

Intimate Care Policy:

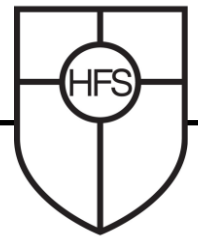
January 2022

Approved by Governors
March 2022

SLT Responsible: Mrs F Johnston

Next Review Date: January 2024

The Holy Family



Catholic School

At The Holy Family Catholic School, our policies and the actions arising from them are always founded in spirit and in letter in our Catholic faith, especially our mission statement and nine core virtues:

Awakening Minds

Our faith, the teachings of Christ, is at our heart. We devote ourselves fully to our spiritual growth, striving for excellence in all that we do each day.



Achieving Dreams

Our work blends inspirational teaching and confident study in a stimulating environment. We learn wholeheartedly, turning our ambitions into reality with every opportunity.



Serving Others

Our spirit leads us to take a positive role in our community. We show love, care and respect for one another and for everyone in our world today.



Intimate Care Policy

PRINCIPLES

The Holy Family School 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.

This Intimate Care Policy should be read in conjunction with the following:-

- Child Protection Policy
- Health and Safety Policy and Procedures
- Policy for the Administration of Medicines
- Behaviour Policy Including Procedures and Policy on Use of Force and Restraint
- Staff Code of Conduct or Guidance on Safe Working Practice.

We are committed to ensuring that all staff responsible for the intimate care of students will undertake their duties in a professional and empathetic manner at all times. It is acknowledged that these adults are in a position of great trust.

We recognise that there is a need to treat all students, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. The student's welfare and dignity is of paramount importance. No student should be attended to in a way that causes distress or pain.

Staff will work in close partnership with parent/carers to share information and provide continuity of care.

DEFINITION

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some students are unable to do because of their physical difficulties or other special needs.

Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing. It also includes supervision of students involved in intimate self-care.

BEST PRACTICE

Staff who provide intimate care receive training from experienced team members to ensure that The Holy Family School's high standards are upheld and maintained.

Staff are made fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons and to follow high standards of personal hygiene safety.

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.

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

There is careful communication with each student who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the student is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

All students will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each student to do as much for his/herself as possible.

Staff will be provided with the equipment to ensure that intimate care can be carried out sensitively and with dignity.

Any historical concerns (such as past abuse) should be noted and taken into account. Sensitivity to individual needs will be paramount

All students needing intimate care at The Holy Family School will have a Support Plan, however, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg: has had an 'accident' and soiled him/herself) if this is unusual or an infrequent occurrence.

It is recommended practice that information on intimate care should be treated as confidential and communicated in person, by telephone or by sealed letter, not through the planner or class charts

Every student's right to privacy will be respected. Careful consideration will be given to each student's situation to determine how many staff might need to be present when a student needs help with intimate care. Staff who assist students one-to-one should be employees of the school and be DBS checked at the appropriate level.

It is not always practical for two members of staff to assist with an intimate procedure and this does not take account of the student's wishes for privacy. It is advisable, however, for a member of staff to inform another adult when they are going to assist a student with intimate care.

The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

All staff should be aware of the school's stance on confidentiality. Sensitive information will be shared only with those who need to know. If necessary, advice should be taken from the local council regarding disposal of large amounts of waste products.

CHILD PROTECTION

The Holy Family School recognises that children with special needs and disabilities are particularly vulnerable to all types of abuse.

The school's child protection policy and inter-agency child protection procedures will be accessible to staff and adhered to.

From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a child's body. It may be unrealistic to expect to eliminate these risks completely but in this school best practice will be promoted and all adults will be encouraged to be vigilant at all times. Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. unexplained marks, bruises, soreness etc s/he will immediately report concerns on CPOMS in accordance with inter-agency procedures. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless it is considered that to do so will place the child at risk of harm.

If a student becomes distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the Head. The matter will be investigated at an appropriate level 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.

PHYSIOTHERAPY

Children who require physiotherapy whilst at school should have this carried out by a trained physiotherapist or physiotherapy assistant acting for the Health Authority. If it is agreed in the handling plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes. Adults (other than the physiotherapist or the assistant) carrying out physiotherapy exercises with pupils should be employees of the school.

MEDICAL PROCEDURES

Students with disabilities might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented and will only be carried out by staff who have been trained to do so. Any members of staff who administer first aid should be appropriately trained. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

Keeping Children Safe in Education

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1021914/KCSIE_2021_September_guidance.pdf