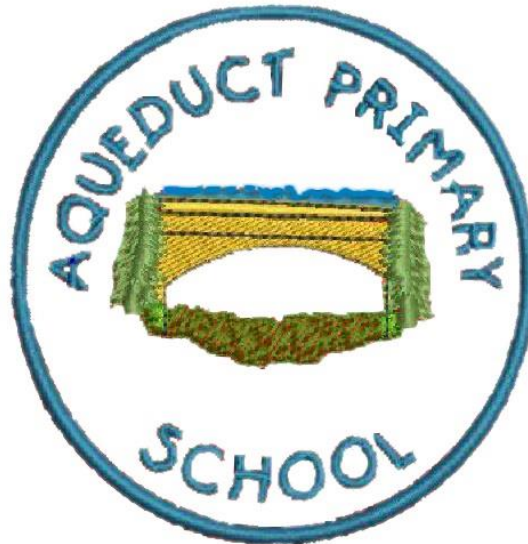


Aqueduct Primary School Intimate Care Policy



2015

Discussed and Agreed by Governing Body	25.11.15
Discussed and Agreed by All Staff	30.11.15
Next Review Date	November 2017

Signed _____ Date _____

Signed _____ Date _____

Aqueduct Primary School

Intimate Care Policy

Introduction

Aqueduct 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.

Definition

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up after a child has soiled him/herself) to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process as part of a staff member's duty of care. In the cases of specific procedure only staff suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam or the changing of a catheter)

Our Approach to Best Practice

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity are of paramount importance. 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 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 as appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. 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 adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented. Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence for example, female staff supporting boys in our school, as no male staff are available.

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

The Protection of Children

Child Protection Procedures and Multi-Agency Child Protection procedures will be adhered to. All children will be taught personal safety skills carefully matched to their level of ability, development and understanding.

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

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 this process in order to reach a resolution.

Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary. If a child makes an allegation against a member of staff, all necessary procedures will be followed.

Safeguarding

Aqueduct School is committed to safeguarding and promoting the welfare of children and expects all staff and volunteers to share this commitment. This means that we have a Child Protection Policy and procedures in place which we refer to in our prospectus. All staff (including supply staff, volunteers and governors) must ensure that they are aware of these procedures. Families are welcome to read the Policy on the school website.

Our Designated Safeguard Leads (DSLs) are: Victoria Waring and Jo Clarke.

APPENDIX 2 RECORD OF AGENCIES INVOLVED

Child's Name.....

DOB.....

Name/Role Address/phone/email

Parent/Carer

School Nurse/Health visitor

Continence Advisor

Physiotherapist

Occupational Therapist

Hospital Consultant

Hospital School Service

Physical/Sensory Service

GP

EP

Social Worker

**APPENDIX 3
RECORD OF INTIMATE CARE INTERVENTION**

Child's Name.....

DOB.....

Name of Support Staff Involved.....

Date Time Procedure Staff Signature Second signature

TOILET MANAGEMENT PLAN

Child's Name.....

DOB.....

Name of Support Staff

Involved.....

Area of need

Equipment required:

Location of suitable toilet facilities:

Support required Frequency of support

Working towards Independence

Child will try to Personal Assistant will do Target Achieved

Review Date:

Parents/Carer.....

Child (if appropriate).....

Personal Assistant.....

SLT/SENDCo.....

Date.....