

Intimate Care Policy



Introduction

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning 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 (eg; medical issues). 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 wherever possible.

The purpose of this policy is:

- Cherry Lane 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.
- Cherry Lane recognizes 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.

Mandatory Procedures:

- All staff will already have an enhanced DBS clearance or List 99.
- Staff undertaking personal care and the more complex clinical tasks should always act in accordance with the policy.
- Staff will have received training before undertaking any of the tasks detailed in the care plan.
- This policy must be read in conjunction with the policies regarding the administering and storage of medications.

Principles

It is essential that every child is treated as an individual and that care is given as gently and as sensitively as possible. The child should be allowed to exercise choice and should be encouraged to have a positive image of his/her body. Given the right approach, intimate care can provide opportunities to teach children about the value of their bodies, to develop their safety skills and to enhance their self-esteem. Parents/carers and staff should be aware that matters concerning intimate care will be dealt with confidentially and sensitively and that the young persons' right to privacy and dignity is maintained at all times.

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. Any child with intimate care needs 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 or herself as she/he 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 members of staff may be needed to be present when a child is toileted. Where possible one child will be catered for by one adult unless there is a 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 the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing care. Staff will be supported to adapt their practice in relation to the needs of individual children. 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.

Washing, dressing, toileting;

At Cherry Lane we encourage and support all pupils to conduct their own self-care as much as possible. It must not be undertaken by staff because they feel it is quicker or more convenient.

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. she/he will immediately report their 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:

There are wide variations in the milestones achieved including toilet training. We hope our children to be fully toilet trained when they begin the Early Years Foundation Stage (EYFS) but for a few children who have additional needs this is not always the case.

Any child wearing nappies will have an intimate care plan which must be signed by the parent/carer. This plan will outline who is responsible in school for changing the child, and where and when this will be carried out. This agreement allows school and parents to be aware of all issues surrounding the task from the outset.

Health & Safety Guidance - When a child has had an accident. Staff should always wear an apron and gloves when dealing with a child who is soiled or when changing a nappy. Any soiled waste should be placed in a polythene waste disposal bag and sealed. The bag should then be placed in a bin, (with a liner) specifically designed for such waste. This bin should be collected on a weekly basis as part of the usual refuse. It is not classed as clinical waste. Staff should be aware of the School's Health and Safety Policy. When a child has an accident and needs changing as much as possible the child is encouraged to change themselves. They will use the class toilet areas and a Teaching Assistant/Class Teacher or SMSAs will hand them over the clothes to change into. The wet clothes will then be placed in a sealed bag for the child to take home at the end of the day. If the child soils themselves then they are encouraged to clean themselves as much as possible. The child will change within the toilet and the adult present outside to encourage and support where needed. If this is as a result of illness the parents will collect the child. Should a child regularly soil as a result of a medical condition or current medicine than a Care Plan will be devised. Parents are encouraged to provide wipes for the children to clean themselves.

Special Needs

Children with special needs have the same rights to privacy and safety when receiving intimate care. Additional vulnerabilities (any physical disability or learning difficulty) must be considered when drawing up care plans for individual children. Regardless of age and ability, the views and emotional responses of children with special needs should be actively sought when drawing up or reviewing a care plan. It necessary a Risk Assessment will also be undertaken to ensure that all eventualities have been considered and planned for. This will be shared with parents and class teachers.

Equal opportunities

All religious views and wishes of all children are respected at Cherry Lane. All children will be treated according to their need and their gender.

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. Staff must be aware that even well-intentioned

contact might be misconstrued by the child or an observer. Staff must always be prepared to justify actions and accept that all physical contact is open to scrutiny. The expectation is that when staff make physical contact with pupils it will be:

- For the least amount of time necessary (limited touch)
- Appropriate, given their age, stage of development and background
- In response to the pupil's needs at the time

Arrangements must be understood and agreed by all concerned, justified in terms of the child's needs and consistently applied and open to scrutiny. Where possible, consultation with colleagues should take place where any deviation from arrangements is anticipated. Any deviation from the agreed plan must be documented and reported. Extra caution may be needed where a child has previously suffered abuse or neglect. This may lead to staff being vulnerable to allegations of abuse. Many such children are needy and seek out inappropriate physical contact. In such circumstances staff should deter the child, seek witnesses and report the incident.

Pupils in distress

There may be occasions when a distressed pupil needs comfort and reassurance that may include physical touch such as a caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and not subject to any misinterpretation. At Cherry Lane we are a caring school and we will sometimes give a cuddle to a young child who is distressed.