



Intimate Care Policy

Last updated:	Sept, 2020
Approved by Governors:	Sept, 2020
Review cycle:	Every 3 years, or updated depending on the needs of the children attending
Review date:	Sept, 2023

Definitions

Intimate care is defined as care tasks of an intimate nature, typically associated with bodily functions, where that care is required to meet the personal needs of an individual child on either a regular basis or during a one-off incident. Such activities include:

- Feeding
- Oral care
- Washing
- Carrying out a procedure to private parts of the body (such as catheter management)
- Continence care
- Menstrual management
- Changing clothes
- Toileting
- First aid and medical assistance
- The supervision of a child involved in their own intimate self-care

Principles

The stigma associated with the requirement of intimate care can cause stress and embarrassment to the children and families concerned, therefore the following principles must underpin all intimate care provided by staff at the school:

- Every child has the right to be safe
- Every child has the right to personal privacy
- Every child has the right to be valued as an individual
- Every child has the right to be treated with dignity and respect
- All children have the right to be involved and consulted in their own intimate care to the best of their abilities
- All children have the right to express their views on their own intimate care and to have such views taken into account
- Every child has the right to have levels of intimate care that are appropriate and consistent

Aim

All children have the right to be safe, to be treated with courtesy, dignity and respect and we will work:

- To ensure that pupils with continence difficulties are not discriminated against in line with the Equalities Act 2010
- To provide help and support to pupils in becoming fully independent in personal hygiene
- To treat continence issues sensitively so as to maintain the self-esteem of the child
- With parents in delivering a suitable care plan where necessary
- To ensure that staff dealing with continence issues work within guidelines that protect themselves and the pupils involved, in line with school policies including those of Safeguarding and Health and Safety
- To ensure children's dignity is preserved and that a high level of privacy, choice and control will be provided to them.

Health Care & Intimate Care Plans

Pupils who have complex, long-term or regular intimate care needs will have a health care plan in place. Any required procedures will be discussed with parents/carers and the school nursing team, and documented in the pupil's individual healthcare plan. This ensures that the school meets each child's health and/or care needs, and that any particular needs that a child may have will be dealt with sensitively and appropriately. Individual health care plans are created, adhered to and reviewed as necessary, but at least annually.

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, and personal safety of the child. As a basic principle, children are supported to achieve the highest level of autonomy that is possible, given their age and abilities: Staff encourage each child to do as much for themselves as they can.

Children with special educational needs have the same rights to safety and privacy when receiving intimate care; additional vulnerabilities that may arise from a physical disability or learning difficulty must be considered when planning for meeting a child's needs.

Our approach to best practice

All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance. All staff at High Ash School will follow the agreed procedures (below) when attending to the intimate care needs of any pupil within the setting:

- Staff at High Ash School work in partnership with parents/carers to provide continuity of care to children wherever possible.
- 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.
 - Staff ensure the child is aware of each procedure that is carried out, and the reasons for it.
 - Staff always explain or seek the permission of the pupil before starting an intimate care procedure, according to the pupil's age and level of understanding
- Staff are 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.
- Medical procedures (such as the administration of rectal medication, managing catheters or colostomy bags) will only be carried out by staff who have been trained to do so. Staff will follow infection control guidelines and ensure that any medical items are disposed of correctly.
- Any child who has personal care or continence needs will be attended to in a designated area within school which allows the child privacy but ensures staff assisting them are not isolated. Staff will always alert another member of staff to what they are doing and where they are going, ensuring someone has them in sight and/or earshot during the procedure.
- The child should have the highest possible levels of autonomy at all times, as appropriate to their age and ability. Where the child is able to act independently, one adult should stand outside the designated area whilst the child is cleaning or changing and then make sure the toilet area is left in an appropriate condition
- Apparatus is provided to assist with children who need special arrangements, following assessment from physiotherapist / occupational therapist as required.
- Parents/carers will be contacted where soiling is severe and/or linked to illness e.g. sickness and diarrhoea, or when a child refuses to let a member of staff help change their clothing and yet the child cannot manage this themselves.
- If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness, etc., they will immediately report these to the Designated Safeguarding Lead. The normal Safeguarding procedures are then followed.

Safeguarding

All staff at High Ash School (including those who provide intimate care to children) have a high awareness of child protection issues. High Ash 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.

The normal process for providing intimate care should not raise any safeguarding concerns; however, staff behaviour should be open to scrutiny and, therefore, intimate care should be carried out in an open and transparent way. Specific procedures include:

- All members of school staff employed at the school have undergone the necessary safer recruitment checks, in line with Keeping Children Safe in Education.
- Only employees of the school will support pupils with intimate care (not students or volunteers)
- A staff member should never take a child off alone without informing another member of staff and they should always have someone close by (at least in earshot) whilst carrying out any intimate care procedure. This is to protect both the pupil and staff member supporting the child. The pupil's dignity should not be compromised at any point.
- Therefore Two members of staff are involved with any intimate care procedure at all times (either directly or indirectly by providing additional non-contact support).
- All intimate care provided must be recorded on the record of intimate care log.
- If a member of staff has any concerns about a pupil's presentation, e.g. unexplained marks or bruises etc. they will immediately report these to the Designated Safeguarding Lead.

If a pupil becomes unusually distressed or unhappy about being cared for by a particular member of staff, this must be reported to the Headteacher. The matter will be investigated at an appropriate level and outcomes recorded. Parents / carers will be contacted as soon as possible. If required, staffing schedules will be altered until the issue is resolved. The child's needs will remain of utmost importance. Further advice will be taken from outside agencies if necessary.

Menstrual Care

Girls who are going through puberty and have started menstruating may need the support of school and staff to manage any situations which may arise. Whilst menstruation is taught explicitly in KS2 as part of the curriculum, there may be times when girls who are younger begin their menstrual cycle earlier. Where this occurs, staff will be sensitive to this and discuss with pupils and parents as requested.

High Ash School ensure there is accessible provision of sanitary products for pupils at the school, including sanitary bins (in the Year 5/6 girls' toilets), sanitary towels (in the medical room) and other appropriate items.