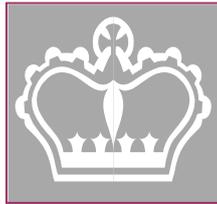


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· **QUEEN ELIZABETH II**  
· **(POMEROY)**  
· **PRIMARY SCHOOL**  
·



**Intimate Care  
Policy**

**(September 2017)**

## **Introduction**

The purpose of this policy is:

- To safeguard the rights and promote the best interests of our children
- To ensure children are treated with sensitivity and respect, and in such a way that their experience of intimate care is a positive one
- To safeguard adults required to operate in sensitive situations
- To raise awareness and provide a clear procedure for intimate care
- To inform parents/carers in how intimate care is administered
- To ensure parents/carers are consulted in the intimate care of their children

## **Principles of Intimate Care**

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.

## **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.

- 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

\*Independence is always encouraged. However, sometimes it will be necessary for staff to aid a child in getting dressed or undressed particularly in Foundation Stage and if the child has a physical disability or injury.

### **Parental responsibility**

- Parents have a responsibility to advise the school of any known intimate care and/or medical needs their child may have.
- Parents/carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and toileting access.
- At the start of each academic year parents/carers of pupils in Key Stage 1 class are asked to give permission for staff to carry out intimate care for their child (with particular reference to toileting accidents.) Appendix 1

### **Arrangements for changing children**

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 will seek 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 Principal Mrs Robinson will be consulted. If put in an impossible situation where the child is in discomfort, 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.

If a child needs to be cleaned and changed, 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
- For self-protection the child is changed in an area visible to other staff members or with another adult nearby
- Physical contact is kept to the minimum possible to carry out the necessary cleaning or changing

- 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
- A record of who changes a child, how often this task is carried out and the time they left/returned to the classroom following this task will be kept (see Appendix 3)
- Parents/carer will be informed that their child was changed/cleaned upon collecting their child

### **School Responsibility**

- All members of Queen Elizabeth II School staff are vetted in line with the Education Authorities Policies.
- Only permanent and long term members of staff will undertake the intimate care of children.
- All staff will be trained in the specific types of intimate care that they carry out and fully understand the Intimate Care Policy and Guidelines within the context of their work e.g. stoma care.
- Intimate care arrangements must be agreed by the School, parents / carers and child (if appropriate).
- Intimate care arrangements including Administration of Medication must be recorded in the child's personal file and consent forms signed by the parents / carers and child (if appropriate).
- Staff should not undertake any aspect of intimate care that has not been agreed between the School, parents / carers and child (if appropriate).
- Intimate care arrangements will be reviewed at least every six months and/or when necessary. The views of all relevant parties, including the child (if appropriate), should be sought and considered to inform future arrangements (See Appendix 2)
- If a staff member has concerns about a colleague's intimate care practice they must report this to Mrs Robinson
- All staff have been made aware of the **CPSS Good Practice Guidelines** for the administration of intimate care:

### **Medical procedures (Refer Health & Safety Policy)**

If it is necessary for a child to receive medicine during the school day parents must fill out the appropriate form from the school office and discuss their child's needs with a member of staff before the school agrees to administer medicines or medical care.

### **Special needs**

Children with special needs have the same rights to safety and privacy when receiving intimate care. Additional vulnerabilities that may arise from a physical disability or learning difficulty must be considered with regard to individual teaching and care plans for each child.

As with all arrangements for intimate care needs, agreements between the child those with parental responsibility and the organisation should be easily understood and recorded.

### **Physical Contact**

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact.

The expectation is that staff will work in 'limited touch' cultures and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background.

Staff should be aware that even well intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny. Physical contact which is repeated with an individual child or young person is likely to raise questions unless the justification for this is formally agreed by the child, the organisation and those with parental responsibility.

Children with special needs may require more physical contact to assist their everyday learning. The general culture of 'limited touch' will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny. Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported.

Extra caution may be required where a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to staff vulnerable to allegations of abuse. Additionally, many such children are extremely needy and seek out inappropriate physical contact. In such circumstances staff should deter the child without causing them a negative experience. Ensuring that a witness is present will help to protect staff from such allegations.

### **Providing comfort or support**

Children may seek physical comfort from staff. 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.

## **Restraint**

### **Refer to Queen Elizabeth II Primary School Policy on Safe Handling.**

There may be occasions where it is necessary for staff to restrain children physically to prevent them from inflicting damage on either themselves, others or property.

In such cases only the minimum force necessary should be used for the minimum length of time required for the child to regain self- control.

In all cases of restraint the incident must be documented and reported. Staff must be fully aware of the DENI Safe Handling Guidance and School policy.

Under no circumstances would it be permissible to use physical force as a form of punishment, to modify behaviour, or to make a pupil comply with an instruction. Physical force of this nature can, and is likely to, constitute a criminal offence.

### **Pupils in distress**

There may be occasions when a distressed pupil needs comfort and reassurance that may include physical touch such as a caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and not subject to misinterpretation.

Judgement will need to take account of the circumstances of a pupil's distress, their age, the extent and cause of the distress. Unless the child needs an immediate response, staff should consider whether they are the most appropriate person to respond. It may be more suitable to involve the child's relative or school's counsellor.

Particular care must be taken in instances which involve the same pupil over a period of time. Where a member of staff has a particular concern about the need to provide this type of care and reassurance they should seek further advice, from their line manager or other appropriate person.

### **First Aid and intimate care – Refer to Health and Safety Policy**

Staff who administer first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.

Regular requirements of an intimate nature should be planned for. Agreements between the school, those with parental responsibility and the child concerned should be documented and easily understood. The necessity for such requirements should be reviewed regularly. The child's views must also be actively sought and, in particular, any discomfort with the arrangements addressed.

Mrs Robinson is the named teacher for First Aid.

**Out of school trips, clubs etc.**

Employees should take particular care when supervising pupils in the less formal atmosphere of a residential setting or after-school activity. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of staff will be no different from the behaviour expected within school. Staff involved in such activities should also be familiar with the school's Health and Safety Policy and Education Authority's/CCMS guidance regarding out of school activities.

To ensure pupils' safety, increased vigilance may be required when monitoring their behaviour on field trips, holidays etc. It is important to exercise caution so that a pupil is not compromised and the member of staff does not attract allegations of overly intrusive or abusive behaviour.

This policy was adopted by the Governing Body on 25<sup>th</sup> September 2017.

It will be reviewed every two years.

Queen Elizabeth II Primary School

Appendix 1

**Intimate Care Policy Parental Agreement Form**

*Please complete and sign*

Child's Name: .....

Class: .....

Parent's Name: .....

*Please delete as appropriate*

I understand the procedures outlined in the Intimate Care Policy and I'm aware that a full copy is in school for reference if desired. (P1 –P7 pupil)

Signed: ..... (Parent/Guardian)

Date .....

I agree/I do not agree that my child may be changed/cleaned in accordance with the procedure. I will return any borrowed items to school as soon as possible. (P1- P4 pupils only)

Signed: ..... (Parent /Guardian)

Date: .....



## How I communicate

Name: \_\_\_\_\_

Date: \_\_\_\_\_

I communicate using

words	signs	communication book
communication aid	body movements	

I let a Classroom assistant/Teacher know my likes/preferences by

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I let a Classroom assistant/Teacher know my dislikes by

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I show I am happy by \_\_\_\_\_ and  
unhappy by \_\_\_\_\_.

When I need to go to the toilet I

When I need changed I

Additional Information:

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Pupil: \_\_\_\_\_

Parent: \_\_\_\_\_

Classroom Assistant/Teacher:

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