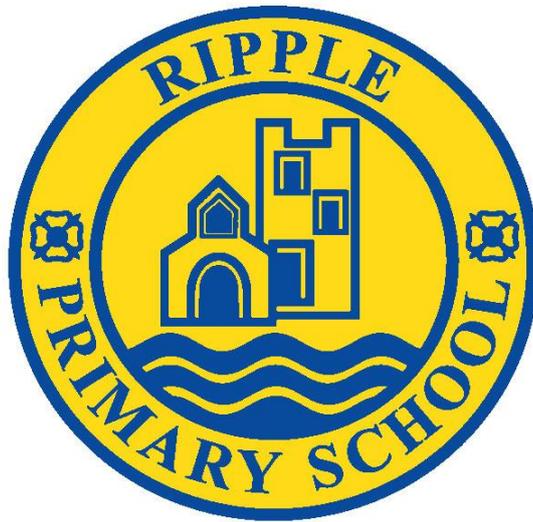




RIPPLE PRIMARY SCHOOL



INTIMATE CARE POLICY

2016



All policies, procedures and guidance apply to all staff, governors and volunteers working in school.

RATIONALE

At Ripple Primary School we recognise that there may be occasions when pupils require the assistance of staff with intimate and personal care procedures. This may be necessary, for example:

- during the provision of medical care,
- when assisting young children with toileting,
- when assisting young children with dressing/undressing, for example during PE or swimming,
- As part of a care package for children with disabilities.

PURPOSE

The Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children. Disabled children can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs.

DEFINITION

Intimate care may be defined as any activity required to meet the personal care needs of each individual child. Parents have a responsibility to advise staff of the intimate care needs of their child, and staff have a responsibility to work in partnership with children and parents.

Intimate care can include:

- Feeding
- Oral care
- Washing
- Dressing/undressing
- Toileting
- Menstrual Care
- Photographs
- Treatments such as enemas, suppositories, enteral feeds
- Catheter and stoma care
- Supervision of a child involved in intimate self-care

GENERAL

- Depending on their abilities, age and maturity children should be encouraged to act as independently as possible during intimate or personal care procedures.
- All children have a right to safety, privacy and dignity when contact of a physical or intimate nature is required.
- The emotional responses of any child to intimate care should be carefully and sensitively observed and where necessary any concerns passed to the child protection lead and parents/carers.



- It will not be appropriate for a member of staff to initiate intimate care procedures with a child without first alerting a second member of staff to the fact, the location and the details of the care to be provided.
- Photographic equipment, including mobile phones or computers with a camera facility will not be permitted in the vicinity whilst the intimate or personal care procedure is being carried out with an individual child in a private setting; whether or not the equipment is turned off.
- Each time intimate care is administered to a child; the details (time, place, member/s of staff present, reason) must be recorded in one of the intimate care books.

PRINCIPLES OF INTIMATE CARE

The following are the fundamental principles upon which the Policy is based:

- 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.
- Every child has the right to be involved and consulted in their own intimate care.
- Every child has 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 as consistent as possible.

RESPONSIBILITIES

All staff working with children must be vetted by the school. This includes students on work placement and volunteers. Only named staff identified by your Agency should undertake the intimate care of children. Managers must ensure that all staff undertaking the intimate care of children are familiar with, and understand the Intimate Care Policy.

All staff must be trained in the specific types of intimate care that they carry out and fully understand the Intimate Care Policy within the context of their work.

Intimate care arrangements must be agreed by the School, parents / carers and child (if appropriate). Intimate care arrangements must be recorded in the child's personal file and consent forms signed by the parents / carers and child (if appropriate).

Intimate care arrangements should be reviewed at least six monthly. The views of all relevant parties, including the child (if appropriate), should be sought and considered to inform future arrangements.

Staff should not undertake any aspect of intimate care that has not been agreed between the School, parents /carers and child (if appropriate). If a staff member has concerns about a colleague's intimate care practice they must report this to their designated manager.

GUIDELINES FOR GOOD PRACTICE



All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children. Disabled children can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs. Staff also need to be aware that some adults may use intimate care, as an opportunity to abuse children. It is important to bear in mind that some care tasks / treatments can be open to misinterpretation. Adhering to these guidelines of good practice should safeguard children and staff.

Involve the child in their intimate care. Try to encourage a child's independence as far as possible in his / her intimate care. Where the child is fully dependent talk with them about what is going to be done and give them choice where possible. Check your practice by asking the child / parent any likes / dislikes while carrying out intimate care and obtain consent.

Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.

A lot of care is carried out by one staff member / carer alone with one child. The practice of providing one-one intimate care of a child alone is supported, unless the activity requires two persons for the greater comfort /safety of the child or the child prefers two persons.

