....

Signature.....

Please describe here the type of care that requires assistance. E.g the child soils and requires assistance/supervision cleaning themselves, disposing of soiled pad/ underwear and re-clothing, child needs assistance with feeding, etc.

Does this intimate care procedure require additional training for staff members? YES/NO

If YES indicate here who will provide the training and how often staff need to have refresher training.

Who will provide the care? Please list staff members trained to provide this care.

Name

Position / Job

Date of training

Communication / Choice

How is the child going to indicate who they want to assist in their care, when they need assistance and if they have any dislikes relating to intimate care.

Where will this care be provided? Be specific about identified areas.

Detail here what equipment the child / young person may need (i.e. continence pad – size?, catheters, toilet seating, gastronomy equipment etc.) and who is responsible for providing it.

Up

What is the child able to do for themselves? This will be considered in termly targets as an area for encouraging learning and promoting independence, no matter how small the participation. Please date each entry.

Any other comments

Agreed by:

Signed..... Print.....(School)

Designation..... Date.....

Signed..... Print.....(Home)

Date.....

Annual permission slip to be sent to the parents of all Primary age children

In the event of my child having an accident where he / she is soiled or wet and is unable to deal with the situation themselves, I give my permission for a member of the school staff to change him / her.

You will be notified by letter or phone on the same day.

Child's name _____

Signed _____

Date _____

Dear Parent / Carer

Unfortunately today _____ had a toileting accident.

_____ was the member of staff who dealt with it. I hope that all is now well, but do please contact school if you would like further information.

If spare clothes were needed and have come home to you, we would be grateful if you could return them to us as soon as possible.

Yours sincerely



School Log of Incidents Involving Intimate Care

Name of pupil	Date / Time/ Lesson	Nature of Care	Name of Carer	Parent informed?	Teacher informed?	Outcome

Individual Log of Incidents Involving Intimate Care

Name of pupil.....Class.....

Date / Time/ Lesson	Nature of Care	Name of Carer	Parent informed? Y / N	Teacher informed? Y / N	Outcome
