



PHOENIX ST. PETER ACADEMY



INTIMATE CARE POLICY

The policy owner is:	Mrs. Freeman Deputy Head Inclusion
This policy was ratified on: The policy was ratified by:	September 2021 PSP Governing Body
Audience:	Parents /Carers Children School staff and volunteers Local Governing Body/I.E.B.
This policy will be reviewed in:	September 2024 (Every 3 years)
Policy Version:	VERSION 1.0 – September 2021
Other related policies and procedures	Safeguarding & Child Protection Policy and Procedures Code of Conduct Policy Guidance on Safer Working Practice Whistleblowing Policy First Aid Policy Children with Medical Conditions and Administration of Medicine Policy Health and Safety Policy Special Educational Needs and Disability

OVERARCHING PRINCIPLES

At Phoenix St. Peter Academy, we recognise that all children have different rates of development and differing needs during their time at school and some children may remain dependant on long-term support for personal care, while others progress slowly towards independence.

The stigma associated with the requirement of intimate care can cause stress and embarrassment to the children and families concerned, therefore the following principles must underpin all intimate care provided by staff at the school:

Every child has the right:

- to be safe
- to personal privacy
- to be valued as an individual
- to be treated with dignity and respect
- to be involved in, and consulted on, their own intimate care to the best of their abilities
- to express their views on their own intimate care and to have such views taken into account
- to have levels of intimate care that are appropriate and consistent

We are committed to ensuring that all children are able to access the whole curriculum and are able to be included in all aspects of school life. This policy has been produced to ensure that staff and children are appropriately safeguarded.

AIMS:

- To ensure that children with continence difficulties are not discriminated against in line with the Equalities Act 2010
- To provide help and support to children in becoming fully independent in personal hygiene
- To treat continence issues sensitively so as to maintain the self-esteem of the child
- To work collaboratively with parents/carers in delivering a suitable care plan where necessary
- To ensure that staff dealing with continence issues work within guidelines that protect themselves and the children involved, in line with the Health and Safety (H&S) policy and guidelines, and the safeguarding policy

ROLES AND RESPONSIBILITIES:

Parents/Carers have a responsibility to advise the school of any known intimate care needs relating to their child upon admission to school or as they are diagnosed.

Phoenix St. Peter will work with the individual child, family and medical professionals to help safely meet their intimate care needs.

DEFINITIONS:

Intimate care may be defined as any activity that is required to meet the personal needs of an individual child on a regular basis or during a one-off incident. Such activities include:

- Feeding
- Oral care
- Washing
- Carrying out a procedure to private parts of the body (such as catheter management)
- Continence care or menstrual management
- Changing clothes
- Toileting
- First aid and medical assistance
- The supervision of a child involved in intimate self-care

CHILDRENS' NEEDS

Staff work hard to build effective relationships with the parents and carers of the children at Phoenix St. Peter Academy. Any particular needs that a child may have will be dealt with sensitively and appropriately, working with parents/carers to ensure that each child can access the curriculum. Any child who has personal care or continence needs will be attended to in a designated area within school which allows the child privacy but ensures staff assisting them are not isolated and within view and/or earshot of other staff (see risk assessment for details).

Parents will be contacted in extreme cases where soiling is severe and/or linked to illness e.g. sickness and diarrhoea, or when a child refuses to let a member of staff help change their clothing and cannot manage this themselves.

Risk assessments are in place for staff to support all children with toileting and changing as required; this can be common requirement in the early yearsⁱ.

Irregular accidents will be dealt with using the standard toileting and intimate care risk assessment and parents will be informed on collection by a staff member.

Children with complex, long term or regular intimate care needs will have a health care plan/care plan in place. Staff must adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation.

HEALTH CARE PLANS/CARE PLANS

This is a written document (**Appendix A**) that explains what will be done, when and by whom in order to meet a child's health and/or care needs. It will be written with input from the pupil (where possible), parents/carers, school staff and other professionals, such as a school nurse or physiotherapist. Ideally, this will take the form of a meeting. Any historical concerns that may impact upon the care required (such as past abuse) will be taken into account.

