

St Mary's Catholic Primary School
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Intimate Care Policy

2018-2019

POLICY DETAILS:

Legal Status: Non-Statutory

Version Date: October 2018

Next Review: September 2019

Responsible Person: Headteacher

Principles

1.1 The Governing Body of St Mary's Catholic Primary School will act in accordance with Section 175 of the Education Act 2002 and 'Working Together to Safeguard Children' (DfE March 2015) to safeguard and promote the welfare of pupils at this school.

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

1.3 The Governing Body recognises its duties and responsibilities in relation to the Disability Discrimination Act which requires that any child 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 St Mary's policies and documents:

- Child Protection policy
- Health & Safety policy and procedures
- Medicines policy
- Special Educational Needs policy
- Staff Handbook

1.5 St Mary's Catholic Primary 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. It is acknowledged that these adults are in a position of great trust.

1.6 St Mary's Catholic Primary School recognises that all children, whatever their age, gender, disability, religion or ethnicity, must be treated with respect when intimate care is given. The child's welfare and dignity is of paramount importance. 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 to share information and provide continuity of care.

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 children 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, toileting or dressing.

2.2 Intimate care can be a 'one-off' incident, for example, when a child has a toileting accident and needs assistance with cleaning or undressing. It can also be a more long-term situation such as helping a physically disabled child with daily toileting needs.

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

Best Practice

3.1 Staff who provide occasional intimate care at St Mary's Catholic Primary School are trained to do so as part of first aid, child protection and health & safety training and are fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate.

3.2 Staff who are required to provide intimate care on a regular basis will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation.

3.3 As an additional safeguard, staff involved in meeting intimate care needs will not usually be involved with the delivery of sex education to the same children, wherever possible.

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

3.5 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.

3.6 Children who require regular assistance with intimate care have written Individual Education Plans (IEP) or care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. These plans include a full risk assessment to address issues such as moving and handling and personal safety of the child and the carer. Any historical concerns (such as past abuse) should be noted and taken into account.

3.7 Where a care plan or IEP is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g has had an 'accident' and soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person, by telephone or by sealed letter.

3.8 Every 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. Adults who assist children one-to-one will be employees of the school and be DBS checked at the appropriate level.

3.9 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. It is advisable, however, for a member of staff to inform another adult when they are going to assist a child with intimate care. In the event of an emergency, the incident should be reported as soon as it is possible to the Headteacher, the Designated Senior Person for Child Protection. In her absence, the incident should be reported to the Deputy Headteacher

3.10 Wherever possible, a child with ongoing intimate care needs 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.

3.11 Wherever possible, staff should care for a child of the same gender. This is a safe working practice to protect children and to protect staff from allegations of abuse.

3.12 Sensitive information will be shared only with those who need to know.

3.13 If necessary, advice should be taken from the local authority regarding disposal of large amounts of waste products.

Child Protection

4.0 The Governors and staff at St Mary's Catholic Primary School recognise that children with special needs and disabilities are particularly vulnerable to all types of abuse.

4.1 The school's child protection policy and procedures will be accessible to staff and adhered to.

4.2 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. It may be unrealistic to expect to eliminate these risks completely but, in this school, best practice will be promoted and all adults will be encouraged to be vigilant at all times.

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

4.4 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 Headteacher who is the Designated Senior Person for child protection or to the Deputy Headteacher. A clear written record of the concern will be completed and a referral made to Social Care, if necessary, in accordance with inter-agency procedures. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless it is considered that to do so will place the child at risk of harm.

4.5 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 the Deputy Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) 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.

4.6 If a child makes an allegation against an adult working at the school, this will be investigated by the Headteacher (or by the Chair of Governors if the concern is about the Headteacher) in accordance with the agreed procedures.

4.7 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, Mrs Pratley or to the Chair of Governors if the concern is about the Headteacher.

Medical Procedures

5.0 Children with disabilities might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the IEP or care plan and will only be carried out by staff who have been trained to do so.

5.1 Any members of staff who administer first aid should be appropriately trained. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present if possible, with due regard to the child's privacy and dignity.

Staff Responsibilities

6.1 All staff employed by St Mary's Catholic Primary School have a duty of care to all pupils. This means that any adult could find themselves in the position of having to assist a child with a particular intimate care need.

6.2 In the interests of ensuring continuation of care and learning of all other children, the child requiring 'one-off' intimate care should be attended to by a member of the support staff assigned to the child's class or phase group. Alternatively, it may be preferable for the support staff member to come to the child if this would help the child retain their dignity and privacy.

6.3 In the event of a 'one-off' incident, such as a toileting accident, it is important to do everything possible to respect a child's dignity and right to privacy. Therefore, a child should be encouraged to clean themselves as far as possible and dress themselves if this is manageable. If a member of staff needs to assist a child with cleaning and/or dressing, it is best practice to let the child know what you intend to do. If the child shows any signs of resistance or reluctance, DO NOT pursue the matter any further. Make sure the child is safe then ask another adult to make contact with parents requesting them to attend the school immediately to tend to their child. If the child does allow you to attend to their need, the amount of physical contact should be minimal and just enough to ensure the child is clean.

6.4 Washing facilities are available for use should this be required and spare clothing is kept at the school in most sizes.

6.5 A child requiring ongoing intimate care will have a member of support staff assigned to attend to the specific needs of the child. At least one other member of staff will also be trained in dealing with any necessary procedures for the child to ensure that there is continuation of care in the event of staff absence and to avoid the child always receiving personal attention from one adult.

6.6 Staff dealing with intimate care should wear protective gloves and an apron, particularly if they are likely to come into contact with bodily fluids. These are available at all first aid points. All waste products (e.g. tissues) should be disposed of safely and the Site Manager should be contacted to clean floors, surfaces etc. Soiled clothing should be securely packed in a thick plastic bag and returned to the child's parents.

6.7 When any child receives 'one-off' intimate care, parents must be informed as soon as possible and certainly by the end of the school day. The incident should also be recorded in the Accident Book which is held in the main reception area.