

St Michael with St Thomas C of E Primary School



Intimate Care Policy

Date Approved: Autumn 2022

Review Date: Autumn 2025

St Michael with St Thomas C of E Primary School

INTIMATE CARE POLICY

SCHOOL DETAILS

Head Teacher:	Miss Michelle Slingsby
Senior Designated Person:	Miss Michelle Slingsby
Deputy Designated Person:	Family Support Worker/Assistant Headteacher
Designated Governor for Safeguarding:	Lesley Traves
Chair of Governors:	Lesley Traves
Policy Status:	Statutory

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1.0 DEFINITION

1.1 Intimate care can be defined as any care which involves washing or carrying out procedures to intimate area's which most people usually carry out themselves, but some pupils are unable to do because of the following:

- ✦ Late developers, the child may be developing normally but at a slower pace.
- ✦ Children with some developmental delay.
- ✦ Children with physical difficulties or other specific needs
- ✦ Children with behavioural difficulties, this may be emotional/behavioral difficulties.

1.2 It also includes supervision of pupils involved in intimate self-care.

2.0 PRINCIPLES

- 2.1** The Governing Body will act in accordance with Section 175 of the Education Act 2002 and The Government guidance @Safeguarding Children and Safer Recruitment in Education@ (2006) to Safeguard and promote the welfare of pupils at St Michael with St Thomas
- 2.2** St Michael with St Thomas takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.
- 2.3** This intimate care policy should be read in conjunction with the school's Safeguarding and Child Protection Policy.
- 2.4** Every effort should be made to encourage independence before a child arrives at school.
- 2.5** Some children achieve independence relatively easily while others never achieve full independence. Children should not be excluded from everyday activities solely because of a manageable condition.
- 2.6** Children should be treated with dignity and respect by carers who are aware of the importance of helping them to develop as far as possible towards independence in personal hygiene.
- 2.7** Each child's case should be considered individually. Policies which state that no child may be admitted unless they are continent are likely to breach the law.
- 2.8** Educational settings should aim to develop the ability to cope with needs of children who are incontinent in line with the Special Educational Needs and Disability Act 2001. They should indicate the ways in which they plan to meet the needs of these children as far as is reasonably practicable.
- 2.9** Before admitting a child, who has intimate care/ continence problems, educational settings should draw up an (IEP), health care plans or intimate care plans agreed by the setting, parents/carers and colleagues from Health. The child should also be consulted, if appropriate, as well as the staff involved in carrying out the care. The plan should include information about when and where the child will be cared for, and the practices to be used if necessary. It should specify the people who will be carrying out the care duties. Parents should be informed if there is a change in staff. It should include reference to a care diary if the setting decides that this is needed. The continence care plan should be signed by all involved in drawing it up and must include parental consent and a review date.
- 2.10** Where relevant, it is good practice to agree with the pupil and parent/carer appropriate terminology for private parts of the body and functions and this should be noted in the plan.
- 2.11** Staff carrying out care responsibilities are required to follow the procedure specified in the basic hygiene precautions to be taken when dealing with pupils with intimate care. (Appendix 3)

3.0 BACKGROUND

- 3.1** Most children achieve continence before starting full-time school. With the development of more early year's education and the drive towards inclusion, however, there are many more children in mainstream educational establishments who are not fully independent at this time.

Some individuals remain dependent on long-term support for personal care, whilst others progress slowly towards independence.

3.2 The achievement of continence can be seen as the most important single self-help skill, improving the person's quality of life, independence and self-esteem. The stigma associated with wetting and soiling accidents can cause enormous stress and embarrassment to the children and the families concerned.

4.0 PRACTICE

4.1 Written permission to give intimate care must be obtained from the parent/carer using (Appendix 1). Children Social Care must be informed for children who are on the child protection register.

4.2 Staff will use appropriate protective equipment e.g. gloves, apron.

4.3 Parents will supply the necessary change of clothes.

4.4 Children should be changed by one adult to protect the child's dignity and encourage them to become independent. Another adult must be informed before the child is helped to change.

4.5 The occasion must be recorded in the Pro-forma in (Appendix 2) and the parent must be informed.

4.6 Any child protection concerns should follow the normal routes. (See Safeguarding Policy).

Appendix 1

BASIC HYGIENE PRECAUTIONS

WASH HANDS PRIOR TO GIVING SUPPORT

WEAR GLOVES.

WEAR AN APRON IF NECESSARY

USE BABY WIPES IF NECESSARY

DISPOSE OF NON-FLUSHABLE ITEMS VIA MEDICAL WASTE BIN

WASH HANDS AFTER SUPPORTING CHILD WITH INCONTINENCE

Appendix 3

PARENTAL PERMISSION FOR INTIMATE CARE
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I give permission for to receive intimate care (For example helping with changing or following toileting) should the need arise.

I understand the staff are doing this on a voluntary basis and will endeavour to encourage my child to achieve independence in this area with dignity and respect.

I will provide the necessary change of clothes.

I understand I will be informed discretely on each occasion this happens.

Signed:

Parent /Carer of: