

Killen Primary School



Intimate Care Policy

January 2022

Date: January 2022

Next Review Due: 2025

Intimate Care Policy

The Intimate Care policy has been developed in line with the Regional Intimate Care Policy and Guidelines Regarding Children.

Introduction

Killen 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 when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain. The Intimate Care Policy and Guidelines regarding children have been developed to safeguard children and staff.

They apply to everyone involved in the intimate care of children.

Please note: The term parent/s is used to refer to parents, carers and legal guardians.

Definition of Intimate Care

Intimate care may be defined as any activity required to meet the personal care needs of each individual child. Intimate care may involve washing, touching or carrying out an invasive procedure (such as cleaning up after a child has soiled him/herself), that most children can carry out for themselves, but with which some are unable to do due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.

Intimate care may also involve help with drinking, eating, dressing, menstrual care, supervision of a child involved in intimate self-care and toileting. Help may also be needed with changing colostomy bags and other such equipment. It may also require the administration of an insulin injection, EpiPen or rectal medication.

In most cases intimate care will involve procedures related to personal hygiene and the cleaning of equipment associated with the process. In the case of a specific procedure only a person suitably trained and assessed as competent will undertake the procedure. Any additional training will be provided by the school.

Aims

The aims of this document and associated guidance are;

- To provide reassurance to staff and parent/s
- To safeguard the dignity, rights and well-being of children
- To assure parents that staff are knowledgeable about intimate care and that their child's individual needs and concerns are taken into account

Principles

This document embraces the principles of The Children (N.I.) Order 1995, Cooperating to Safeguard Children 2003 and The Area Child Protection Committees' Regional Policy and Procedures 2005.

- 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
- Every child (and parent) has the right to information and procedures for any complaint or queries he or she may have regarding intimate care

Our Approach to Best Practice

All parents are asked to give consent to an adult supervising basic toileting and self-care as part of a pastoral consent proforma given on entry to the school. Parents will only be contacted if a decision must be made regarding the health and welfare of their child, e.g. gastric upset etc. However, the management of all children with specific intimate care needs will be carefully planned. The management of all children with intimate care needs will be carefully planned. The child's welfare and dignity is of paramount importance. Suitable equipment and facilities are to be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist.

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 and menstruation. Wherever possible staff who are involved in the intimate care of children will not usually be involved with the delivery of sex education to the children in their care as an additional safeguard to both staff and children involved. 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 he/she can. This may mean, for example, giving the child responsibility for washing themselves.

Individual intimate care plans will be drawn up for particular children who require regular assistance as appropriate to suit the circumstances of the child. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible one child will be catered for by one trained adult, unless there is a sound reason for having more adults present. If this is the case, the reasons will be clearly documented.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's intimate 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.

Working with Parents

Partnership with parents is an important principle in any school and is particularly necessary in relation to children needing intimate care. Much of the information required to make the process of intimate care as comfortable as possible is available from parents, including knowledge and understanding of any religious/cultural sensitivities. Prior permission must be obtained from parents before Intimate care procedures are carried out (see appendix 6). Parents should be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met. This will include involvement with Individual Education Plans (IEPs), Health Care Plans and any other plans which identify the need for intimate care where appropriate. Exchanging information with parents is essential through face-to-face contact, telephone or written correspondence. However, information concerning intimate care procedures should not be recorded in home/school books as it may contain confidential information that could be accessed by people other than the parent and named staff member.

Writing an Intimate Care Plan

Where a routine procedure is required an intimate care plan should be agreed in discussion with the child, school staff, parents and relevant health personnel. The plan should be signed by all who contribute and reviewed on an agreed basis.

In developing the plan the following should be considered;

- a) Whole School implications
 - The importance of working towards independence
 - Arrangements for home-school transport, sports day, school performances, examinations, school trips, swimming, etc.
 - Ensure that there is enough stock of equipment and medication (within date) such as nappies.
 - Who will substitute in the absence of the appointed person?
- b) Classroom management
 - The child's seating arrangements in class
 - A system for the child to leave class without disruption to the lesson
 - Avoidance of missing the same lesson all year due to medical routines
 - Awareness of a child's discomfort which may affect learning
 - Implications for PE e.g. discreet clothing, additional time for changing
 - Strategies for dealing with pressure from peers, e.g. teasing/bullying particularly if the child has an odour

Links with other agencies

Positive links with other agencies will enable school based plans to take account of the knowledge, skills and expertise of other professionals and will ensure the child's well-being and development remains paramount.

Pupil Voice

Killen Primary School will agree the appropriate terminology for private parts of the body and functions to be used by staff. It may be possible to determine a child's wishes by observation of reactions to the intimate care. Where there is any doubt that a child is able to make an informed choice on these issues, the child's parents/carers are usually in the best position to act as advocates. It is the responsibility of all staff caring for a child to ensure they are aware of the child's method and level of communication. Communication methods may include words, signs, symbols, body movements and eye pointing. To ensure effective communication with the child, staff will ascertain the agreed method of communication and identify this in the agreed Intimate Care Plan.

Recruitment

Parents must feel confident that relevant staff have been carefully vetted and trained, helping to avoid potentially stressful areas of anxiety and conflict. Recruitment and selection of candidates for posts involving intimate care will be made following the usual Safeguarding, AccessNI checks, equal opportunities and employment rights legislation.

Candidates will be made fully aware of what will be required and detailed in their job description before accepting the post.

Staff Professional Development

- All staff will receive Safeguarding/Child Protection training as part of Whole School Training.
- Staff will fully understand the intimate care policy and guidelines within the context of their work.
- Newly appointed staff will be closely supervised until completion of a successful probationary period.
- The school will keep a dated record of all Child Protection training undertaken.
- Ensure staff understand the needs of refugee children, asylum seekers and children from different racial and cultural backgrounds and specialist advice is sought when necessary

In addition, identified staff members should be able to;

- Access other procedures and policies regarding the welfare of the child e.g. Child Protection Policy
- Communicate with and involve the child in the intimate care process
- Offer choices, wherever possible
- Develop, where possible, greater independence with the procedure of intimate care

Environmental

Where children have a long - term incontinence or a disability requiring regular intimate care, the school may require specially adapted facilities. Specialist advice from medical or therapy staff will be sought when considering space, heating, ventilation and lighting.

Additional considerations we have in place include:

- Facilities with hot & cold running water
- Protective clothing including disposable protective gloves, disposable aprons, clear visors and masks - provided by the school. It is essential that this protective clothing is worn as additional precautions against Covid 19
- Supplies of suitable cleaning materials; anti-bacterial spray, sterilising fluid, deodorisers, anti-bacterial hand wash
- Supplies of appropriate clean clothing, disposal bags and wipes

The Protection of Children

The School's Child Protection/Safeguarding Policy will be adhered to. If a member of staff has any concerns about changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the Designated Teacher for child protection. Further advice will be sought from outside agencies if necessary. If a child makes an allegation against a member of staff, all necessary procedures will be followed.

Vulnerability to abuse

Children should be encouraged to recognise and challenge inappropriate assistance and behaviour that erodes their dignity and self-worth. It is essential that all staff are familiar with the school's Child Protection policy and procedures.

The following are factors that can increase a child's vulnerability;

- Children who need help with intimate care are statistically more vulnerable to exploitation and abuse
- Children with disabilities may have less control over their lives than others
- Children may experience multiple carers
- Children may not be able to distinguish between intimate care and abuse
- Children may not be able to communicate

If a child is hurt accidentally he or she should be immediately reassured and the adult should check that he or she is safe and the incident reported immediately to the Principal.

Toileting Procedures (see appendix 4)

If the toilet management plan has been agreed and signed by parents, children and staff, it is acceptable for only one member of staff to assist unless there are implications for safe moving and handling of the child.

The plan will consider the following;

- Location of the plan for reference, ensuring discretion and confidentiality.

- Location of recording procedures, ensuring discretion and confidentiality.
- Necessary equipment & waste disposal

Relevant Policies

These guidelines should be read in conjunction with other School policies:

- Child Protection/Safeguarding Policy
- Health & Safety Policy
- The Administration of Medicines in Schools
- Staff Code of Conduct
- Anti-bullying policy

Further Guidance

Regional Intimate Care Policy and Guidelines Regarding Children.

Area Child Protection Committee's Regional Policy and Procedures April 2005.

