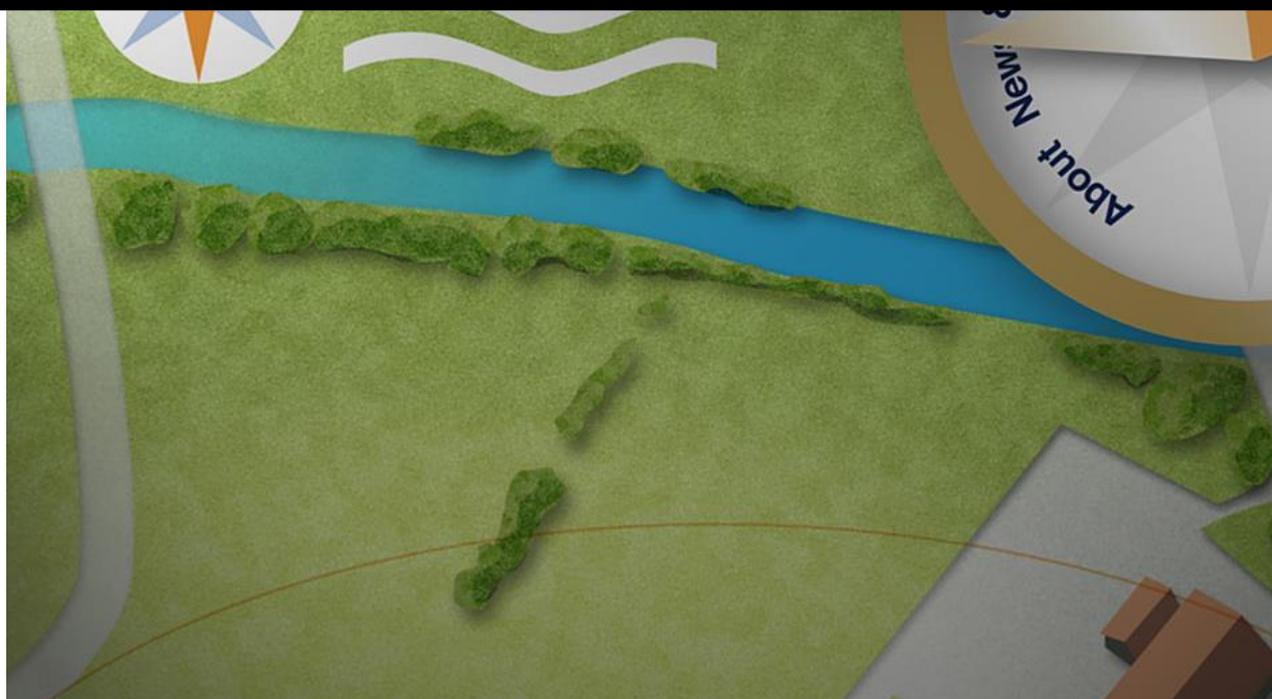




# Northbrook Primary School Intimate Care Policy



Adopted by Governors/HT  
Last Review Date :  
September 2018  
Next review : September  
2019  
Person Responsible : HT



## *Navigating pathways to success*

### **Intimate Care Policy**

#### **1. Introduction**

- 1.1 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government Guidance Safeguarding Children and Safer recruitment in Education ( 2006) to safeguard and promote the welfare of pupils' at this school.
- 1.2 The Governors and staff take seriously their responsibility to safeguard and promote the welfare of the children and young people in their care. Meeting a pupil's intimate care needs is one aspect of safeguarding.
- 1.3 The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.
- 1.4 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. It is acknowledged that these adults are in a position of great trust.
- 1.5 School recognises that there is a need to treat all children, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. The child's welfare and dignity is of paramount importance. The child's experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress, embarrassment or pain.
- 1.6 Staff will work in close partnership with parent/carers to share information and provide continuity of care.
- 1.7 Where pupils with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.
- 1.8 Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.
- 1.9 Staff who provide intimate care to children have a high awareness of child protection issues.



