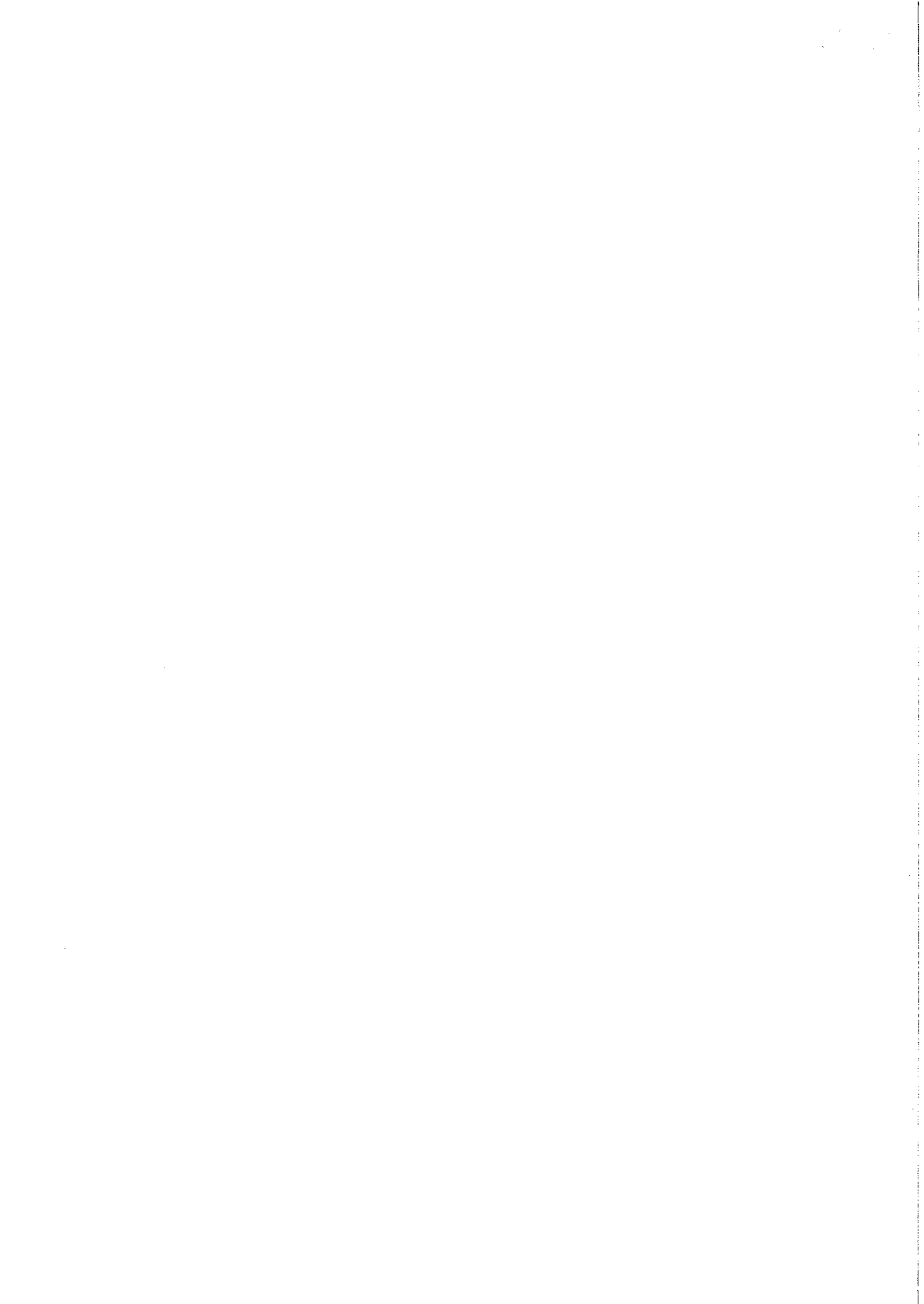




St Mary's Church of England School,
26 Tentelow Lane,
Norwood Green
Southall
UB2 4LE
office@stmarysschoolng.org
020 3693 0510

Intimate Care Policy

DATE APPROVED BY SMNG	Spring 2019		
REVIEW DATE Every year	Spring 2020		
SIGNED HEAD TEACHER		DATE	
SIGNED CHAIR OF Trustees		DATE	



Introduction

Intimate care is any care that involves washing, touching or carrying out an invasive procedure to an intimate personal area (such as cleaning a pupil after soiling themselves). It is most likely that such care will involve cleaning for hygiene purposes, as part of our duty of care. Where a specific procedure is required (eg medical care), then only a competent and trained person should undertake this. Intimate care is a sensitive issue and at all times staff should be respectful of the child's needs and dignity. There will always be a raised awareness of child protection issues and staff behaviour must be open to scrutiny. Working in partnership with parents and carers will provide continuity of safe care for children and young people wherever possible.

Our approach to best practice

All staff responsible for intimate care of children will conduct themselves in a professional manner at all times. We recognise that all children requiring intimate care should be treated with respect at all times, ensuring the child's dignity and welfare at all times is paramount.

Each child will be treated to allow the highest level of autonomy possible with regard to age and ability. Staff will encourage children to do as much as they can for themselves, for example giving the child responsibility for washing.

Individual intimate care plans will be written up for specific children according to their circumstances

The right to privacy will be respected and due consideration will be given to a child's situation when determining how many adults are present. Wherever possible the same child should not be cared for by the same adult on a regular basis, unless the procedure requires training to deliver. Ideally a child should be cared for by an adult of the same sex, however this is likely to be waived due to the lack of male staff and the potential negligence arising from lack of adequate care.

All incidents of intimate care will be reported to parents.

Safeguarding

All safeguarding protocols and procedures will be observed. All children will be taught personal safety skills appropriate to their age and understanding. If a member of staff becomes concerned about the child's physical wellbeing, this will be reported in line with school protocols.

Should a child become distressed or unhappy when being cared for by a given adult, then the matter will be investigated, parents consulted and outcomes recorded. Where an allegation is made against a member of staff, all necessary actions will be taken.

Children in nappies

Any child wearing nappies must have an individual intimate care plan drawn up, agreed and signed by the parent/carer and school. This will outline by whom, when and where this will be undertaken.

Health and Safety Guidance

An apron and gloves must be worn when dealing with a child who is soiled or changing a nappy. Any soiled waste should be placed in a plastic refuse bag, double bagged and sealed. This waste is not classed as clinical waste, and should be collected as part of the usual refuse disposal.

Special Needs

Children with any additional need have the same right to safety and privacy as others when receiving intimate care. Children may be more vulnerable with a physical disability or learning difficulty. This along with the child's emotional responses and views must be taken into account when writing or reviewing a care plan.

Physical contact

Staff, working in the education and care of children and young people, must exercise caution in the use of physical contact. They should be aware that even a well-intentioned contact may be misconstrued by the child or other adults. All physical contact must be justified and open to scrutiny. Arrangements should be agreed by all concerned and any deviation from the plan should be documented and reported.

Physical contact should be:

- Limited touch – for the least amount of time necessary
- Appropriate to age, development and background
- Responsive to the individual need presenting at the time

Particular caution could be needed where a child has been the victim of abuse or neglect in the past. This may lead to staff being vulnerable to allegations of misconduct. In some instances, children may seek inappropriate physical contact, and staff should deter this, seek witnesses and record and report the incident.