Covid

This policy works in conjunction with the Department of Education Covid 19 guidance

Appendixes

Appendix 1 Record of Agencies involved

Appendix 2 Record of Intimate Care Intervention

Appendix 3 Working Towards Independence record

Appendix 4 Toilet Management Plan

Appendix 5 Agreement Between Child and Personal Assistant

Appendix 6 Permission for Schools to Provide Intimate Care

Appendix 7 Intimate/Personal Care Plan

Signed:

(Chair of Governors)

(Principal)

APPENDIX 1

RECORD OF AGENCIES INVOLVED

Child's Name: _____

DOB: _____

Address: _____

Parent/Carer: _____

GP: _____

School Nurse/
Health visitor: _____

Continence Advisor: _____

Physiotherapist: _____

Occupational Therapist: _____

Hospital Consultant: _____


Physical/Sensory Service: _____

Social Worker: _____

Others: _____

APPENDIX 2

RECORD OF INTIMATE CARE INTERVENTION

Date		Time		Child's Name			Name of Parent Contacted		Tel. No.		Time																																																													
Staff Name & Signature							2nd Signature																																																																	
Child Collected by										Time																																																														
<table border="1"> <tr> <td>Wet</td> <td>Scalded</td> <td>Sickness</td> <td>Other</td> <td>Wet Wipe Clean</td> <td>Change of Clothing</td> <td>No Change Required</td> <td>Not necessary to contact Parent.</td> <td>Parent contacted</td> <td>Unable to contact Parent.</td> <td>The child was collected from school.</td> <td colspan="2">Comments Box</td> </tr> <tr> <td colspan="11"></td> <td colspan="1">.....</td> </tr> <tr> <td colspan="11"></td> <td colspan="1">.....</td> </tr> <tr> <td colspan="11"></td> <td colspan="1">.....</td> </tr> <tr> <td colspan="11"></td> <td colspan="1">.....</td> </tr> </table>												Wet	Scalded	Sickness	Other	Wet Wipe Clean	Change of Clothing	No Change Required	Not necessary to contact Parent.	Parent contacted	Unable to contact Parent.	The child was collected from school.	Comments Box												
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APPENDIX 3

WORKING TOWARDS INDEPENDENCE PLAN

Child's Name: _____

DOB: _____

Date of Plan: _____

Name of support staff involved: _____

I can do: _____

I will try to do: _____

Review date: _____

Parents/Carer: _____

Child (if appropriate): _____

Personal Assistant: _____

SENCO: _____

APPENDIX 4

TOILET MANAGEMENT PLAN

Child's Name: _____

DOB: _____

Date of Plan: _____

Name of support
staff involved: _____

Area of need: _____

Equipment required: _____

Location of suitable toilet facilities: _____

Support required: _____

Frequency of support: _____

Signed:

Parent/Carer: _____

SENCO: _____

APPENDIX 5

AGREEMENT BETWEEN CHILD AND PERSONAL ASSISTANT

Child's Name: _____

DOB: _____

Personal Assistant's Name: _____

Date of Agreement: _____

Personal Assistant

As the Personal Assistant helping you in the toilet you can expect me to do the following:

- When I am the identified person I will stop what I am doing to help you
- I will avoid all unnecessary delays
- I will treat you with respect and ensure privacy and dignity at all times
- I will ask permission before touching you or your clothing
- I will check that you are as comfortable as possible, both physically and emotionally
- If I am working with a colleague to help you, I will ensure that we talk in a way that does not embarrass you
- I will look and listen carefully if there is something you would like to change about your Toilet Management Plan.

Child

As the child who requires help in the toilet you can expect me to do the following:

- I will try, whenever possible to let you know a few minutes in advance, that I am going to need the toilet so that you can make yourself available and be prepared to help me
- I will try to use the toilet at break time or at the agreed times
- I will tell you if I want you to stay in the room or stay with me in the toilet.
- I will tell you straight away if you are doing anything that makes me feel uncomfortable or embarrassed
- I may talk to other trusted people about how you help me. They too will let you know what I would like to change
- We will review this agreement on: _____
- Child (if appropriate): _____
- Parent/Carer: _____
- Personal Assistant: _____

APPENDIX 6

PERMISSION FOR KILLEN PRIMARY SCHOOL TO PROVIDE INTIMATE CARE

I understand that;

- I give permission to the school to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing, toileting, administering medication.
- I will advise the Principal/Learning Support Co-ordinator of any medical complaint my child may have which affects issues of intimate care.

Name: _____

Signature: _____

Relationship to child: _____

Date: _____

Child's Name: _____

DOB: _____

Male/Female: _____

Address: _____

Tel. Number(s): _____

Your consent will be valid for the duration of the child in Primary School

Appendix 7.

KILLEN PRIMARY SCHOOL

Intimate/Personal Care Plan

Child's Name	Date:
Main areas of need: <ul style="list-style-type: none">•••	
Toileting plan:	
Dressing/undressing plan:	
Medical plan:	
This plan was written by _____ on _____ Agreed with parents/carers on _____ Child's views were sought for this plan on _____ (if not, why not) Signed Date	

