

# RUSHEY GREEN PRIMARY SCHOOL



## INTIMATE CARE POLICY

Approved by:	Ruth Pott-Negrine	Date: May 2020
Signed:	<b>Approved</b>	
Last reviewed on:	February 2017	
Next review due by:	September 2022	

### **Introduction**

- Staff who work with children/young people with special needs will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.
- Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual management, as well as more ordinary tasks such as help with washing or bathing.
- Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at Rushey Green Primary School work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.
- Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.
- Rushey Green 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. Rushey Green 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 the best practice**

- All children who require intimate care are treated respectfully 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 & Safety training in moving and handling) 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 and relationship education to their children/young people as an additional safeguard to both staff and children/young people involved.
- There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.
- As a basic principle children 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 so much for themselves as they 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. These plans include a full risk assessment to address issues such as moving and handling, personal safety and health of the child and the carer.
- 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 needs help with intimate care. Where possible one child will be cared for by one adult unless there is a sound reason for having two 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; 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, while at the same time guarding against the care being carried out by a succession of completely different carers.
- Parents/carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of

children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

- Each child/young person will have an assigned senior member of staff to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

### **The Protection of Children**

- Education Child Protection Procedure and Inter-Agency Child Protection procedures will be accessible to staff and adhered to.
- Where appropriate, 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 emotional and 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. A clear record of the concern will be completed and referred to social care and/or the Police if necessary. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm.
- 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.

### **When intimate care is needed:**

1. Only permanent staff employed by the school to provide Intimate care.
2. All members of staff should have had an enhanced DBS check.
3. Where possible, a child will be changed by carer of the same sex as themselves.
4. Any faith issues will also be built into a child's care plan.

### **Specific Coronavirus Guidance**

In order to ensure the safety of all staff and children, we refer to the guidance issues on government and NHS websites. We also refer to guidance given in the daily coronavirus briefings for schools. This guidance is updated regularly and therefore supersedes the guidance given in this policy.

#### **4.1 Social Distancing Measures**

- Where possible, all contact between members of the school community should be carried out while maintaining social distancing measures – a distance of at least 2 metres (6 feet). Where this is not possible, measures such as physical barriers and, the use of personal protective equipment must be put in place. The number of adults who enter the room where intimate care is being given should be limited. Children should be encouraged to help themselves as much as possible. Where the child needs supervision, this can be done at distance or behind a door if appropriate, in line with social distancing measures.
- The best possible hygiene measures must be employed. This is the best way to protect yourself and others. This must be achieved through rigorous cleaning, personal hygiene and regular hand hygiene. All surfaces and equipment must be cleaned and disinfected frequently, using standard approved cleaning and disinfection products.
- After providing intimate care, hands should be washed and cleaned thoroughly with soap and water or alcohol hand sanitiser at the earliest opportunity. This advice is applicable to all situations, regardless of whether there was close contact or the minimum 2 metre social distancing was maintained.

- Following contact with others, all persons should avoid touching their mouth, eyes and nose. There is no need for additional precautions to be taken in relation to cleaning clothing other than what is usual practice.

**Personal protective equipment (PPE)**

- Where it is not possible to maintain a 2 metre or more distance away from an individual, disposable gloves and a disposable plastic apron must be used. Disposable gloves should be worn if physical contact is likely to be made.
- Where appropriate, the use of a fluid repellent surgical face mask is recommended and additional use of disposable eye protection when there is an anticipated risk of contamination with splashes, droplets of blood or body fluids.
- When using a fluid repellent surgical face mask, you should mould the metal strap of the mask over the bridge of the nose and make sure the mask fits snugly under the chin, around or across any facial hair if present.
- Clean your hands thoroughly with soap and water or alcohol sanitiser before putting on and after taking off PPE. In all circumstances where some form of PPE is used, the safe removal of the PPE is a critical consideration to avoid self-contamination. Guidance on putting on and taking off PPE is available from the NHS website. PPE should be disposed of carefully and according to the instructions and training provided.

Reviewed by Lisa Bogle – May 2020



## Appendix 1

### Parental Permission for Intimate Care

I give my permission for ..... to receive intimate care (for example helping with changing or following toileting) should the need arise.

I understand the staff are doing this on a voluntary basis and will endeavour to encourage my child to achieve independence in this area with dignity and respect.

I will provide the necessary clothes.

I understand I will be informed discretely on each occasion this happens.

**Signed:**

.....

**Person with legal responsibility for:**

.....



## Appendix 2

### Record of Intimate Care for .....

Date	Staff members present	Time and Duration	Was intimate care supervised or administered? Any additional comment)	PPE worn Yes/ No	Staff Signature