The plan will include:

- Where changing will take place
- What resources and equipment will be used (i.e. cleansing agents used, or cream to be applied) and clarification of who is responsible (parent or school) for the provision of the resources and equipment. Apparatus will be provided to assist with children who need special arrangements following assessment from a physiotherapist or occupational therapist as required
- How the product, if used, will be disposed of, or how wet or soiled clothes will be kept until they can be returned to the parent/carer
- What infection control measures are in place; including and in response to Covid 19 government guidance.
- Training requirements for staff and a programme of regular training.
- Arrangements for school trips and outings; where educational visits refer to the provision of intimate care.

If needed, we will agree appropriate terminology for intimate parts of the body and functions, and note this in the plan. The religious views, beliefs and cultural values of children and their families will be taken into account. The child's right to privacy and modesty will be respected. The meeting will consider carefully who will support the pupil with intimate care and if this needs to be more than one person. As far as possible, each pupil will have a choice about who supports them. We will take into account safer working practice and make sure our processes are transparent. The plan will be reviewed as necessary, but at least annually.

INTIMATE CARE PROCEDURES:

All staff at the school will follow the agreed procedures below when attending to the care or continence needs of any pupil within the setting:

- Always explain or seek the permission of the pupil before starting an intimate care procedure, according to the pupil's age and level of understanding
- The designated space for intimate care will use signage to communicate when intimate care is taking place
- The toilet door locks will remain unlocked so that children do not feel enclosed in the space
- Staff will not isolate themselves when assisting with intimate care, and should always alert another member of staff to what they are doing and where they are going, ensuring someone has them in sight and/or earshot during the procedure
- Where required, change the child's clothing as appropriate and as soon as possible
- Use appropriate cleaning products and adhere to health and safety procedures and risk assessment / care plan
- If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness, etc, they must report these immediately to the Designated Safeguarding Lead
- Children with special educational 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 when planning for meeting a child's needs
- All intimate care will be logged on the Intimate Care Record Sheet (Appendix B). Each child has their own Intimate Care Record Sheet
- Inform parent / carer at the end of each day of the number of times intimate care has been provided and what care was provided on each occasion, including: wet, soiled or an attempt to use the toilet facilities. In this instance a home-school communication slip will be used so that the child's integrity is protected (Appendix C)
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- Contact a parent / carer where soiling is severe and / or linked to illness e.g. sickness and diarrhoea, or when a child refuses to let a member of staff help change their clothing and cannot do it alone
- Where the child is able to act independently, one adult should stand outside the designated area whilst the child is cleaning or changing and then make sure the toilet area is clean afterwards
- The child should have the highest possible levels of autonomy at all times, appropriate to their age and ability
- The intimate care procedure will be displayed in all spaces where intimate care takes place on site or off site so that this is familiar to staff and children.

MEDICAL CARE PLANS

Children who have complex or long-term conditions might need help with medical procedures such as the administration of rectal medication, managing catheters or colostomy bags.

These procedures will be discussed with parents / carers, the school nursing team and documented in the pupil's individual healthcare plan. They will only be carried out by staff who have been trained to do so.

Staff will follow infection control guidelines and ensure that any medical items are disposed of correctly.

SAFEGUARDING

The normal process for providing intimate care should not give rise to any safeguarding concerns; however, staff behaviour should be open to scrutiny and, therefore, intimate care should be carried out in an open and transparent way. A staff member should never take a child off alone without informing another member of staff and they should always have someone close by (at least in earshot) whilst carrying out any intimate care procedure. This is to protect both the pupil and staff member supporting the child. The pupil's dignity should not be compromised at any point.

Only employees of the school will support children with intimate care, not students or volunteers.

All members of school staff employed at the school will have undergone the necessary safer recruitment checks, in line with Keeping Children Safe in Education. All intimate care provided must be recorded on the record of intimate care log **(Appendix B)** and the home communication slip **(Appendix C)**

If a pupil becomes unusually distressed or unhappy about being cared for by a member of staff, this must be reported to the Headteacher. The matter will be explored with both the pupil and the staff member. Parents / carers will be contacted as soon as possible. If required, staffing schedules will be altered until the issue is resolved. The child's needs will remain the priority. If required, further advice will be taken from outside agencies and an investigation will take place, in line with our safeguarding and child protection policy.

