

GILBERT INGLEFIELD ACADEMY



INTIMATE CARE POLICY

Date of Policy:	September 2022
Approved by Head Teacher:	September 2022
Review Date:	September 2025
Staff responsible:	Head Teacher SENDCo

We are committed to ensuring that all staff responsible for the intimate care of children, undertake their duties in a professional manner at all times. We encourage and develop independence in each child, however we understand there will be occasions when additional help and expertise will be required.

The Governing Body recognises its duties and responsibilities in relation to the Equality Act 2010 which requires that, any child with an impairment that affects his/her ability to carry out normal day-to-day activities must not be discriminated against.

We recognise that there is a need for children to be treated with respect when intimate care is given. No child shall be attended to in a way that causes, pain, distress or embarrassment.

Staff members continually work in close partnership with parents and carers to share information and provide continuity of care.

Definition of Intimate Care

Intimate Care is any care which involves washing, touching or carrying out an invasive procedure that most children carry out for themselves but which some are unable to do due to physical disability, additional support needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.

Intimate Care may involve help with drinking, eating, dressing and toileting. Help may also be needed with changing medical equipment.

In most cases Intimate Care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process. In the case of a specialised procedure only a person suitably trained and assessed as competent should carry out the procedure.

Staff providing Intimate Care must be aware of the need to adhere to good Child Protection practice in order to minimise the risks for both children and staff. We feel it is vital for staff to be supported and trained so that they feel confident in their practice.

Aims

The aims of this policy and associated guidance are:

- to safeguard the rights and wellbeing of children with regard to dignity, privacy, choice and safety.
- to ensure that children are treated consistently when they experience intimate personal care.
- to ensure that parents are involved in planning the intimate care of their child and are confident that their concerns and the individual needs of their child are taken into account.
- to provide guidance and reassurance to staff.

- to reassure parents that staff are knowledgeable about intimate care

Principles

This policy and guidance embrace the principles of Every Child Matters.

- Every child has the right to feel safe and secure
- Every child has the right to be treated as an individual
- Every child has the right to remain healthy
- Every child has the right to privacy, dignity and a professional approach from all staff when meeting his or her needs
- Every child has the right to information and support that will enable him or her to make informed and appropriate choices
- Every child has the right to be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs

Partnership and participation

Much of the information required to make the process of intimate care as comfortable as possible for the child is available from parents/carers. They must be closely involved in the preparation of intimate care procedures and any intimate care issues involving their child. The importance of regular consultation and information sharing with parents/carers and professionals is paramount.

Our approach to best practice

The management of all children with intimate care needs will be carefully planned. Staff who provide intimate care are trained to do so (including Child Protection, and Moving and Handling where appropriate) and fully aware of best practice. Where specialist equipment and facilities above that currently available in the school are required, every effort will be made to provide appropriate facilities, following assessment and advice from a Physiotherapist and/or Occupational Therapist.

Principles of best practice:

- to allow the child to care for him/herself as far as possible, to encourage independence and to encourage him/her to carry out aspects of intimate care as part of his/her personal and social development.
- to provide facilities appropriate to the child's age and individual needs.
- to show awareness of and be responsive to the child's reactions, their verbal and non-verbal communication and signifiers.
- to use the opportunities during intimate personal care to teach children about the value of their own bodies, to develop their personal safety skills and to enhance their self-esteem.
- to give careful consideration to individual situations to determine how many adults should be present during intimate care procedures.
- to discuss the intimate care arrangements and liaise with parents/carers on a regular basis.
- to inform parents/carers the same day when a child has needed help with intimate care (in the case of a toilet 'accident'). This information should be treated as confidential and communicated in person or a sealed envelope in the case of children attending before and after school clubs.

Safeguarding

Safeguarding and Multi-Agency Child Protection procedures will be adhered to at all times.

If a member of staff has any concerns about physical changes in a child's presentation (unexplained marks, bruises or soreness for example) s/he will immediately report concerns to the Designated

Safeguarding Lead (DSL). All concerns must be detailed in writing. If the DSL is not available they must follow the emergency procedures.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated at an appropriate level and outcomes recorded.

Parents/carers will be contacted at the earliest opportunity as part of the process of reaching a resolution. Further advice will be taken from partner agencies.

If a child makes an allegation about a member of staff, this will be investigated in accordance with agreed procedures with [Central Bedfordshire Safeguarding Children Board](#).

The Head Teacher will notify Central Bedfordshire's Allegations Manager (also known as the Local Authority Designated Officer or 'LADO'). Where such an allegation is made against the Head Teacher, the matter will be referred to the Chair of Governors who will likewise notify the LADO.

Responsibilities

Management responsibilities:

- to ensure that staff will receive ongoing training in good working practices which comply with health and safety regulations such as hygiene procedures; manual handling; awareness of medical conditions and associated first aid/ child protection procedures; and other aspects of Intimate Care
- to keep a record of training undertaken by staff and to ensure that refresh and updating training is provided where required
- to provide an Induction programmes for all new staff and to ensure that they are made fully aware of the individual Intimate Care protocols for the children and young people they are supporting
- to ensure that all new staff are familiar with the school's Intimate Care policy and that they receive the appropriate assistance and support from experienced staff to provide the children they are supporting with intimate care if and when required.

Staff Responsibilities:

- staff must be familiar with the Intimate Care policy/procedures
- staff must adhere to health and safety and intimate personal care policies and procedures and must report any health and safety concerns to management within their establishment
- staff will liaise with parents/carers and other appropriate services
- staff will liaise with other professionals regarding specific aspects of Intimate Care (e.g. physiotherapy, occupational therapy) and their advice will be included in the child's individual plan
- designated Staff in schools will work in consultation with the School Nurse in the development of individual Intimate Care protocols and the school nurse will write a Care Plan if required.
- staff will sometimes find it necessary to aid a child in getting dressed or undressed. Staff will always encourage children to attempt undressing and dressing unaided.

Hygiene

All staff must be familiar with normal precautions for avoiding infection, must follow basic hygiene procedures and have access to protective, disposable gloves.

If a child needs to be cleaned, 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
- Physical contact is kept to the minimum possible to carry out the necessary cleaning.
- Privacy is given appropriate to the child's age and the situation and staff may feel it necessary to call parents in if the child requests this
- 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

Protection for staff

Members of staff need to have regard to the danger of allegations being made against them and take precautions to avoid this risk. These should include:

- Gaining a verbal agreement from another member of staff that the action being taken is necessary
- Allow the child, wherever possible, to express a preference to choose his/her carer
- Allow the child a choice in the sequence of care
- Be aware of and be responsive to the child's reactions.

Safeguards for children

There is an obligation on local authorities to ensure that staff who have substantial, unsupervised access to children undergo police checks. All staff at Gilbert Inglefield Academy are DBS checked on application and cannot undertake tasks within school until all checks are completed satisfactorily. The DBS's aim is to help organisations in the public, private and voluntary sectors by identifying candidates who may be unsuitable to work with children or other vulnerable members of society. Although our parent helpers are also DBS checked it is not appropriate for them to carry out intimate care procedures.