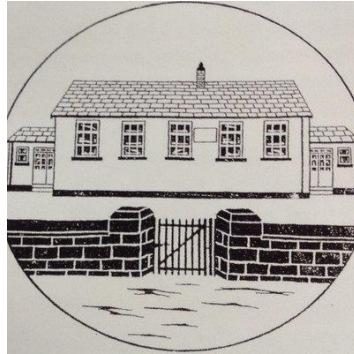


# **Creavery Primary School**



## **Policy for Intimate Care**





## **CREAVERY PRIMARY SCHOOL**

### **Intimate Care Policy and Guidelines Regarding Children**

#### **Definition**

Intimate care may be defined as any activity required to meet the personal care needs of each individual child. Parents have a responsibility to advise staff of the intimate care needs of their child, and staff have a responsibility to work in partnership with children and parents.

#### **Intimate care can include:**

- Feeding
- Oral care
- Washing
- Dressing/undressing
- Toileting
- Menstrual care
- Treatments such as enemas, suppositories, enteral feeds
- Catheter and stoma care
- Supervision of a child involved in intimate self-care

#### **Principles of Intimate Care**

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

## Responsibilities of Staff involved with Intimate Care

- All staff working with children must be vetted. This includes students on work placement and volunteers. See Vetting Policy/Form.
- Only named identified staff should undertake the intimate care of children.
- The Principal/Designated teacher for child protection must ensure that all staff undertaking the intimate care of children are familiar with, and understand the Intimate Care Policy and Guidelines together with associated Policy and Procedures e.g. ACPC Regional Policy and procedures 2005, Safeguarding Vulnerable Groups (Northern Ireland) Order 2007.
- All staff must be trained in the specific types of intimate care (if appropriate) and that they carry out and fully understand the Intimate Care Policy and guidelines within the context of their work.
- Intimate care arrangements must be recorded – (**see Appendix 1a & 1b**) in the Teacher's 'Teaching File' (**see Appendix 1a**) and the child's personal file (**see Appendix 1b**) and consent forms signed by the parents/guardian and child (if appropriate – **see Appendix 2**).
- Intimate care arrangements must be agreed by the school, parents/guardian and child (if appropriate - **see Appendix 2**) – Changing Procedures for Children with Special Educational Needs/Complex Needs.
- Staff should not undertake any aspect of intimate care that has not been agreed between the school, parents/guardian and child (if appropriate).
- Additional trained staff should be available to undertake specific intimate care tasks in the event of a staff member being on sick leave.
- Intimate care arrangements will be reviewed regularly ie. every 6 months. The views of all relevant parties, including the child (if appropriate), will be sought and considered to inform future arrangements.
- If a staff member has concerns about a colleague's intimate care practice they must report this to the Principal and the Designated Teacher.
- If a child has specific toileting needs, school staff, in liaison with parents, should complete **Appendix 3 & 4**. A home school links toileting book will be established and sent home, outlining intimate care taken place that day. If a child has a complex interaction of intimate care needs (e.g. catheterisation) **Appendix 5** should be completed. This should be completed in liaison with parents and any external agencies involved. A record of any personal care undertaken should also be kept on a daily basis (**Appendix 1b**).

- If **Appendix 3 and/or 4** is implemented a consent form must be obtained (see - **Appendix 6**).
- Creavery Primary School needs to make provisions for emergencies i.e. a staff member on sick leave. Additional trained staff should be available to undertake specific intimate care tasks.
- Intimate care arrangements should be reviewed at least six monthly. The views of all relevant parties, including the child (if appropriate), should be sought and considered to inform future arrangements.
- If a child requires very occasional intimate care e.g. fall in playground, a one-off toilet accident or vomiting this should be recorded in **Appendix 1a** and an information pro-forma (**see Appendix 7**) sent home to parents on the day the intimate care has taken place.
- In the situation where a child needs some assistance with intimate care, a permanent member of staff will help but toilet doors should be left unlocked. Another member of staff should be informed so that there is openness and shared information about what help was given. It should be noted that by the time a child starts school they will normally be expected to be independent in terms of their use of toilet facilities.

## **Guidelines for Good Practice**

### **Mission Statement**

- All children have the right to be safe and to be treated with dignity and respect.
- These guidelines apply to every member of staff involved with the intimate care of children.
- Disabled children can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs.
- Involve the child in their intimate care.
- Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.
- Make sure practice in intimate care is consistent. As a child can have multiple carers a consistent approach to care is essential. Effective communication between parents/outside agencies ensures practice is consistent.
- Be aware of own limitations.

- Promote positive self-esteem and body image. Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of message to a child about their body worth.
- Concerns that need to be reported. If you observe any unusual markings, discolouration /swelling including the genital area, report immediately to the designated teacher. If during the intimate care of a child you accidentally hurt them, reassure the child, ensure their safety and report the incident immediately to your Designated Teacher. Report and record any unusual emotional or behavioural response by the child. A written record ('Note of Concern') must be recorded and kept in the child's personal file.
- It is important to follow the school's reporting and recording procedures and parents/guardians must be informed about concerns.

