



INTIMATE CARE POLICY

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Chair of Governors	Mary Tailby

Introduction

Intimate care is defined as any care of a personal nature, which a pupil requires. For example this can range from blowing someone's nose, to care tasks of a much more personal nature, such as washing someone's genital area.

Intimate Care Good Practice Guidelines

These guidelines should be viewed as expectations upon staff, which are designed to protect both children and staff alike. In situations where a member of staff potentially breaches these expectations, other staff should be able to question this in a constructive manner.

If staff are not comfortable with any aspect of the agreed guidelines, they should seek advice from the Principal. For example, if they do not wish to conduct intimate care on a 1:1 basis, this should be discussed, and alternative arrangements considered. For example, it may be possible to have a second member of staff in an adjoining room or nearby so that they are close to hand but do not compromise the child's sense of privacy. In some situations it may be that two members of staff are preferable and this will be written into the care plan and agreed by all parties.

Staffing

- We will treat every child with dignity and respect and ensure privacy appropriate to the child's age and the situation.
- Privacy is an important issue and much intimate care is carried out by one staff member along with one child.
- Whilst we recognise having people working alone does increase the opportunity for possible abuse, this is balanced by the loss of privacy and lack of trust implied if two people have to be present – quite apart from the practical difficulties.
- For older children it is preferable if the member of staff is the same gender as the young person. However, this is not always possible in practice and where this is not possible this will be discussed with the pupil's parent and agreed personnel will be recorded.

Parents / Carers

- Each child, for whom it is appropriate, will have a written 'Intimate Care Plan' included in their individual programme. This includes pupils requiring any oversight, assistance and supervision.
- The drawing up of the plan will involve close consultation with the parents/carers and child/young person where appropriate.
- Once written the care plan will need to be agreed and signed by the responsible adult.
- The plan will be disseminated to all staff involved in the intimate care of the pupil.
- Care plans will be renewed regularly, at least once a term and at the Annual Review.

Recording

- A pupil changing record sheet will be kept and is signed by all staff involved in any intimate care tasks.
- Copies will be kept in a secure file and completed sheets stored in pupil's individual confidential files
- There is also a section on the sheet to record any comments or observations. eg – skin impairment – changed bowel or urinary pattern, bruises or scratches etc

If a member of staff is concerned that during the intimate care of the child:-

- The child is accidentally hurt
- The child seems sore or unusually tender in the genital area

- The child appears to be sexually aroused by your actions
- The child misunderstands or misinterprets something
- The child has a very emotional reaction without apparent cause (sudden crying or shouting)

They **MUST** report this incident as soon as possible to another person working with them and make a brief written note of it. **Then they MUST discuss it immediately with the Principal or, in his absence, one of the Designated Child Protection Co-ordinators .**

This is for two reasons:

- Because some of these could be cause for concern.
- Because the child or another adult might possibly misconstrue something you have done.

Additionally, if you are a member of staff who has noticed that a child's demeanour has changed directly following intimate care e.g. sudden distress or withdrawal, this should be noted in writing and discussed with the a Designated Child Protection Co-ordinator.

During the Care Procedure

Staff must:

- Staff involved in intimate care will be trained to be alert to the potential indications of abuse or neglect in children and should report this to the Principal or Child Protection Co-ordinator.
- Involve the child as far as possible in his or her own intimate care. Try to avoid doing things for a child that s/he can do alone, and if a child is able to help ensure that s/he is given the chance to do so. This is as important for tasks such as removing underclothes as it is for washing the private parts of a child's body.
- Support children in doing all that they can themselves. If a child is fully dependent on the member of staff they should talk with her or him about what they are doing and give choices where possible.
- Be responsive to a child's reactions. It is appropriate for staff to 'check' their practise by asking the child – particularly a child that staff member may have not previously cared for – “Is it OK to do it this way?”; “Can you wash there?”; How does mummy do that?”.
- As far as possible, ensure intimate care is as consistent as possible. This does not mean that everyone has to do things in an identical fashion, but it is important that approaches to intimate care are not markedly different between individuals.
- Never do something unless the staff member knows how to do it. If they are not sure how to do something they must ask. If the staff member needs to be shown more than once, ask again.
- Encourage the child to have a positive image of her or his own body. Confident, assertive children who feel their body belongs to them are less vulnerable to abuse. As well as the basics like privacy, the approach staff members take to a child's intimate care can convey lots of messages about what her or his body is 'worth'. A staff member's attitude to the child's intimate care is important. As far as appropriate and keeping in mind the child's age, routine care of a child should be enjoyable, relaxed and fun.

