



Intimate Care Policy

Reviewed January 2022 with no changes

Updated June 2020 - Covid 19

Introduction

Staff who work with young children or children who have special needs will realise that intimate care is challenging and requires staff to be respectful of children's needs. Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals.

This may include:

- Care associated with continence and menstrual management;
- Help with washing or bathing.

Members of staff who provide intimate care to children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at William Davies work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

William Davies 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. Personal safety is taught as part of Personal, Social and Health Education to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

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 or pain. Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them at all times.

Best Practice

All children who require intimate care are treated respectfully at all times. The child's welfare and dignity is of paramount importance.

- Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in moving and handling) and are fully aware of best practice. Staff will be supported and if necessary trained 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, members of staff who are involved in the intimate care of children will not usually be involved with the delivery of sex and relationship education to their children/young people as an additional safeguard to both staff and children/young people involved.

- Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.
- There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.
- As a basic principle, children 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 themselves as they 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. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.
- 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 needs help with intimate care. Where possible, one child will be cared for by one adult, with another adult in close proximity.
- The member of staff will wear protective clothing such as apron and disposable gloves. These will be disposed of safely and appropriately.
- Parents/carers will be involved with their child's intimate care arrangements on a regular basis. A clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation. The Protection of Children Education Child Protection Procedures and Inter Agency Child Protection procedures will be accessible to staff and adhered to.
- 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. marks, bruises, soreness etc. s/he will immediately report concerns to the designated person for child protection. Using the Safeguard Software to make this notification. It must be written – a verbal report will not suffice.
- A clear record of the concern will be completed and referred to social services if necessary. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm. Further details are available in the school's Early Help, Safeguarding and Child Protection Policy.
- 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.

Risk Assessment for Covid 19

- The government guidelines state: Early years and primary age children cannot be expected to remain 2 metres apart from each other and staff.
- Government guidelines state: To mitigate this we must implement this hierarchy of measures:
 - Avoiding contact with anyone with symptoms.
 - Frequent hand cleaning and good respiratory hygiene practices.
 - Regular cleaning of settings.
 - Minimising contact and mixing.
 - Risk assess children with Special Educational Needs and Disabilities and vulnerable adults (including BAME) individually to identify whether they are safer at home.
 - PPE equipment packs in each bubble for any adults/situations where socially distancing is not possible (intimate care/Special Educational Needs and Disabilities/first aid). All staff trained on safe use and disposal.
 - For toileting, nappy change or body search the recommended PPE is: gloves, surgical mask and an apron. If there is a risk of splashing to the eyes or spitting, a visor should also be worn. Visors are reusable and should be cleaned after use.
 - Most contamination incidents occur when taking off PPE.
 - Staff know the specific order and steps to follow when using PPE.
 - Staff have been shown these videos to learn how to put each piece on and how to take it off safely: <https://youtu.be/j3hfEpjAxOE>
 - Public Health England - COVID-19 specific: https://youtu.be/-GncQ_ed-9w
 - Immediate handwashing if an adult comforts a distressed child.
 - Staff to be advised to bring a change of clothes.
 - Check capacity of different school areas - part time schedule to allow greater numbers of pupils to access some education. If full time education is required, reduce year groups.
 - Individual risk assessments for particular pupils who may find social distancing a challenge.
 - PPE ordered and supplies readily available at bubbles.
 - Allocate school staff to maintain PPE stores.
 - Amend or annotate intimate care policy.
 - Prepare an initial timetable for pupils, groupings and roll out plans- set review dates. Share rationale to accompany. Agreement by Governors and consult Local Authority.
 - Guidance to staff working with youngest children on maintaining a caring and sensitive approach, and providing physical comfort to children.