

St Mary's Catholic Primary School
Bognor Regis



Intimate Care Policy

Policy Review

Date Agreed:

Next Review Due: April 2025

Definition of Intimate Care

Intimate care may be defined as any activity that involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but that some pupils may be unable to do because of their young age, physical difficulties or other special needs. Parents have 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
- Dressing/undressing
- Toileting
- Menstrual Care
- Supervision of a child involved in intimate self-care

St Mary's Catholic 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. St Mary's Catholic Primary School recognises 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. Disabled children or those with additional needs can be especially vulnerable and staff involved with their intimate care need to be sensitive to their individual needs.

Implementation

The management of all pupils with intimate care needs will be carefully planned and those that require intimate care will be treated with the upmost respect at all times.

Staff, including supply or agency, who are required to provide intimate care to pupils will receive the appropriate training to do so which will include; Child Protection, Health and Safety and manual handling training where necessary. Apparatus will be provided to assist with children who need special arrangements following an assessment from the physiotherapist/occupational therapist as required.

Pupils will be supported to achieve the highest level of autonomy that is possible given their age and ability. Staff will encourage each pupil to do as much for him/her self as he/she can. This may mean, for example, giving the pupil responsibility for washing themselves; supported by appropriate communication aids and equipment as necessary.

Each child's right to privacy will be respected and 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.

Where intimate care is required the staff allocated to that class will where possible work on a rota basis to ensure over familiarity in a relationship does not occur, yet, regular staff are attending the pupil so they feel comfortable and cared for.

It is best practice to have two staff members present during intimate care routines and wherever possible this will be provided by staff who are the same sex as the child.

Communication with pupils

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.

The Protection of Pupils

Child Protection Procedures will be adhered to at all times. Concerns of a child protection nature must be referred to the Designated Safeguarding Lead (DSL) or Deputy DSL and dealt with in accordance with school child protection procedures.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. they must immediately report concerns to the DSL.

If a pupil 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.

Children wearing Nappies

If a child is still wearing nappies upon starting school, a record will be kept of who **(Appendix 2)** changes the child, how often the task is carried out and what time it took place. Staff should always inform a colleague that they are about to attend to a child. Examples of such good practice provide reassurance for parents that systems are in place and that schools have implemented procedures for staff to follow.

Parents should however be encouraged to seek professional help if a child has not acquired continence on starting school,

Equipment Provision

When a child is still in nappies the parent/carer is responsible for providing the school with these along with disposal bags, wipes and a changing mat. The school is responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.

Health and Safety

Staff should always wear an apron and gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste. The bin should be emptied on a weekly basis and it can be collected as part of the usual refuse collection service as this waste is not classed as clinical waste. Staff should be aware of the school's Health and Safety policy

First Aid and intimate care

There are named staff in school who administer first aid and wherever possible another adult or pupil are present. The pupil's dignity is always considered and where contact of a more intimate nature is required, another member of staff is always in the vicinity and made aware of the task being undertaken.

Record keeping

When a child joins the school, parents/carers are asked to declare any medical conditions that require care within school, for the school's records. At the beginning of each school year, parents are requested to update details about medical conditions (including intimate care needs) and emergency contact numbers.

All parents/carers of children with intimate care needs will be required to provide information to school on these and all relevant parties will then be informed of these needs. Parents are required to update the school about any change in their child's medication or treatment and records will be kept for the administration of any intimate care.

Bodily Fluids

If intimate care needs require staff to come into contact with any pupil bodily fluids, the bodily fluids risk assessment will need to be completed and agreed to minimize risks of infection or contamination. **(Appendix 1)**

Appendix 1

Bodily Fluids Model Risk Assessment

Who can be harmed:

Completed by:

Date:

List all the Hazards relating to this task	Possible controls measures/ delete as appropriate	Risk - Likelihood x consequence = risk rate	Date put in place	Details of how achieved (Evidence required)
Infected fluids in contact with skin, eyes, etc.	<ul style="list-style-type: none">• First aiders and those handling spillages or performing intimate care procedures to wear personal protective equipment as identified by risk assessment e.g. face mask, eye protection, disposable gloves, plastic aprons and cover open wounds with waterproof dressings;• Staff trained in de-escalation and restraint to identify triggers and prevent escalation of challenging behaviour e.g. biting spitting;• Where continuous biting is identified consider use of arm protection (guards);• Direct contact to be avoided where possible;• Immunisation from hepatitis B where a significant risk is identified;• Sharps bin clearly marked and provided where sharps may foreseeably arise. Located in a safe position away from pupils and members of the public;• Sanitary bins in all ladies toilets and waste contract in place for their safe removal;			

	<ul style="list-style-type: none"> • Staff to cover open wounds with waterproof plasters during working day. 			
Cross contamination.	<ul style="list-style-type: none"> • Procedures in place to report and clean any spillages; • Spills cleaned using disposable paper towels and specialist disposable products • Instructions given on the safe disposal of waste. • Medicines and apparatus used in its administration (e.g. asthma inhaler/spacer) clearly labelled with patients name and where necessary single use. • Thorough cleaning regime in place • Disposable paper towels used. 			
Infectious/communicable diseases	<ul style="list-style-type: none"> • Public Health England advice on recommended exclusion times for various conditions is followed i.e. vomiting children must not return to school until 48 hours after last episode • Instructions given to wash contaminated skin with soapy water and seek advice from the Public Health England • Ensure levels of site cleanliness are maintained to an acceptable standard • Premise Officer/ Site Responsible Person to monitor standards of cleanliness and report deficiencies to contract cleaners or school to liaise directly with cleaners employed by them • Deep clean is undertaken as necessary 			
Slips, trips and falls	<ul style="list-style-type: none"> • Slippery floor signage used when necessary; • Spills and fluids cleared up as soon as possible • COSHH Risk Assessments to be carried out on any hazardous substances used to clear fluids etc. 			
Safeguarding	<ul style="list-style-type: none"> • Intimate Care Policy in place • Intimate care procedures in place • Staff trained in safeguarding renewed annually • Where identified intimate care is carried out with 2 staff members 			

Review date	By Whom	Date shared with staff	Circulated to:
Comments/amendments			

Risk Rate Guide

Likelihood		Consequence	
1	Very unlikely	1	Minor injury scratches bruises, no noticeable damage to property or insignificant effect on the environment.
2	Unlikely	2	Moderate injury shock, superficial damage to property or minor damage to the environment.
3	Likely	3	Serious – Person injured causing loss of work or time away from school or damage to property which needs repairing or easily repairable damage to the environment.
4	Very likely	4	Significant – person taken to hospital or major damage to property or environment.

Overall Score	Risk Factor
1	Very Low
2	Low
3 - 6	Moderate
8 - 12	High
16	Very High

Risk factor matrix

Consequence	Likelihood			
	1	2	3	4
1	Very Low	Low	Mod	Mod
2	Low	Mod	Mod	High
3	Mod	Mod	High	High
4	Mod	High	High	Very High

Appendix 2

INTIMATE CARE POLICY PARENTAL AGREEMENT FORM

I agree to support the Intimate Care Policy and practice of St Mary's Catholic Primary School.

Signature of Parent/Career _____

Print Name _____

Date _____

Signature of School Representative _____

Print Name _____

Position _____ Date _____

INTIMATE CARE RECORD FORM				
NAME _____				
CLASS _____				
KEY DETAILS: Nappy Changing <u>NC</u> Toileting Support <u>TS</u>				
Date and time	Details and location	No of adult(s)	Name of adult(s)	Comments