



# Marton Manor Primary School

## Intimate Care policy

**Autumn 2019**

Signed .....(Chair of Governors)

Signed.....(Head Teacher)

Policy review date Autumn 2020



## Introduction and scope of this policy

1.1 This policy is written in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Keeping children Safe in Education' (September 2019) to safeguard and promote the welfare of all pupils and staff within Marton Manor Primary School.

1.2 Marton Manor Primary School takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

1.3 The school recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil 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 school and James Cook Learning Trust policies referenced below:

- Safeguarding policy and child protection procedures
- Staff code of conduct and guidance on safer working practice
- Whistle-blowing and allegations management policies
- Health and safety policy and procedures
  - Special Educational Needs policy
- Policy for the administration of medicines
- First Aid policy
- Multi Agency Safeguarding Children's Board (MACH) Child Protection guidelines

1.5 The school is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

We recognise that all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation should be treated with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and

personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

1.7 Staff will work in close partnership with parents/carers and other professionals to share information and provide continuity of care

1.8 Where pupils with complex and/or long-term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

1.9 All staff undertaking intimate care must be given appropriate training from an experienced member of staff as required.

This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

3.11 Child focused principles of intimate care.

1.12 The following are the fundamental principles upon which this Policy and Guidelines are 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 to the best of their abilities.
- 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.

**2 DEFINITION 2.1** Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate, personal areas of the body which most people usually carry out themselves, but some pupils are unable to do because of their young age, physical difficulties, disability or other special needs. Examples

include care associated with incontinence as well as more ordinary tasks such as help with washing, toileting or dressing.

2.2 It also includes supervision of pupils involved in intimate self-care

.2.3 Intimate care will normally be undertaken on the school premises, in a designated area. However, there will be occasions (trips and residential visits) where intimate care is required to take place off-site. In these circumstances, all necessary precautions should be taken to ensure that the level of care is not compromised and the child's dignity is maintained at all times

### .3BEST PRACTICE

Pupils who require regular assistance with intimate care have written health care plans agreed by staff, parents/carers and any other professionals actively involved, such as the school nurse.

Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present, wherever possible/appropriate. Any historical concerns should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

3.2 Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan

.3.3 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 (e.g.has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person,or by telephone or by sealed letter, not through a home/school diary each time a child receives intimate care from a member of staff.

3.5These records will be kept safe and available to parents/carers on request.

3.6All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will

encourage each individual pupil to do as much for his/herself as possible to promote greater independence and self-esteem.

3.7 Staff who provide intimate care should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate, and safe disposal of bodily fluids and sharps in designated waste bins.

3.9 There must be careful communication with each pupil who needs help with intimate care in line with their age and preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the pupil is of an appropriate age, and has a good level of cognition, permission should be sought before starting an intimate procedure. Pupils who present with impaired cognition and/or interaction must have intimate care procedures explained to them, but in a method that they will fully understand i.e. using sign/gesture if necessary.

3.10 Every child's right to privacy and modesty will be respected, to preserve their dignity. Whilst the pupil's wishes and feelings should be sought and taken into account for the safety of both the child and staff, it is school policy that, where possible, two adults should be present during all intimate care

The religious views, beliefs and cultural values of children and their families should be made known prior to any intimate care procedures being undertaken. In circumstances where a parent or child's preferences would affect or determine the gender of the carer(s) undertaking the intimate care procedure, the school will make every effort to accommodate parental wishes, but certain workforce restrictions may prevent this.

3.12 It is preferable for male and female care staff to be involved with intimate care procedures with children of the same gender, however, working with children of the opposite gender is permitted for the following provisions:

- (a) Key working and liaising with families
- (b) Co-ordinating of and contribution to a child's review
- (c) Meeting the developmental, emotional and recreational needs of the children

(d)Escorting the children between sites and outings unless intimate care is needed

(e)When intimate care is being 'supervised' only, and the child is appropriately covered by a door or closed screen and is able to manage their own intimate care

(f)Where the child requires attention and there is not a member of staff of the same gender available

.3.13Adults who assist pupils with intimate care will be employees of the school. They will not be students or volunteers. The standard range of safer recruitment checks, including enhanced DBS checks will always be made prior to employment commencing.

53.14 All staff should be aware of the school's Confidentiality Policy. Sensitive information will be shared only with those who need to know

.3.15Health & Safety guidelines should be adhered to regarding waste products, and protocols for the safe disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste should be made.

**No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.**

#### **4SAFEGUARDING & CHILD PROTECTION**

4.1 The school's child protection procedures will always be adhered to, and all staff will receive annual training from the nominated person with responsibility for Safeguarding.

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 pupil's body. Across the school, best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice. Where appropriate, pupils 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 pupil's presentation, e.g. unexplained marks, bruises, etc she/he will

immediately report concerns to the person responsible for Safeguarding (HeadTeacher/ Deputy Head Teacher/SENCO). A clear written record of the concern will be completed and recorded on CPOMS. A referral will be made to the relevant Local Authority Children's Services Social Care Team, if appropriate, in accordance with the school's child protection procedures. Local procedures will then be followed.

The school and its employees recognise that pupils with special needs and/or who are disabled may be particularly vulnerable to abuse.

4.6 If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to a member of the Senior Leadership Team immediately. The matter will be investigated at an appropriate level (usually the Head Teacher or Deputy Head) and outcomes recorded. Parents/carers will be contacted immediately in order to reach a satisfactory outcome. Staffing schedules will be altered until the issue(s) is/are resolved to enable continuity of care. Further advice will be taken from outside agencies if necessary.

4.7 If a pupil, or any other person acting on their behalf, makes an allegation against an adult working at the school this should be reported to the Head Teacher, who will consult the Local Authority Designated Officer (LADO) in accordance with the school's policy on dealing with allegations of abuse against members of staff and volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to

Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Head Teacher or Deputy Head, in accordance with the school's safeguarding procedures and whistle-blowing policies.

64.9 SOME PUPILS MAY REQUIRE ASSISTANCE WITH INVASIVE OR NON-INVASIVE MEDICAL PROCEDURES SUCH AS THE ADMINISTRATION OF COLOSTOMY BAGS. THESE PROCEDURES WILL BE DISCUSSED WITH PARENTS/CARERS, DOCUMENTED IN THE CHILD'S INDIVIDUAL CARE PLAN AND

WILL ONLY BE CARRIED OUT BY CARE STAFF WHO HAVE BEEN TRAINED TO DO SO.

SWIMMING5.1 Whilst we recognise that it is desirable to have a minimum of two adults to accompany children in changing areas, this is not always possible for operational reasons. In these circumstances, staff should avoid intimate contact with children in their care unless there is no alternative course of action for the safety/ wellbeing of the child/ children in their care.

5.2 Whilst the school will try to ensure that staff only deal with children of the same sex; this is not always possible. Staff are working in a professional capacity and it is expected that because of operational necessity, staff of the opposite gender will support children with intimate care or accompany children of the opposite gender whilst they change clothing.

#### REVIEWING THE POLICY

8.1 This Policy will be reviewed annually by the SENDCo and Senior Leadership team. Any amendments will be shared with the Governors.