Also of import:

- If a child expresses dislike of a certain person carrying out her or his intimate care, the staff member should try and find out why. Conversely, if a child has a 'grudge' against the staff assigned or dislikes the staff member for some reason, this should be reported to the Principal.

- Certain intimate care or treatment procedures, such as rectal examinations, must only be carried out by nursing or medical staff. Other procedures, such as giving rectal valium, suppositories, or intermittent catheterisation, must only be carried out by staff who have been formally trained and assessed as competent.
- When out of the usual environment it is good practice to maintain the same standards of privacy and dignity. Prior knowledge of location, for example, layout of toilets is to be sought wherever possible.

Hygiene

- Consideration is to be taken when disposing of children's/young persons soiled clothing.
- Prior agreement with parents/carers is to be sought wherever possible.
- Soiled clothing should be placed in a plastic laundry bag for the parent/carer to take home to wash.
- No soaking or cleaning of soiled clothing should take place in school.
- Any faecal matter should be disposed of down the toilet before placing clothing in a plastic bag.

Facilities

- Facilities are easily accessed by the child. In the disabled toilet there is a bed that enables staff to lower it to allow the child to get on it and then raise it to the desired height. There is a disabled toilet in the annexe that consists of one toilet.
- Our school will seek appropriate advice from relevant professionals where necessary, for example: Occupation Therapist, Physiotherapist, School Nurse, Diabetic specialists or appropriately trained professionals before a care plan is initiated.
- Hand washing facilities are provided within the room for the child/young person and staff. Liquid soap and paper hand towels are also available.
- All waste bins are fitted with a lid to be foot operated.
- If the care plan involves clinical waste then arrangements will be made for this to be collected by an authorised outside agency.
- All equipment is to be stored safely but easily accessible to the child where this is necessary. It is important to take into consideration the privacy of the individual children/young people and the safety of others.
- Our facilities are inspected on a monthly basis and cleaned daily.
- All notices in the toilet are laminated.
- Any spare clothing must be stored in a box with a lid.

Equipment

The list of equipment detailed below is not exhaustive but gives examples of types of equipment available for use.

1. Rise and fall bed, with suitable sides.
2. Changing mat, suitable for younger child, covered with intact waterproof material.
3. Gloves – if direct contact with blood or body fluids is anticipated, staff to wear seamless, non-sterile gloves (e.g. latex and non-latex which are powder free)
4. Aprons – disposable plastic aprons. The use of cotton is not recommended.
5. Disposable paper towels.
6. Disposable wipes – the product as agreed in the 'Care Plan'.
7. Cleansing agent – appropriate for use and as agreed on the 'Care Plan'.

8. Yellow Clinical Waste Bags for waste that has come into contact with body fluids. Large amount of waste to be disposed of using yellow plastic bags. Green bins for weekly collection by the Hygiene company. All bags should be labelled, secured with self-locking tie and stored in an appropriate secure area awaiting collection for incineration.

COMPLAINTS

- An individual wishing to make a complaint about this policy or the procedures related to it should discuss this with the Academy in the first instance.
- If the issue is not resolved, then a formal complaint may be made, following the complaints procedure as set out in the Parent/Carer Complaints Policy (Spring 2015).

EQUALITY IMPACT STATEMENT

We will do all we can to ensure that this policy does not discriminate, directly or indirectly. We shall do this through regular monitoring and evaluation of our policies. On review we shall assess and consult relevant stakeholders on the likely impact of our policies on the promotion of all aspects of equality, as laid down in the Equality Act (2010). This will include, but not necessarily be limited to: race; gender; sexual orientation; disability; ethnicity; religion; cultural beliefs and pregnancy/maternity.