

Woodfall Primary School

Intimate Care Policy

March 2014



In Consultation with		
Date Agreed	Name	Position
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Date for Review:		

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1.0 Introduction

- 1.1 Woodfall 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. We recognise that there is a 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.
- 1.2 Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. All staff, including those who provide intimate care to children, has a high awareness of child protection issues. Staff will work in partnership with parents/carers to provide continuity of care.

2.0 Definition

- 2.1 Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of associated equipment as part of the staff member's duty of care. In the case of specific procedures only the staff suitably trained and assessed as competent should undertake the procedure (e.g. the administration of rectal diazepam).

3.0 Our Approach to Best Practice

- 3.1 The management of all children with intimate care needs will be carefully planned. The child who requires care will be treated with respect at all times; the child's welfare and dignity is of paramount importance.
- 3.2 Staff who provide intimate care are trained to do so (including Child Protection and Moving and Handling) and are fully aware of best practice. (Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from physiotherapist/ occupational therapist).
- 3.3 Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty or menstruation. Wherever possible, staff involved in intimate care will not be involved in the delivery of sex education to the children in their care as an extra safeguard to both staff and children involved.
- 3.4 The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as they are able.
- 3.5 Individual intimate care plans will be drawn up for children as appropriate to suit the circumstances of the child.
- 3.6 Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers will need to be present when the child is toileted. Wherever possible the child should be cared for by an adult of the same sex. However, in certain circumstances this principle may need to be waived where the failure to provide appropriate care would result in negligence for example, female staff supporting boys in our school, if no male staff is available.

3.7 Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's personal care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

4.0 The Protection of Children

4.1 Child Protection procedures and Multi-Agency Protection procedures will be adhered to.

4.2 If any member of staff has concerns about physical changes to a child's presentation, e.g. marks, bruises, soreness etc. he/she will immediately report concerns to the appropriate designated person for child protection.

4.3 If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of the process in order to reach a resolution; staffing schedules will be altered until the issue(s) are resolved.

This Intimate Care Policy was evolved by consideration between staff and governors.