



St. Patrick's Catholic Primary School

Intimate Care Policy.

September 2022

St Patrick's Catholic Primary School has a responsibility to safeguard and promote the welfare of the children and young people in its care. Staff who work with young children or children, especially those who have special needs recognise that the issue of intimate care is a difficult one. Staff are therefore always respectful of children's needs.

The agreed procedures for intimate care must be followed in all circumstances; any changes to the procedures must be done so in the interest of the child or whole staff team, any changes must be discussed with the class teacher and/or the Head Teacher/Assistant Headteacher(s), prior to those changes taking place. **Short-term students, visitors and supply staff will not have responsibility for intimate care.**

Safeguarding

We recognise that poor standards of personal intimate care can be an outward sign of abuse; and that SEN /disabled children may be particularly vulnerable to all forms of abuse. Safeguarding (and whistle blowing) procedures are accessible to staff and adhered to. If a member of staff has any concerns about physical changes in a child's presentation; for example: marks, bruises, soreness etc., they will immediately report concerns to the Designated/Deputy Safeguarding Leads/ (Mrs Ward & Mrs Brown). A clear record of the concern will be completed and referrals made in line with the schools safeguarding policy. Equally, if a child makes an allegation against a member of staff, all necessary procedures will be followed.

What is intimate care?

Intimate care may involve helping with drinking, eating, dressing, toileting, nappy changing, comforting. In most cases at school intimate care will involve procedures to do with personal hygiene.

Staff at St Patrick's, who provide intimate care, are aware of the need to adhere to good Child Protection practice in order to minimise the risks for both the children and themselves. All school staff are supported and trained so that they feel confident in their practice.

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 and menstrual management as well as more ordinary tasks such as help with washing.

Aims and Best Practice

- 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 demonstrate a thorough awareness of child protection issues and work in partnership with parents/carers to provide continuity of care to children wherever possible.
- All staff responsible for the intimate care of children will undertake their duties in a professional manner at all times.
- Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.
- 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. When requested through a Personalised Plan (PP), apparatus will be provided to assist with children who need special arrangements.
- Where a care plan or PP is not in place and a child has needed help with intimate care (in the case of a toilet 'accident') then parents/carers will be informed the same day. This information should be treated as confidential and communicated in person, via telephone or changing form (not via any home school diary).
- Staff 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.
- 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.
- Children will be supported to achieve the highest level of independence that is possible given their age and abilities. Individual intimate care plans may 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.
- 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. If this is the case, the reasons should be clearly documented.
- 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 care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; for example: staffing and equal opportunities legislation.

Medical procedures

- Children with disabilities might require assistance with invasive or non- invasive medical procedures such as managing catheters. These procedures will be discussed with

parents/carers, documented in the IEP or care plan and will only be carried out by health care professionals who have been trained to do so.

- Only qualified staff should administer first aid. If an examination of a child is required in an emergency first aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.
- Children who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the IEP 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.

Procedures

Nappy changing

- Nappy changing takes place in the Disabled toilet facility where the changing table is- clearly visible to other staff members.
- All staff must wear gloves and aprons.
- Nappy to be disposed of in nappy bin.
- Unit /changing mat must be cleaned down with anti-bac spray and blue roll after the change.
- Gloves must be changed after every nappy.
- Children to wash hands.
- Changing record sheet must be completed. And parents will always be informed.
- Never leave a child unattended on nappy unit.

Toilet trained children

- Children will be encouraged to use the toilet independently.
- Support can be offered with personal care.
- Staff to check toilet has been flushed/ is clean.
- Cubicles are easily locked/unlocked from inside and out.
- Children encouraged to wash hands independently, but support given where necessary.

Older children requiring intimate care

- If appropriate, children should be given some preference in regard to the member of staff offering support.
- Parents of children with a care plan should be aware of the school's procedure on intimate care.
- Soiled clothing should be bagged securely and given to the parent at the end of the school day.
- Where a change of clothing is not available and /or the child requires bathing then the parent/carer will be contacted via telephone to provide clothing or to collect from school.
- A changing record sheet will be completed if appropriate.

- A separate toilet cubicle is designated for any older child requiring a private area.
- Supplies of sanitary items are kept in the photocopier room and children informed of this as relevant.

This policy will be reviewed in the Autumn Term 2024