



## **Intimate Care Policy**

Last Reviewed: May 2024

Next Review Due: May 2026

Reviewed by Sinead Kiernan, SENCO/Designated Safeguarding Lead

This policy should be read in conjunction with the following policies and procedures:

Safeguarding and Child Protection Policy Sept 2024
First Aid Policy March 2024
EYFS Policy Autumn 22.pdf

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#### 1 Introduction

Intimate care is any care which involves washing, touching or carrying out invasive procedures to intimate personal areas, which some children are unable to do because of their young age, physical difficulties or other special needs.

Intimate care can be a one-off incident, for example, when a child has a toileting accident and needs assistance. It can also be a more long term situation, involving daily care.

The delivery of intimate care to a child requires a sensitive approach and requires staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control.

Windlesham School and Nursery 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 such staff are in a position of trust. The Intimate Care Policy sits alongside the school's safeguarding and child protection procedures and staff are fully aware of these.

#### 2 Best Practice

Staff that provide *occasional* intimate care at Windlesham School and Nursery are trained to do so as part of first-aid, child protection and health and safety training and are fully aware of best practice regarding infection control.

Children who require *regular* assistance with intimate care will have an **Individual Healthcare Plan** agreed by school, parents/carers and any professionals involved with the child. Where possible the wishes of the child will be incorporated into the plan. Only those individuals trained and familiar with the requirements of the plan will be involved in its delivery. The plan will be reviewed at least termly.

Where an Individual Healthcare Plan is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs. This information should be treated as confidential and communicated in person.

Careful communication will take place with a child who needs help with intimate care to discuss their needs and preferences. Where the child is of an appropriate age and level of understanding, permission should be ascertained before starting an intimate procedure.

Careful consideration will be given to each child's situation to determine how many carers might need to be present during intimate care. It is not always practical for more than one member of staff to assist with an intimate procedure, but other designated members of staff will be aware when these procedures are being carried out.

Children requiring intimate care will be supported to achieve the highest level of autonomy that is possible, given their age and abilities.

As an additional safeguard, staff involved in meeting intimate care needs will not be involved with the delivery of sex education to the same children.

#### 3 Child Protection

Staff assisting with intimate care, alongside all school staff, are required to be fully aware of the school's Safeguarding and Child Protection policy and their role within it. All required checks will be completed prior to providing such care and training will be up to date.

Windlesham School and Nursery recognise that children with special needs and disabilities are particularly vulnerable to all types of abuse.

If staff administering intimate care have any concerns about a child's presentation or any other aspect of their welfare, they will follow school child protection procedures and notify the Designated Safeguarding Lead.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, this should be investigated by the Designated Safeguarding Lead and outcomes recorded. Parents/carers should be involved in this process at the earliest opportunity in order to reach a resolution. Staffing schedules will be altered until the issue is resolved so that that the child's needs remain paramount.

If a child makes an allegation against an adult assisting with their intimate care, this will be investigated according to agreed procedures laid down in the Safeguarding and Child Protection Policy.

If an adult in school has concerns about the conduct of a colleague in administering intimate care, this will be reported to the headteacher. If the concern is about the headteacher, it will be reported to the Chair of Governors and the Local Authority Designated Officer (LADO)

Staff may be required to assist with invasive or non- invasive medical procedures such as the administration of rectal medication, managing catheters or a colostomy bag. These procedures will be agreed with parents/carers, documented in the Individual Health Care Plan and will only be carried out by staff that have been fully trained to do so and in accordance with this policy.

### 4 Staff Responsibilities

All staff employed by Windlesham School and Nursery have a duty of care to all pupils. This means that any adult could find themselves in the position of having to assist a child with a particular intimate care need. This is subject to such staff having undergone the training referred to in Section 2. In the interests of reducing any potential distress, the child requiring 'one-off' intimate care should be attended to by a member of support staff that is known to the child.

In the event of a 'one-off' incident, such as a toileting accident, it is important to do everything possible to respect a child's dignity and right to privacy. Therefore, a child should be encouraged to clean themselves as far as possible and dress themselves if this is manageable. If a member of staff needs to assist a child with cleaning and/or dressing, it is best practice to let the child know what they are intending to do. If the child shows any signs of resistance or reluctance, the matter will not be pursued any further. Contact will be made as soon as possible with parents/carers, requesting them to attend the school immediately to tend to their child.

If the child does allow you to attend to their need, the amount of physical contact should be minimal and just enough to ensure the child is clean.

A child requiring *regular* intimate care will have a designated member of support staff assigned to attend to the specific needs of the child and an Individual Healthcare Plan will be in place. (See Section 2). At least one other member of staff will also be trained in dealing with any necessary procedures for the child, to ensure there is continuation of care in the event of staff absence.

Staff dealing with intimate care should wear protective gloves and an apron, particularly if they are likely to come into contact with bodily fluids. All waste products (e.g. tissues) should be disposed of safely and the Site Manager should be contacted to clean floors, surfaces etc. Soiled clothing should be securely packed in a thick plastic bag and returned to the child's parents.

## **Appendix A - Individual Healthcare Plan**

Name of school/setting

# Please enter as a Daybook Entry on Engage, under Add New Entry/Individual Health Care Plan

| Child's name                   |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|
| Group/class/form               |  |  |  |  |  |
| Date of birth                  |  |  |  |  |  |
| Child's address                |  |  |  |  |  |
| Medical diagnosis or condition |  |  |  |  |  |
| Date                           |  |  |  |  |  |
| Review date                    |  |  |  |  |  |
|                                |  |  |  |  |  |
| Family Contact Information     |  |  |  |  |  |
| Name                           |  |  |  |  |  |
| Phone no. (work)               |  |  |  |  |  |
| (home)                         |  |  |  |  |  |
| (mobile)                       |  |  |  |  |  |
| Name                           |  |  |  |  |  |
| Relationship to child          |  |  |  |  |  |
| Phone no. (work)               |  |  |  |  |  |
| (home)                         |  |  |  |  |  |
| (mobile)                       |  |  |  |  |  |
|                                |  |  |  |  |  |

| Clinic/Hosp    | ital Contact   |   |
|----------------|--|---|
| Name           |  |   |
| Phone no.      |  |   |
| G.P.           |  |   |
| Name           |  |   |
| Phone no.      |  |   |
| Who is respo   | onsible for providing suppo  | ort   |
|                | lical needs and give details<br>pment or devices, environr   | of child's symptoms, triggers, signs, treatments, mental issues etc                       |
|                | <del>_</del>   |   |
|                |  | dministration, when to be taken, side effects, contra<br>istered with/without supervision |
|                | dministered by/self-admini   |   |
| indications, a | dministered by/self-admini   |   |
| Daily care req | dministered by/self-admini   |   |
| Daily care req | dministered by/self-admini   | istered with/without supervision  |
| Daily care req | dministered by/self-admini   | istered with/without supervision  |
| Daily care req | dministered by/self-admini<br>juirements<br>ort for the pupil's education                          | istered with/without supervision  |
| Daily care req | dministered by/self-admini juirements  ort for the pupil's education s for school visits/trips etc | istered with/without supervision  |
| Daily care req | dministered by/self-admini juirements  ort for the pupil's education s for school visits/trips etc | istered with/without supervision  |

| Who is responsible in an emergency (state if different for off-site activities) |
|---|
|   |
| Plan developed with   |
|   |
| Staff training needed/undertaken – who, what, when                              |
|   |
| Form copied to  |
|   |