1.10 All staff undertaking intimate care must be given appropriate training.

1.11 This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

## 2. Links to other policies

This intimate care policy should be read in conjunction with the schools' policies and procedures as below

- administration of medicines
- admissions policy
- equality policy
- health and safety policy and procedures
- moving and handling people
- safeguarding policy and child protection procedures
- Special Educational Needs and Disability policy staff code of conduct and guidance on safer working practice
- 'whistle-blowing' and allegations management policies

## 3. Definition

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 but some children are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing and the cleaning of associated equipment as part of the staff member's duty of care. In the case of specific procedures only the staff suitably trained and assessed as competent should undertake the procedure (e.g. the administration of rectal diazepam).

It also includes supervision of pupils involved in intimate self-care.

## 4. Child focused principles of intimate care

The following are the fundamental principles upon which the Policy and Guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.



- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account
- Every child has the right to have levels of intimate care that are as consistent as possible.

## 5. Best Practice

5.1 Staff who provide intimate care are trained to do so (including Child Protection and Moving and Handling) according to the needs of the pupil . Staff are fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate.

5.2 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.

5.3 Staff involved in meeting intimate care needs will not usually be involved with the delivery of sex education to the same children, wherever possible.

5.4 There must be careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the child is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

5.5 Children who require regular assistance with intimate care have written care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer. Any historical concerns (such as past abuse) should be noted and taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

5.6 Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.



5.7 Where a care plan or IEP is **not** in place, it should be considered whether to contact parents/carers to see if it is possible for them to come and provide the necessary care. If it is not possible for them to do this, they should be informed the same day if their child has needed help with meeting intimate care needs (eg has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter, not through the home/school diary.

5.8 In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (see afore-mentioned multi-agency guidance for the management of long term health conditions for children and young people).

5.9 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.

5.10 These records will be kept in the child's file and available to parents/carers on request.

5.11 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 his/herself as possible.

5.12 Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

5.13 Every child's right to privacy and modesty 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 needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

5.14 It is not always practical for two members of staff to assist with an intimate procedure as this does not take account of the child's privacy. It is advisable, however, for a member of staff to inform another adult when they are going to assist a child with intimate care.



5.15 Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.

5.16 Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

5.17 Wherever possible the child will not be cared for by the same adult on a regular basis. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing.

5.18 The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

5.19 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

5.20 Health & Safety guidelines should be adhered to regarding waste products. If necessary, advice should be taken from the South Ribble Council Procurement Department regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.

5.21 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

- *National Children's Bureau (2004) The Dignity of Risk*

## 6. Child Protection

6.1 The Governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

6.2 The school's child protection procedures will be adhered to.

6.3 From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who



are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

6.4 Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.

6.5 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Senior Person for Child Protection or Headteacher. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if appropriate, in accordance with the school's child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

6.6 If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

6.7 If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's policy: Dealing with Allegations of Abuse against Members of Staff and Volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

6.9 Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

## 7. Physiotherapy

7.1 Children who require physiotherapy whilst at School should have this carried out by a trained physiotherapist. If it is agreed in the EHC plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with



exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.

7.2 Under no circumstances should School staff devise and carry out their own exercises or physiotherapy programmes.

7.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

## 8. Medical Procedures

8.1 Children with disabilities might require assistance with invasive or non-invasive medical procedures. such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the care plan and will only be carried out by staff who have been trained to do so.

8.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

8.3 Any members of staff who administer first aid will be appropriately trained in accordance with LEA guidance. . If an examination of a child is required in an emergency aid situation it is advisable to have another adult present with due regard to the child's privacy and dignity.

## 9. Massage

9.1 Massage is now commonly used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.

9.2 Massage may be used with children who have complex needs but only do so with the written consent of the parents of the child concerned.

9.3 Massage undertaken by school staff will be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and children.

9.4 Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.

9.5 Care plans should include specific information for those supporting children with bespoke medical need



## 10.Record Keeping

10.1 A written record is kept every time a child has physiotherapy or requires assistance with intimate care, including date, times and any comments such as changes in the child's behaviour. It should be clear who was present.

10.2 These records will be kept in the child's file and available to parents/carers on request.