### **Please refer to:**

- Regional Area Child Protection Committee Child Protection Procedures – April 2005
- DENI Child Protection & Pastoral Care guidance 1999/10
- Safeguarding Vulnerable Groups (Northern Ireland) Order 2007
- Child Protection Support Service for Schools – Governor's handbook – January 2007
- Circular 03/13 Guidance for schools on the Welfare and Protection of Pupils – Education and Libraries (NI) Order 2003
- Circular 06/06 Guidance on safer recruitment practices for education authorities (Access NI)
- Circular 06/07 Guidance for schools on the employment of substitute teachers (NISTR)
- Circular 06/08 Strand 3 Guidance for schools on the requirement for child protection training in relation to interviewing and selection panels
- Circular 06/09 Guidance on the vetting of paid and unpaid staff (Access NI)
- Circular 06/25 Guidance on the requirement for vetting of school governors (Access NI)

### **Working with children of the opposite sex**

#### **Principles**

The individual child's safety, dignity and privacy are of paramount importance. The intimate care of boys/girls can be carried out by a member of staff of the opposite sex with the following provisions:

- The delivery of intimate care by professionally qualified staff will be governed by the school's professional Code of Conduct in conjunction with the School's policy and procedures and in agreement with the Designated Teacher for Child Protection/Principal

- When intimate care is being carried out ALL children have the right to dignity and privacy i.e. they should be appropriately covered, the door closed or screens/curtains put in place
- If the child appears distressed or uncomfortable when personal care tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance
- Report concerns to your Designated Teacher and make a written record
- Parents/guardians must be informed about concerns

### **Changing after Accidents**

From time to time in school young and indeed older children may need assistance with intimate care, i.e. help with changing of clothes and cleaning after a wetting, soiling or vomiting incident, fall in playground, etc. It may be that they need general help or that they have had a little accident and may need to change. If this happens, it should be recorded in **Appendix 1a** and an information pro-forma note, **Appendix 7**, sent home to parents on the day the intimate care and change of clothing has taken place.

In the situation where a child needs some assistance with intimate care, a member of staff will help but toilet doors should be left unlocked. Another member of staff should be informed so that there is openness and shared information about what help was given. It should be noted that by the time a child starts school they will normally be expected to be independent in terms of their use of toilet facilities. This area should be covered at Baseline Interviews.

### **Wetting/Vomiting**

Should children wet themselves or vomit, school staff will help by providing spare clothing if available/appropriate. If the child is able they will be encouraged to change their clothing, however if they need help **and are willing to receive it** the staff will assist. Again this assistance must not be given without another member of staff being made aware of it. If this situation does occur the parent will be informed by an information pro-forma note, **Appendix 7**, which will be sent home to parents on the day the intimate care and change of clothing has taken place. We will also keep a written record of the incident(s) on our official form – **see Appendix 1a**. We will use children's initials to provide anonymity and we will also use the code letters W, S and V (Wetting, Soiling or Vomiting).

### **Soiling**

If a child soils their clothes in school, the parent or other appropriate contact person will be contacted to bring in a change of clothes or take the child home. Should they (or next designated contact) not be available to help or we are unable to contact them, then the child's clothes will be changed for their own comfort. The same set of guidelines as mentioned previously will apply.

When helping children with intimate care, we will aim to provide them with the appropriate level of caring support whilst minimising as far as possible the level of physical contact with the child in intimate body regions.

These procedures may seem very business-like, but they are designed to protect both pupils and staff. We need to make sure that we operate a system which is open and yet caring. We have every intention of maintaining our level of care and support for the children. However, in light of recent developments and legislation in our province we need to clarify our procedures.

Should any member of staff have concerns about a child or a situation they should report these to a Designated Teacher or to the Principal. If a parent or carer has concerns about a child or questions about a situation in school, they should contact the Principal.

We believe that the positive working relationship between home and school is a major factor in providing care and security for the children. This working relationship thrives upon openness, effort and trust. We will do all in our power to promote this in our dealings with children, parents and the wider community.

### **Communication with Children**

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. e.g. words, signs, symbols, body movements, eye pointing.

To ensure effective communication:

- Make eye contact at the child's level.
- Use simple language and repeat if necessary.
- Wait for response.
- Continue to explain to the child what is happening even if there is no response.
- Treat the child as an individual with dignity and respect.





## APPENDIX 2: CHANGING PROCEDURES FOR CHILDREN WITH SPECIAL EDUCATIONAL NEEDS



NAME OF CHILD:

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STAFF INVOLVED: \_\_\_\_\_

Should the above-mentioned child require a clothes/nappy change at any time during the session, the following procedures will be followed:

- The Special Needs Classroom Assistant (SENCA) working with the child will inform the Class Teacher before leaving the classroom with the child;
- The changing procedure will take place using the special facilities in the Disabled toilet;
- There will be two members of staff undertaking this procedure where possible;
- If necessary, the child will be laid on the changing table (Main Disabled Toilet) for the procedure;
- The Special Needs Classroom Assistant (SENCA), wearing the disposable gloves provided, will remove the soiled clothes/nappy, clean the child and put on clean clothes/nappy;
- The soiled clothes will be placed in a plastic bag and any nappies will be disposed of in the appropriate bin in the changing area.
- Both staff members and child will then wash and dry their hands;
- The time of changing will be recorded and signed by both members of staff;
- The child and staff members will return to class immediately following this procedure and inform a member of staff of their return.

