

Strike Lane Primary School



Intimate Care Policy

	Date	Personnel
Created	Sept 18	SENDCO
Policy Review	Sept 19	FLM
	Nov 20	SENDCO
	Sept 22	SENDCO
	Sept 24	SENDCO

Mission Statement

We at Strike Lane Primary School strive for excellence in education by providing a safe, secure, caring family environment, where individuals are valued and respected, enabling them to reach their full potential.

Introduction

- The Governors and staff take seriously their responsibility to safeguard and promote the welfare of the children and young people in our care. Meeting a pupil's intimate care needs is one aspect of safeguarding. 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 children are unable to do because of their young age, physical difficulties or other special needs.
- Strike Lane Primary School is committed to ensuring that all staff responsible for the intimate care of children 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 children, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. The child's welfare and dignity are of paramount importance. No child should be attended to in a way that causes distress, embarrassment or pain.
- Staff will work in close partnership with parent/carers to share information and provide continuity of care.
- Designated members of staff are assigned to children who require intimate care and these details (assigned staff names) are evident on the children's individual health care plan.

Best Practice

- Staff who provide intimate care are trained to do so and are fully aware of best practice regarding infection control, including the need to wear disposable gloves, face masks & visors and aprons where appropriate.
- Outside agencies will support the school in completing children's individual care plans are appropriate and school will ensure that training is fully up to date.
- Staff will be supported to adapt their practice in relation to the needs of individual children considering developmental changes such as the onset of puberty and menstruation.
- Staff involved in meeting intimate care needs will not usually be involved with the delivery of sex education to the same children, wherever possible.
- Careful communication with each child, with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the child is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.
- Staff will encourage each child to do as much for his/herself as possible.
- Children who require regular assistance with intimate care have written care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer as required. Any historical concerns (such as past abuse) should be noted and considered.

- 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 soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person - telephone or by sealed letter.
- Every child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care.
- It is not always practical for two members of staff to assist with an intimate procedure as this does not take account of the child's privacy. It is advisable, however, for a member of staff to inform another adult when they are going to assist a child with intimate care.
- Wherever possible the child will not be cared for by the same adult on a regular basis. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing. This designated adult is outlined in the child's individual health care plan.
- Wherever possible staff should care for a child of the same gender. This is safe working practice to protect children and to protect staff from allegations of abuse.
- The religious views and cultural values of families should be considered, particularly as they might affect certain practices or determine the gender of the carer.

Physiotherapy

- Children who require physiotherapy whilst at School should have this carried out by a trained physiotherapist. However, if it is agreed in the IEP or care plan 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 and updated regularly.
- School staff must not devise and carry out their own exercises or physiotherapy programmes.
- Any concerns about the regime or any failure in equipment should be reported to the physiotherapist and until such time as the issue is resolved, staff should not continue with any programme.

Medical Procedures

- Children with disabilities might require assistance with invasive or non-invasive medical procedures. These procedures will be discussed with parents/carers, documented in the care plan and will only be carried out by staff who have been trained to do so.
- 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 it is advisable to have another adult present.

Massage

- Massage may be used with children who have complex needs but only do so with the written consent of the parents of the child concerned.
- Massage undertaken by school staff will be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and children.

Record Keeping

- A written record is kept every time a child has physiotherapy or requires assistance with intimate care, including date, times and any comments such as changes in the child's behaviour. It should be clear who was present.
- Record of any intimate care will be recorded on CPOMs
- These records will be kept in the child's file and available to parents/carers on request.

