

St. John Bosco RC Primary School



Intimate Care Policy

Personal and Intimate Care Policy

Rationale

This Personal and Intimate Care Policy has been developed to safeguard children, support staff and ensure good practice is followed.

At St. John Bosco R.C. Primary School we are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We believe that the intimate care of children cannot be separated from other aspects of their learning and development. We believe that every child has the right to feel safe and secure. We do not discriminate against children who have not reached a stage where they can manage their own personal hygiene and as such welcome all children to participate in our Foundation unit and provide appropriate support for each child on an individual basis. We recognise the need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

Aim

- To safeguard the rights and promote the welfare of children and young people.
- To provide guidance and reassurance to staff whose duties may include intimate care.
- To assure parents and carers that staff are knowledgeable about personal care and that their individual needs and concerns are taken into consideration.
- To remove barriers to learning and participation, protect from discrimination and ensure inclusion for all children and young people within our setting.

Definition of Personal and Intimate Care

Intimate care may be defined as any activity required to meet the personal care needs of each individual child. Parents must advise the school or setting 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
- Washing
- Dressing/undressing
- Toileting
- Menstrual Care
- Treatments such as enemas, suppositories, enteral feeds
- Catheter and stoma care
- Supervision of a child involved in intimate self-care

Providing Intimate care

In providing intimate care, the safety, well being and rights of the child must be considered. This includes:

- Their right to be safe and have privacy.
- Their right to be treated with dignity and respect.
- Their right to express their views and contribute to their own self-care.

Key workers

In most circumstances for younger children, they will have a named key worker and deputy key worker who should be responsible for the majority of the care (including intimate care). However, all staff should be appropriately trained to be able to conduct this aspect of their role. Children should be given some choice of preference in the assigning of key workers where it is appropriate to do so.

All staff

All staff working with children have the appropriate level of enhanced DBS check and have gone through safer recruitment procedures to ensure their suitability to work with children. Clear processes and guidance in intimate care will be highlighted specifically to staff upon their Induction into the school/setting. New staff will be given the opportunity to discuss any queries or uncertainties they may have in relation to the policy.

Any staff member should be prepared to deal with intimate care circumstances at any point in their job role. They should know and understand the process and policy before undertaking the activity.

Students, work experience and visitors are not responsible for the intimate care of children in the setting.

Medical conditions

Any child with a medical condition should have a care plan in school, outlining the condition, the need for support and intervention and the process for undertaking the intimate care. This may require additional training for staff. The parents and the child must be part of this process and plan and every one should be in agreement with how the intimate care will be provided. (See Appendix 1) Medical conditions just as any other reason for intimate care must not be allowed to disguise any risk. For example, any cause for concern when providing intimate care must be reported and recorded and not automatically attributed to the medical condition.

Soiling/Urinating incidents

Any child who may have a soiling/urinating incident should be supported consistently and not made to feel embarrassed or ashamed for the incident. Where possible they should be involved in as much responsibility for providing their own self care and supported by a member of staff. Children should be supported with spare changes of clothing or advised to bring them to school with them in the event of such an incident.

Regular incidents of this nature from the same child, should be monitored, recorded and reviewed for a medical condition or a safeguarding concern. (See Appendix 2)

Menstrual cycles

Any child who may have an incident during their menstrual cycle should be supported consistently and not made to feel embarrassed or ashamed for the incident. Again, where possible they should be involved in as much responsibility for providing their own self care and supported by a member of staff. Children should be signposted to where spare menstrual products are available or can be purchased and also advised to bring additional changes of clothing with them in the event of a reoccurrence.

Staff should be vigilant of children particularly in regards to incidents of Female Genital Mutilation which may be masked through menstrual cycle as well as any suspicion of concern of a child bleeding from their genitals which may not be a menstrual cycle. All staff must report concerns directly to the Designated Safeguarding leads.

General Information

Changing areas should be clear and visible to other staff members. It is usual for one person to undertake intimate care for the rights and privacy of the child, however where necessary or where risk is involved this may need to be two members of staff.

Any changes to the policy or processes involved in nappy changing or intimate care should be made to meet the needs of the individual child or the whole staff and not for the benefit for one individual member of staff.

There need to be sound processes of recording and documenting the intimate care of children in all settings by all staff.

There need to be clear processes for whistleblowing and there should be an open culture of challenge within the setting where appropriate so that staff feel confident to alert/inform senior members of staff to any concerns raised.

Parents should be aware of the setting's intimate care policy and have a copy of the child's care plan. Parents should be clear about who their child's key worker is and the processes of intimate care for that setting.

Signed: _____

Designation: _____

Date: _____

Review: _____



St. John Bosco RC Primary School Care Plan

Name of Pupil:		Date of Birth:	
Name and Contact Details of Parent/s			
Date Form Completed:		Date of Review:	
Description of Concern:			
Current Concern:			
<p>This Care Plan and the need to apply Positive Handling (Restraint) Procedures have been explained to parent. Permission to apply Positive Handling (restraint) procedures to support the named child whilst at school has been given by parent. Child's parent has agreed to Positive Handling Procedures taking place when necessary.</p>			
Signature of Parent:			
Signature of staff member explaining Care Plan:			
Date:			
This Care Plan was explained by:			

