



POLICY FOR INTIMATE CARE

INTRODUCTION

- **THIS DOCUMENT IS** a statement of the aims, principles and strategies for the INTIMATE CARE at Beeston Rylands Junior School
- **IT WAS DEVELOPED** in 2017 through a process of consultation with staff and governors
- **IT WILL BE** continuously reviewed, updated and approved by the Governing Body, Headteacher and SENCo
- This policy will be **REVIEWED ANNUALLY**

Date of review	Autumn 2017	Autumn 2018	Autumn 2019
Signed			

1.0 Introduction

- 1.1 Staff who work with young children or children who have 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.
- 1.2 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 as well as more ordinary tasks such as help with washing or changing into PE kit.
- 1.3 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 Beeston Rylands Junior School work in partnership with parents/carers to provide continuity of care to children wherever possible.
- 1.4 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.
- 1.5 Beeston Rylands 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. Beeston Rylands Junior 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.

2.0 Our approach to best practice

- 2.1 All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.
- 2.2 Staff who provide intimate care are trained to do so (including Child Protection and Health and 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.
- 2.3 Staff will be supported to adapt their practice in relation to the needs of individual children. Wherever possible staff who are involved in the intimate care of children will not usually be involved with the delivery of sex and relationship education to these children as an additional safeguard to both staff and children involved.

- 2.4 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.
- 2.5 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 as 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 of the child and the carer and health.
- 2.6 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. In order to protect both staff and children from malicious claims the following procedures are in place:-

- Children who are not toilet trained and those who have regular 'accidents' will have an Intimate Care Plan that is agreed and signed by parents/carers. See Appendix A
- 2.7 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.
- 2.8 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 Intimate 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.

3.0 The protection of children

- 3.1 Education Child Protection Procedures and Inter-Agency Child Protection procedures will be accessible to staff and adhered to.
- 3.2 Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.
- 3.3 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 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.
- 3.4 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 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.

- 3.5 If a child makes an allegation against a member of staff, all necessary procedures will be followed

4.0 The disposal of clinical waste

- 4.1 Clinical waste associated with bodily functions and body products is bagged by staff and placed in the white bin in the children's disabled toilet/store room.

- 4.2 The caretaker collects any clinical waste and places it in the designated yellow bag.
- 4.3 The yellow bag is collected weekly by Broxtowe Borough Council.

OTHER POLICY DOCUMENTS THAT SUPPORT THIS POLICY FOR INTIMATE CARE

- ANTI BULLYING POLICY
- USE OF FORCE (PHYSICAL INTERVENTION) POLICY
- EQUAL OPPORTUNITIES POLICY
- SPECIAL EDUCATIONAL NEEDS POLICY
- EQUALITY POLICY
- WHOLE SCHOOL POLICY FOR CHILD PROTECTION AND TO SAFEGUARD AND PROMOTE THE WELFARE OF CHILDREN
- E SAFETY ACCEPTABLE USE POLICY

BEESTON RYLANDS JUNIOR SCHOOL INTIMATE CARE PLAN

Name		Male/Female	
D.O.B.		Condition	
Class		Allergies/ sensitivity	
Pupil's preferred method of communication:			
Pupil's level of ability:			
Independent		Fully Assisted 1 carer	
Independent /supervised		Fully Assisted 2 carers	
Partially Assisted 1 carer		Fully Assisted more than 2 carers	
Procedure			Named/trained staff e.g. 1:1 /departmental staff
Eating and drinking	Assistance required at mealtimes		
	Supervised at mealtimes		
	Nasal Gastric tube feed		
	Gastrostomy feed		
	Continuous pump feed		
	Periodic pump feed		
	Manual feed		
Airways/suction	Other specialist feed.		
	Oral		
Medication: Emergency	Tracheotomy		
	Epipen		
	Oral		
	Rectal e.g. diazepam		
	Supervised medication		
Routine	Administered		
	Supervised		
Personal Care	Rectal procedure e.g. enema		
	Catheterisation		
	Supervised self catheterisation		
	Pad change		
	Menstruation		
	Assistance with toileting		
	Supervised toileting		

ENVIRONMENT REQUIRED FOR PROCEDURE E.G. Adapted bathroom, Medical room
EQUIPMENT REQUIRED FOR PROCEDURE E.G. gloves, toiletries,

SAFE SYSTEM OF WORK
IT IS ASSUMED THAT THE NAMED STAFF FOLLOWING THESE SYSTEMS OF WORK HAVE BEEN TRAINED TO CARRY OUT ALL TECHNIQUES DOCUMENTED
PROCEDURE 1
PROCEDURE 2
PROCEDURE 3

Date Assessed:					
Assessors Signature					
Pupil / parent / guardians signature					
Proposed review dates:					

