

FAIRISLE JUNIOR SCHOOL

INTIMATE CARE POLICY

Introduction

This policy should be read in conjunction with the school's Safeguarding Policy and Physical Intervention Policy

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 medicine.)

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 must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

Statement of Intent

Fairisle Junior 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. We recognise 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.

Implementation

- ❖ 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 will be trained to do so (including Child Protection and Health and Safety training in lifting and moving, where applicable) 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.
- ❖ 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 and these will be agreed and signed by a parent/ guardian. Where a child requires intimate care in school for the first time, they will be treated in line with this policy and in discussion with parents afterwards an individual intimate care plan may be developed.
- ❖ 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 always be catered for by the same adult unless there is a sound reason for changing the adult concerned. Wherever possible, a second adult will be present or close by.
- ❖ 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.
- ❖ All school staff will work effectively with other agencies to ensure care plans are implemented and reviewed.

The protection of children

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.

If a child makes an allegation against a member of staff, all necessary procedures will be followed as set out in the child protection policy with involvement of the LADO (Local Authority Designated Officer).

Ratified - September 2018

Review Date - September 2019

Intimate Care Guidelines

Children wearing nappies

If the school is asked to admit a child who is still wearing nappies, parents will be given a copy of the intimate care policy and the practice in the school will be discussed with them. The parents will be asked to sign an individual intimate care plan outlining who will be responsible within the school for changing the child and when and where this will be carried out. A note book will be kept in school to record who changes a child, and the times involved. Parents will be informed of the intimate care that has taken place.

Changing facilities

Children who have long term incontinence or who need to change separately for other medical reasons, will use one of the disabled toilets which have been designed with this function in mind. The dignity and privacy of the child will be of paramount concern. When a child is to be changed and requires adult assistance for this, a changing mat is available to be used on the floor. 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. Parents 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 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 the designated 'bodily fluids' bin (complete with a liner) specifically designated for the disposal of waste. There is a separate bin for handtowels etc. The bin will be emptied on a daily basis and it will be collected as part of the usual refuse collection service as this waste is not classed as clinical waste.

Special needs

Children with special needs have the same rights to safety and privacy when receiving intimate care as those without. 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.

Appendix

Intimate Care Plan

To be completed by the Assistant Headteacher (Welfare & Inclusion) or representative and parent/carer & shared with all staff who are involved in supporting the child.

Name of Pupil	Class Teacher
School Staff Involved [including support staff, school nurse, specialist staff] 1. 2. 3. 4. 5. In the event of any of the above staff being unavailable, any member of staff may change my child in line with this policy.	
Nature of Intimate Care provide [including changing, toileting, feeding, showering, medical intervention, first aid, physical education] 1. 2. 3. 4. 5.	
Parental Permission agreed	[please tick] Yes No
Special arrangements for Changing	
Special arrangements for Toileting	
Other Special arrangements [please included any other intimate care not shown above]	
Parents/ Carers will provide:	

I give permission to the school to provide appropriate intimate care to my child
E.g. changing, toileting, feeding, showering, medical support or other.

I will advise the head teacher of any medical issues which impact on the intimate care of my child.

The medical issues are:

Name

Signature

Relationship to child

Date