If a pupil, or any other person, including a staff member, makes an allegation against an adult working at the school this will be reported to the Headteacher (or to the Deputy Director of Education and/or Chair of Governors if the concern is about the Headteacher) The Headteacher / Deputy Director of Education / Chair of Governors will consult the Local Authority Designated Officer in accordance with the school's safeguarding policy.

If a member of staff has any concerns about a pupil's presentation, e.g. unexplained marks or bruises, they will report these to the Designated Safeguarding Lead using the school's safeguarding policy and procedure.

HEALTH AND SAFETY PROCEDURES:

When dealing with personal care and continence issues, staff will follow agreed health and safety procedures:

- Staff to wear disposable Personal Protective Equipment (nitrile gloves and disposable plastic aprons) while dealing with any bodily fluids
- Items used to clean a pupil (gloves, wet wipes) must be placed in a hygienic disposal unit which must be clearly marked
- Changing area to be cleaned after use
- Intimate care / toileting equipment must be cleaned, i.e.: changing mat, inner toilet seat, step to access the toilet height
- Wash and dry hands thoroughly as soon as the task is complete

OTHER POLICIES AND DOCUMENTS:

This intimate care policy should be read alongside the following school policies:

- Safeguarding & Child Protection, including managing allegations.
- Code of Conduct Policy
- Guidance on Safer Working Practice
- Whistleblowing Policy
- First Aid Policy
- Children with Medical Conditions and Administration of Medication Policy
- Health and Safety Policy
- Special Educational Needs and Disability Policy

POSITIVE HANDLING:

The 1996 Education Act(Section 550A) stipulates that reasonable physical intervention may be used to prevent further occurrence of behaviours under the following three bands;

- Where action is necessary in self-defence or because there is an imminent risk of injury
- Where action is necessary to uphold the child’s health, hygiene and personal well being
- Where there is a developing risk of injury or significant damage to property
- Where a child is behaving in a way that is compromising good order or discipline

Any use of physical intervention is recorded and communicated with Parents/Carers and recorded on the Child Protection On-Line Management System, along with the completion of the safe restraint log book; which is ratified by Senior Leaders in the trust.

Signed (Chair):	Date: September 2021
To be reviewed by (committee):	Next Review Date: September 2022

APPENDICIES:**Appendix A – Intimate Care Plan**

Child's Name:		Photo
Group/class/form:		
Date of birth:		
Child's address:		
Medical diagnosis/condition:		
Date:		
Review date (Year 1):		
Review date (Year 2):		

Parent / Carer Contact details	
Parent/Carer 1:	
Phone No. (Work):	
Phone No. (Home):	
Mobile No :	
Relationship to child:	
Parent/Carer 2:	
Phone No. (Work):	
Phone No. (Home):	
Mobile No :	
Relationship to child:	

Clinic/Hospital Contact	
Name:	
Phone No:	

G.P.	
Name:	
Phone No:	

Who is responsible for providing support in school	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc.

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Health plan agreed by:

Name	Date	Relationship	Signature

Form copied to

	Class	Year	Date

Appendix B – Intimate Care Record Sheet

INTIMATE CARE RECORD SHEET

Intimate Care Plan

Name:		Class:		SEN:	
IC Plan Times					
Key Worker					
Date	Time	Wet/Soiled/Try	Notes/Procedure	Staff	

Appendix C – Intimate Care Home Communication Slip

Intimate Care Home Slip				
Child:			Keyworker:	
Date:	Time:	Wet/Soiled/Attempt:	Comment:	Changed by:
Date:	Time:	Wet/Soiled/Attempt:	Comment:	Changed by:
Date:	Time:	Wet/Soiled/Attempt:	Comment:	Changed by:
Date:	Time:	Wet/Soiled/Attempt:	Comment:	Changed by:

ⁱ Please refer to Phoenix St. Peter’s risk assessment of intimate care.