



Campsbourne School Intimate Care Policy

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1) Principles

The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Keeping Children Safe in Education' (2020) to safeguard and promote the welfare of pupils¹ at this school.

The school takes its responsibility to safeguard and promote the welfare of the children and young people in its care seriously. Meeting a pupil's intimate care needs is one aspect of safeguarding. This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

The Governing Body 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.

This intimate care policy should be read in conjunction with the schools' policies as below (or similarly named):

- Safeguarding and Child Protection Procedures
- Staff Code of Conduct
- Whistle Blowing and Allegations Management Policies
- Health and Safety Policy and Procedures
- Special Educational Needs Policy

The Governing Body 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 there is a need to treat all pupils 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.

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

Where pupils with complex and/or long term health conditions and 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.

All staff undertaking intimate care must be given appropriate training.

2) Definition

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 pupils are unable to do because of their young age, physical difficulties or other special needs.

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

3) Child focused principles of intimate care

The following are the fundamental principles upon which the 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.

4) Best Practice

4.1 Assisting a child with intimate care

On occasions an individual child may require some assistance with changing if, for example, they have an accident at the toilet, gets wet outside, or has vomit on their clothes etc.

Children should be encouraged to act as independently as possible and to undertake as much of their own personal care as is possible and practicable. If the child is not able to complete this task, the decision will be taken on the basis of loco-parentis and our duty of care to meet the needs of the child to change the child.

When assistance is required, this should normally be undertaken by one member of staff, however, they should try to ensure that another appropriate adult is in the vicinity who is aware of the task to be undertaken and that, wherever possible, they are visible and/or audible. Intimate or personal care procedures should not involve more than one member of staff unless the child's intimate care plan specifies the reason for this.

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 by telephone or by sealed letter, not through the home/school diary.

If staff are concerned in any way or a child is very distressed then parents/carers will be asked if they can come to school to assist their child.

4.3 Pupils who require regular assistance

Pupils who require regular assistance with intimate care have written individual health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. The plan will be agreed at a meeting at which all key staff and the child will be present wherever possible/appropriate.

Any vulnerability, including those that may arise from a physical or learning difficulties or past children protection concerns should be considered when formulating the individual child's care plan. The views of parent/carers, and the child regardless of their age and understanding, should be actively sought in formulating the plan and in the necessary regular reviews of these arrangements.

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.

Accurate records should be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case. These records will be kept in the child's file and available to parents/carers on request.

4.4 Medical Procedures

Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the health care plan and will only be carried out by staff who have been trained to do so by medical staff.

It is particularly important that these staff follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

A written record will be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage.

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 another adult will be asked to be present, with due regard to the child's privacy and dignity.

4.5 Physiotherapy

Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the EHCP 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 to the school staff and updated regularly. The physiotherapist should observe the member of staff applying the technique.

Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

5 Staffing Intimate Care

Staff who provide intimate care are trained in personal care (e.g. health and safety training in moving and handling) according to the needs of the child. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate. Staff will be supported to adapt their practice in relation to the needs of individual children.

Intimate and personal care should not be carried out by an adult that the child does not know. Anyone undertaking intimate / personal care in an education setting is in regulated activity and must have been checked against the relevant DBS barred list, even if the activity only happens once. Volunteers and visiting staff from other schools / agencies should not undertake care procedures.

Every child's right to privacy and modesty will be respected. Careful consideration will be given to each child's situation to determine who and how many carers might need to be present when they need help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

An individual member of staff should inform another appropriate adult if they are going alone to assist a pupil with intimate care.

Adults who assist children with intimate care will be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

Health & Safety guidelines must be adhered to regarding waste products, and the use of yellow clinical waste bins.

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

Care plans must include specific information for those supporting children with bespoke medical needs.

6) Child Protection

The Governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

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 child's body. In this 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, children will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Safeguarding Lead or Headteacher. A clear written record of the concern will be completed and the school's child protection procedures followed.

If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's policy.

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 Headteacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

APPENIDX A INTIMATE CARE PLAN

Name of School: Campsbourne Primary School

Child's/young person's details

Child's name	
Date of Birth	
Year group	
Home address	
School name	
School address	Nightingale Ln, London N8 7AF

Date of plan:

Planned review date:

(The plan should be reviewed at least annually or more frequently if the child's situation changes)

Name of person(s) completing plan and their role:

Family contact information

Name	
Relationship to child	
Telephone number	Home: Work: Mobile:
Email	
Address if different to child	

Health contacts

Specialist Nurse	
Consultant	
General Practitioner	
Health Visitor/School Nurse	
CAMHS	

Education contacts

Class Teacher	
Special Needs coordinator (if relevant)	
Other support staff in school	

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Description of child

Give brief details of child's interests, behaviour and relevant conditions, e.g., speech and language, mobility.

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Description of continence difficulty

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Goals for continence management

Describe how the child's bladder and bowel health is going to be promoted and maintained and how potential and independence are going to be appropriately promoted. You may include goals for parents, child and /or school staff depending on individual needs.

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Medication

Details of medication. If any medication needs to be taken in school refer to the school's medical policy and follow school procedures.

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Management and description of routine

e.g., details of drinking, toileting and changing routines, aides used and any reward schemes

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Details of help required for personal care, who will provide this, where and how

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Arrangements for sporting activities, school visits/trips etc

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Details of staff training needed/undertaken

Include who has been trained, the training given, by whom with dates and signatures of trainer and staff member

Use and disposal of continence products and aids

Include arrangement for soiled clothes and underwear, provision or new/spare equipment e.g. catheters).

Emergency situations

Describe what would constitute an emergency for the child and what action should be taken. Schools should always act in line with their safeguarding, medical and first aid policies.

Name of Parent / Carer

Signature of Parent / Carer

Date

Name of health professional

Role/job title of health professional

Signature of health professional

Date

Name of School Representative

Role / Job Title of School Representative

Signature of School Representative

Date

Name of child/young person

Signature of child/young person

Date