



ST PETER'S SCHOOL

INTIMATE CARE POLICY

Persons responsible	Head and Chair of Governors
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Introduction

Also see **policy on Physical Restraint**.

As a guiding rule, members of staff should avoid physical contact with children. However there are exceptions to this. In some circumstances there is a need for physical contact with a child (see **Physical Restraint policy, Child Protection Policy**).

Sometimes contact is essential for the child's well-being and this policy refers specifically to situations involving intimate care.

Intimate Care Definition

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, administration of rectal medication as well as more ordinary tasks such as help with washing or bathing.

Practices

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 should have a high awareness of **child protection** issues (see policy) and be aware of practices outlined below to reduce the risk of allegations arising. 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 their children as an additional safeguard to both staff and children involved. Staff should also be aware of **Health & Safety & Risk Assessment** policies and issues (including handling blood and body fluids and lifting).

Staff behaviour is open to scrutiny and staff should work in **partnership with parents/carers** to provide continuity of care to children/young people wherever possible.

Staff should make the Head aware of the need for any **specialist equipment** required.

There is 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. As far as possible, the child is made aware of each procedure that is carried out and the reasons for it.

Children will be supported to achieve the highest level of **autonomy** that is practicable. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Where appropriate, children will be taught personal safety skills carefully matched to their level of development and understanding.

Individual **intimate care plans** will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a risk assessment to address issues such as moving and handling, personal health & safety 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. An example might include where the member of staff was concerned about the likelihood of unfounded allegations being made.

Parents/carers will be involved with their child's intimate care arrangements; a clear account of the agreed arrangements will be recorded. The needs and wishes of children and parents will be carefully considered alongside the School's legal duties towards the child and any possible constraints; e.g. staffing and equal opportunities legislation.

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 designated person for **child protection**. A clear record of the concern will be completed and referred to social services and/or the Police if necessary.

The Head will act as an advocate for each child to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

Children wearing nappies

All children are admitted to school, regardless of whether they are still wearing nappies. Where a child is using nappies there will be a signed agreement with the parents outlining who will usually be responsible for changing the child and when and where this will be carried out.

This agreement allows us and the parents to be aware of all the issues surrounding this task right from the outset.

Procedures for personal care

- ☐ Nappies will normally be changed by the responsible assistant (if there is one) but all staff have a responsibility under the Disability Discrimination Act to ensure that nappies are changed. Not to do so for a prolonged period of time is abuse! In the event of assistants not being available then the person responsible for the child at that time must ensure that the child is changed. On occasion this may be done by the child's parent although this must be the exception if the law is not to be contravened. (Ref: CSF 'Supporting children who are in nappies').
- ☐ Nappies are normally changed in the main disabled toilet where there is a height adjustable changing bench, cleaning and other resources are available

- ☐ Nappies are provided by the parents
- ☐ Nappies should be disposed of by double wrapping in plastic bags
- ☐ Gloves should be worn by staff and hands washed, and the bed wiped. Alternatively disposable paper / bed sheets may be used
- ☐ If the child is unduly distressed then a senior member of staff informed and contact made with the parent.

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 school 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.

Contact with outside agencies will be made, where appropriate, to provide specialist equipment and advice.

First Aid and intimate care

Staff who administer first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with the toilet or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.

Regular requirements of an intimate nature should be planned for. Agreements between the school, those with parental responsibility and the child concerned should be documented and easily understood. The necessity for such requirements should be reviewed regularly. The child's views must also be actively sought and, in particular, any discomfort with the arrangements addressed.

Where a child wets or soils themselves and there is no written agreement the school will inform the parents of the actions taken, the child's comfort must be paramount. The school will provide clean underwear/clothes and send home the soiled/ wet clothing. The above guidelines for changing a child must be followed.