



ST THOMAS MORE CATHOLIC PRIMARY SCHOOL

INTIMATE CARE POLICY

MISSION STATEMENT

I have come so that they may have life and have it to the full - John 10:10

As a Catholic school, God is at the heart of all we do. We believe that each person is made in His image, deserving to be treated with respect and dignity.

Showing respect, love and care for everyone and everything, we aim to develop harmony between pupils, parents, the school and Parish and grow as a Christian community.

We aim to embed the virtues in every child to believe in themselves to be the best that they can be and leave school as well-rounded individuals who care about themselves, others, and the world.

This policy must be read in conjunction with the
Safeguarding and Child Protection, the Health & Safety, SEND
and the Supporting Children with Medical Needs Policies

Date drafted: June 2024

Date ratified by the Governing Body: June 2024

Date for review by Staff and Governors: June 2025

St. Thomas More Catholic Primary School

Lewis Road | Cheltenham | Gloucestershire | GL51 0HZ

Tel: 01242 513339 | Fax: 01242 257402 | Email: admin@st-thomasmore.gloucs.sch.uk

www.st-thomasmore.gloucs.sch.uk

1. Introduction

All children at St Thomas More Catholic Primary School have the right to be safe and be treated with dignity, respect and privacy at all times so as to enable them to access all aspects of school life.

This policy sets out clear principles and guidelines on supporting intimate care with specific reference to toileting.

This policy supports the safeguarding and welfare requirements of Early Years Foundation Stage (EYFS) 2012 and the Disability Discrimination Act 2005.

St Thomas More Catholic Primary School will ensure that:

- no child's physical, mental or sensory impairment will have an adverse effect on their ability to take part in day to day activities;
- no child with a named condition that affects personal development will be discriminated against;
- no child who is delayed in achieving continence will be refused admission;
- no child will be sent home due to incontinence;
- reasonable adjustments will be made for any child who has delayed incontinence.

This policy aims to manage risks associated with toileting and intimate care needs and ensures that employees do not work outside the remit of their responsibilities set out in this policy.

2. Intimate Care Tasks

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 pupils are unable to do because of their young age, 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.

3. Partnership with Parents and Carers

Staff at St Thomas More Catholic Primary School work in partnership with parents and carers to provide care appropriate to the needs of the individual child and together will produce an Intimate Care Plan.

4. Intimate Care Plans

The Intimate Care Plan will be drawn up in collaboration with the Parent/Carer, Inclusion Lead, other relevant staff at school, the School Nurse, the Gloucestershire Advisory Teaching Service, Gloucestershire Children and Mental Health Services (CAMHS) and the Continence Service (where appropriate).

Please see Appendix 1 for the Intimate Care Plan Proforma.

The Intimate Care Plan will set out:

- who has agreed to the plan, e.g. parent/carer, child, staff;
- what care is required;
- where intimate care will take place;
- the number of staff needed to carry out the task and what will happen if the regular member of staff is absent;
- where records will be kept;
- additional equipment required and who will provide this;
- additional things to think about (e.g. reward system, child's preferred means of communication (e.g. visual, verbal));
- agreed terminology for parts of the body and bodily functions;
- other issues to consider (e.g. anxiety, self-esteem, child's level of ability, i.e. what tasks they are able to do by themselves);
- acknowledgement and respect for any cultural or religious sensitivities related to aspects of intimate care;
- how the plan will be monitored and reviewed in accordance with the child's development.

Parents/Carers may be asked to supply the following: -

- Spare nappies
- Wipes, creams, nappy sacks etc.
- Spare Clothes
- Spare underwear

This will be highlighted on the Intimate Care Plan.

The Intimate Care Plan has three forms as Appendices:

- Form 1 - will show names/ roles and contact details for all adults involved with the child.
- Form 2 - is a 'Record of Personal Care Intervention by Exception'.
- Form 3 - is a 'Personal Care Facilities and Resources Checklist' to show which facilities have been discussed and any actions from those discussions.

5. Best Practice

Pupils who require regular assistance with intimate care have written health care plans or intimate care plans as appropriate, agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. The plan should be reviewed as necessary, but at least

annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan

Where a care plan or EHCP is not in place, 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 wet or soiled him/herself). 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 home/school diary.

Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.

These records will be available to parents/carers on request.

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

Staff who provide regular intimate care as part of an EHCP are trained in personal care (eg health and safety training in moving and handling) according to the needs of the pupil. Staff who meet intimate needs because a child has had an 'accident' and wet or soiled him/herself will be first aid trained. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation.

There must be careful communication with each pupil 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 pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.

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

Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.

Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

Health & Safety guidelines should be adhered to regarding waste products, if necessary, advice should be taken from the DCC Procurement Department regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.

No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

6. Safeguarding

We will follow procedures set out by Gloucestershire Safeguarding Children Board (GSCB) and take account of further guidance issued by the DfE, and the Local Authority.

If a member of staff is concerned about any physical or emotional changes, such as marks, bruises, soreness, distress etc. they will inform a Designated Safeguarding Lead (DSL) (or Deputy Safeguarding lead) immediately. The Safeguarding Policy will then be implemented.

If a child makes an allegation against a member of staff, the procedure set out in the Safeguarding Policy will be followed.

7. Dealing with body fluids

Urine, faeces, blood and vomit will be cleaned up immediately, double bagged and disposed of safely. Nappies will be disposed of in a special nappy bin which is collected weekly.

When dealing with body fluids, staff will wear protective clothing (disposal plastic gloves, aprons and masks if necessary) and wash themselves thoroughly afterwards. Soiled children's clothing will be bagged to go home – staff will not rinse it. Children will be kept away from the affected area until the incident has been completely dealt with.

All staff will maintain high standards of personal hygiene and will take all practicable steps to prevent and control the spread of infection. Hand gel is also available in the toilet and medical area.

8. Physiotherapy

Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the EHCP or care 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. The physiotherapist should observe the member of staff applying the technique.

Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

9. Soothing & De-escalation Techniques

Care plans should include specific information for those supporting children with bespoke medical needs.

Soothing techniques can be used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.

It is recommended that soothing techniques are undertaken by school staff and should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and pupils.

Any adult undertaking soothing techniques for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.