***We, the above-mentioned, have read the procedures to be followed and are happy with the arrangements and agree to follow them.***

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***I, the parent / guardian of \_\_\_\_\_ am happy for the above-named staff to change my child, following the above procedures.***

Parent / Guardian \_\_\_\_\_

Date: \_\_\_\_\_

**Appendix 3 -Toileting Plan**



<b>Child/young person's name:</b>	<b>D.O.B:</b>	<b>Date agreed:</b>
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	<b>Details</b>	<b>Action</b>
<b>Working towards independence</b> e.g. taking child/young person to toilet at timed intervals, using sign or symbol, any rewards used		
<b>Arrangements for Nappy/pad changing:</b> e.g. who, where and arrangements for privacy		
<b>Level of Assistance Needed:</b> e.g. undressing, dressing, hand washing, talking/signing to child/young person		
<b>Infection Control</b> e.g. wearing disposable gloves, nappy disposal		
<b>Sharing information:</b> e.g. if the child/young person has a napkin rash or any marks, any family customs or routines		
<b>Resources Needed:</b> e.g. special seat, nappies/pull ups, creams, disposable sacks, change of clothes, toilet step, gloves		

Signed: Parent Key member of staff:	Review date:
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**c.c. Parent/Carer**

## Appendix 4 - Personal Care Management Plan



Child/Young Person's Name:

Date of Birth:

Condition:

Details of assistance required:

Facilities and equipment: (Clarify responsibility for provision of supplies, e.g. parent/carer/school/other)

### **Staffing:**

Regular:

Name:

Back up:

Name:

Training needs (individual staff must keep signed/dated records of training received in addition to school and setting held records. A record should be completed when training has been delivered and kept as part of the care plan)

## Personal Care Management Plan - Page 2

Curriculum specific needs:

Arrangements for trips/transport:

Procedures for monitoring and complaints: (including notification of changing needs by any relevant party)

This plan has been agreed by:

Name:

Role:

Signature:

Date:

Date for Review:



**Appendix 5 - Record of other agencies involved**

**Child/young person's name:** \_\_\_\_\_ **DOB** \_\_\_\_\_

<b>Name / Role</b>	<b>Contact address/phone/email</b>
<b>Parent/carer</b>	
<b>GP</b>	
<b>School Nurse / Health Visitor</b>	
<b>Continence Adviser</b>	
<b>Home care Team (Community Paediatric Nurse)</b>	
<b>Physiotherapist</b>	
<b>Occupational Therapist</b>	
<b>Hospital Consultant</b>	
<b>Physical and Sensory Support Service</b>	
<b>Educational Psychologist</b>	
<b>Case Officer</b>	
<b>Early Years and Childcare Service</b>	
<b>Adviser</b>	
<b>Social Worker</b>	

## Appendix 6 - Intimate Care Consent Form



The purpose of this agreement is to ensure that both parents/carers and professionals are in agreement with what care is given, who is providing the care and that the appropriate training is given (if any specific training is required). If teaching of the care procedure is required, it will be carried out by the parent/carer or by the professional experienced in that procedure.

When the parent/carer and/or professional are agreed the procedure has been learned and the staff/carer feels comfortable with, and competent to administer that procedure, this record should be signed by all parties. One copy should be given to the SENCA, one retained in the SENCA's personnel file and one filed in the child's 'IEP/PLP' folder.

**Child's name:**

**D.O.B.**

**Procedure:**

**SENCA's name:**

**SENCA's Signature:**

**Parent's Name:**

**Parent's Signature:**

**Professional's Signature:**

I have taught the above procedure to the named SENCA and have assessed him/her as able to perform the care as instructed.

**Signed:**

**Date:**

**Designation:**

**Date Reviewed - Autumn Term:**

**Date Reviewed - Spring Term:**

**Date Reviewed - Summer Term:**

### Appendix 7 - Record of Change of Clothing



Your child: \_\_\_\_\_

Required a change of clothes on: \_\_\_\_\_

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Items Changed: \_\_\_\_\_

Supervised/Assisted by: \_\_\_\_\_

School items – Please return, cleaned, to your child’s class teacher ASAP.

Yes  No

### Appendix 7 - Record of Change of Clothing



Your child: \_\_\_\_\_

Required a change of clothes on: \_\_\_\_\_

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Items Changed: \_\_\_\_\_

Supervised/Assisted by: \_\_\_\_\_

School items – Please return, cleaned, to your child’s class teacher ASAP.

Yes  No