Make sure practice in intimate care is consistent. As a child can have multiple carers a consistent approach to care is essential. Effective communication between parents / carers / agencies ensures practice is consistent.

Be aware of own limitations Only carry out care activities you understand and feel competent and confident to carry out. If in doubt ASK. Some procedures must only be carried out by staff who have been formally trained and assessed e.g. enteral feeding, rectal diazepam.

Promote positive self-esteem and body image. Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be relaxed, enjoyable and fun.

If you have any concerns you must report them. If you observe any unusual markings, dis-colourations or swelling including the genital area, report immediately to the child protection lead for the school through the confidential reporting form

If during the intimate care of a child you accidentally hurt them or the child appears to be sexually aroused by your actions, or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the child protection lead for the school through the confidential reporting form. Report and record any unusual emotional or behavioural response by the child.

WORKING WITH CHILDREN OF THE OPPOSITE SEX



There is a positive value in both male and female staff being involved with children. Ideally, every child should have the choice of carer for all their intimate care. The individual child's safety, dignity and privacy are of paramount importance.

The practical guidelines set out below, are written in the knowledge that the current ratio of female to male staff means we are far less likely to be able to offer the choice of same sex carer to male children.

Wherever possible, boys and girls should be offered the choice of carer and second carer. Where there is any doubt that a child is able to make an informed choice on these issues, the child's parents are usually in the best position to act as advocates. It may be possible to determine a child's wishes by observation of their reactions to the intimate care they receive. Do not assume that a child cannot make a choice.

The intimate care of boys / girls can be carried out by a member of staff of the opposite sex with the following provisions:

- (a) Staff must follow policy and procedures in operation within the school and direction and agreement must be provided by a senior member of staff.
- (c) When intimate care is being carried out, all children have the right to dignity and privacy i.e. they should be appropriately covered, the door closed or screens / curtains put in place.
- (d) If the child appears distressed or uncomfortable when personal care tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance.
- (e) Concerns must be reported to the child protection lead for the school via the confidential reporting form.
- (f) Parents / carers must be informed about concerns.

COMMUNICATION WITH CHILDREN

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Children communicate using different methods e.g. words, signs, symbols, body movements, eye pointing.

To ensure effective communication:

- Ascertain how the child communicates e.g. consult with child, parent / carer and, if appropriate, communication needs must be recorded.
- If further information is required please consult with the child's Speech and Language Therapist.
- Make eye contact at the child's level.
- Use simple language and repeat if necessary.
- Wait for response.
- Continue to explain to the child what is happening even if there is no response.
- Treat the child as an individual with dignity and respect.

PROVIDING COMFORT OR SUPPORT

Children may seek physical comfort from staff (particularly children in Nursery and Reception). Where children require physical support, staff need to be aware that physical contact must be kept to a minimum and be child initiated. When comforting a child or giving reassurance, the member of staff's hands should always be seen and a



child should not be positioned close to a member of staff's body which could be regarded as intimate. If physical contact is deemed to be appropriate staff must provide care which is suitable to the age, gender and situation of the child.

If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable.

SOILING

Intimate care for soiling should only be given to a child after the parents have given permission for staff to clean and change the child. Parents who have children in the Nursery may sign a permission form so that the Early Years staff can clean and change their child in the event of the child soiling themselves

If a parent does not give consent, the school will contact the parents or other emergency contact giving specific details about the necessity for cleaning the child. If the parents/carers or emergency contact is able to come within a few minutes, the child is comforted and kept away from the other children to preserve dignity until the parent arrives. Children are not left on their own whilst waiting for a parent to arrive, an adult will stay with them, giving comfort and reassurance The child will be dressed at all times and never left partially clothed.

If a parent/carer or emergency contact cannot attend, the school seeks to gain verbal consent from parents/carers for staff to clean and change the child. This permission will be sought on each occasion that the child soils him or herself.

If the parents and emergency contacts cannot be contacted the Head Teacher will be consulted. If put in an impossible situation where the child is at risk, staff will act appropriately and may need to come into some level of physical contact in order to aid the child.

When touching a child, staff should always be aware of the possibility of invading a child's privacy and will respect the child's wishes and feelings.

HYGIENE

All staff must be familiar with normal precautions for avoiding infection, must follow basic hygiene procedures and have access to protective, disposable gloves.

If a child needs to be cleaned, staff will make sure that:

Protective gloves are worn

The procedure is discussed in a friendly and reassuring way with the child throughout the process

The child is encouraged to care for him/herself as far as possible

Physical contact is kept to the minimum possible to carry out the necessary cleaning

Privacy is given appropriate to the child's age and the situation



All spills of vomit, blood or excrement are wiped up and flushed down the toilet

Any soiling that can be, is flushed down the toilet

Soiled clothing is put in a plastic bag, unwashed, and sent home with the child