St Ives Primary and Nursery

School Intimate Care Policy

1) Principles

1.1 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Safeguarding Children and Safer Recruitment in Education' (2006) to safeguard and promote the welfare of pupils at this school. They will also take account of 'Keeping Children Safe in Education 2017'.

1.2 This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a child's intimate care needs is one aspect of safeguarding.

1.3 The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

1.4 This intimate care policy should be read in conjunction with the following:

- safeguarding policy and child protection procedures
- health and safety policy and procedures
- staff code of conduct and guidance on safer working practice
- 'whistle-blowing' and allegations management policies
- policy for the administration of medicines
- Special Educational Needs policy
- Procedures and policy on use of force and restraint

1.5 We are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

1.6 We recognise that there is a need to treat all children, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every child is treated as an individual and that care is given gently and sensitively: no child should be attended to in a way that causes distress or pain.

1.7 Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

2) Definition

2.1 Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, changing nappies, toileting or dressing.

2.2 It also includes supervision of children involved in intimate self-care.

3) Best Practice

3.1 Staff who provide intimate care are trained to do so including in child protection and health and safety training in moving and handling. They are fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate.

3.2 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 their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

3.3 Staff who provide intimate care should speak to the child personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

3.4 All 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 his/herself as possible.

3.5 Some children who require regular assistance with intimate care may have written support plans or care plans agreed by staff, parents/carers and any other professionals actively involved, such as health visitors or physiotherapists. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer. Any historical concerns (such as past abuse) should be noted and taken into account.

3.6 Where a care plan or support plan is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs. When nappies have been changed or help has been provided with potty training this will be recorded by Nursery staff.

3.7 Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including DBS checks at the appropriate level.

3.8 It is not always practical for two members of staff to assist with an intimate procedure and also this does not take account of the child's privacy. A member of staff should inform another appropriate adult when they are going to assist a child with intimate care.

3.9 Wherever possible the same child will not be cared for by the same adult every time; 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.

3.10 The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

3.11 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

4) Child Protection

4.1 The Governors and staff at this school recognise that children with special needs and disabilities are particularly vulnerable to all types of abuse.

4.2 The school's child protection policy and inter-agency child protection procedures will be accessible to staff and adhered to.

4.3 From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a child's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

4.4 Where appropriate, children will be taught personal safety skills carefully matched to their level of development and understanding.

4.5 If a member of staff has any concerns about physical changes in a child's presentation, e.g. unexplained marks, bruises, soreness etc s/he will immediately report concerns to the Designated Senior Person for Child Protection or Headteacher.

4.6 If a child becomes distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Headteacher.

4.7 If a child, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's policy.

4.8 Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

5) Physiotherapy

5.1 Children who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the support plan or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.

5.2 Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

5.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

6) First Aid and Intimate Care

6.1 Staff who administer first aid should ensure that they administer the care in sight of another adult.

6.2 The child's dignity must be considered at all times.

6.3 When the accident is of a more intimate nature another member of staff should be in the vicinity and should be made aware of the task being undertaken. A second adult must be present if a child has to remove their skirt/trousers/underwear to show an injury. All accidents of this nature will be recorded.

7) Record Keeping

7.1 It is good practice for a written record to be kept in an agreed format every time a child requires assistance with intimate care, including date, times and comments such as changes in the child's behaviour. It should be clear who was present.

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