



St Margaret Mary's RC Primary School
INTIMATE CARE POLICY
2018-2020

Our Mission:

We try to follow Jesus in everything we do.

We help everybody in our school family and we try to let our light shine as the light of Jesus shines.

Everyone at St. Margaret Mary's is special. We feel happy and safe.
We are encouraged to value ourselves and each other in an atmosphere of trust, good humour, acceptance and enjoyment.

Saint Margaret Mary's school is where we come to learn through exciting and fun lessons. We try to always be welcoming and caring to all. We want to do our best, even if we find it difficult.

Introduction

The Governors and staff take seriously their responsibility to safeguard and promote the welfare of the children and young people in their care. Meeting a pupil's intimate care needs is one aspect of safeguarding. 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.

St Margaret Mary's 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. St Margaret Mary's recognises that there is a need to treat all children, whatever their age, gender, disability, religion or ethnicity, 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. Staff will work in close partnership with parent/carers to share information and provide continuity of care.

Best Practice

- Staff who provide intimate care are trained to do so and are fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate.

- 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.
- Staff involved in meeting intimate care needs will not usually be involved with the delivery of sex education to the same children, wherever possible.
- Careful communication with each child, 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.
- Staff will encourage each child to do as much for his/herself as possible.
- Children who require regular assistance with intimate care have written 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, personal safety of the child and the carer. Any historical concerns (such as past abuse) should be noted and taken into account.
- Where a care plan is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg: 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 - telephone or by sealed letter.
- 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.
- It is not always practical for two members of staff to assist with an intimate procedure as 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.
- Wherever possible the child will not be cared for by the same adult on a regular basis. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing.
- The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

Medical Procedures

- Children with disabilities might require assistance with invasive or non-invasive medical procedures. These procedures will be discussed with parents/carers,

documented in the care plan and will only be carried out by staff who have been trained to do so.

- Any members of staff who administer first aid will be appropriately trained. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present.

Record Keeping

- A written record is kept every time a child requires assistance with intimate care, including date, times and any comments such as changes in the child's behaviour. It should be clear who was present.

Where will the Intimate Care take place?

Intimate care will usually take place in the hygiene suite, which is a designated area that is private enough to respect the child's dignity, but also allows the adult to be seen at all times to prevent them from allegations or bringing their behaviour into question.

No adult will be left alone behind a fully closed door when carrying out intimate care procedures. This puts both the safety of the child and staff member at risk.

Where possible, another adult should stay close by while the procedure is carried out, but does not need to stand as a 'witness' to the procedure.

If a child refuses staff assistance a parent or carer will be called. If a child is unduly distressed by the experience, a phone call will be made to parents/carers. They may be asked to take the child home, if the child is distressed or unwell.

Safeguarding

If a member of staff notices marks, injuries, bruising or undue soreness, it will be recorded and reported to the designated child protection person and the usual procedures will be followed in line with the schools Safeguarding Policy.

Procedure for Changing a Child:

1. Ensure all changing equipment and resources are to hand.
2. Staff to reassure the child and make changing an enjoyable time from beginning to end by chatting and singing and building attachments.

3. Staff to take children to the designated changing area and ensure that the child is happy and comfortable with being changed by talking to them throughout and telling them what they are about to do before each step.
4. Disposable gloves are recommended to be worn. Please note, the use of disposable gloves is not a substitute for good hand hygiene and hands must still be washed at the end of the routine.
5. Disposable gloves should be changed each time a child is changed.
6. Adult to encourage the child to undress independently where possible. If adult help is needed, the adult is to remove only the clothes required to reach soiled pants unless further soiling has occurred and the child needs to be changed fully.
7. Adult to remove the soiled pants, place them in a nappy bag and then place them in a carrier bag.
8. Children's skin to be cleaned with disposable wipes, also disposed of in a nappy bag into the bin.
9. If the child's care plan requires nappy creams, lotions to be used, practitioners to follow procedure outlined in this plan for the individual child. No products are to be shared between children or applied without written parental consent.
10. Child to be dressed, or encouraged to dress in clean clothes if soiled. Dirty clothes to be put into a plastic bag and given to parents/carers when the child is picked up at the end of the day. Staff members will not attempt to wash or rinse the clothes. Encourage child to wash their hands.
11. Changing area should be wiped with anti-bacterial spray and dried after each use if needed.
12. Staff to wash and dry their hands following the procedure, after glove removal and before leaving the changing area or handling another child.

To be reviewed annually.

Signed: _____

(Chair of Governors)

