FIELDHEAD CARR PRIMARY SCHOOL

Intimate Care Guidelines

Spring 2017

Summary

These guidelines set out the school's guidelines for carrying out intimate care. These guidelines are the school's expectations upon staff, which are designed to protect both children and staff alike. In situations where a member of staff potentially breaches these expectations, other staff should be able to question this in a constructive manner.

Author's Role	Inclusion manager
Date	Spring 2017
Internal Review Date	Spring 2018
Official Review Date	Spring 2018

FIELDHEAD CARR PRIMARY SCHOOL
CHILDREN'S INTIMATE CARE GUIDELINES

DEFINITION

Intimate care is defined as any care of a personal nature, which someone requires. This can range, for example, blowing someone's nose, to care tasks of a much more personal nature, such as washing someone's genital area.

INTIMATE CARE GOOD PRACTICE GUIDELINES

These guidelines should be viewed as expectations upon staff, which are designed to protect both children and staff alike. In situations where a member of staff potentially breaches these expectations, other staff should be able to question this in a constructive manner.

If staff are not comfortable with any aspect of the agreed guidelines, they should seek advice from their line manager. For example, if they do not wish to conduct intimate care on a 1:1 basis, this should be discussed, and alternative arrangements considered. For example, it may be possible to have a second member of staff in an adjoining room or nearby so that they are close to hand but do not compromise the child's sense of privacy.

STAFFING

Treat every child with dignity and respect and ensure privacy appropriate to the child's age and the situation. Privacy is an important issue. Much intimate care is carried out by one staff member along with one child. This practice should be actively supported unless the task requires two people. Having people working alone does increase the opportunity for possible abuse. However, this is balanced by the loss of privacy and lack of trust implied if two people have to be present – quite apart from the practical difficulties. If should also be noted that the presence of two people does not guarantee the safety of the child or young person – organised abuse by several perpetrators can, and does, take place. Therefore, staff should be supported in carrying out the intimate care of children alone unless the task requires the presence of two people. For older children it is preferable if the member of staff is the same gender as the young person. However, this is not always possible in practice.

PARENTS/CARERS

Each child, for whom it is appropriate, is to have a written 'Intimate Care Plan' included in their individual programme. This includes pupils requiring any oversight, assistance and supervision. Close involvement of parents/carers and child/young person are essential in developing 'Intimate Care Plans' and written consent must be given by them.

The plan should be disseminated to all staff involved in the intimate care of the pupil. Care plans must be renewed regularly, at least once a year at the Annual Review.

RECORDING

A pupil changing record sheet should be signed by all staff involved in any intimate care tasks. Copies will be kept in a file in the hygiene suite/toilet area, and completed sheets stored in pupil's individual confidential files There is also a section on the sheet to record any comments or observations. eg – skin impairment – changed bowel or urinary pattern

If you are concerned that during the intimate care of the child:-

- You accidentally hurt the child
- The child seems sore or unusually tender in the genital area
- The child appears to be sexually aroused by your actions
- The child misunderstands or misinterprets something
- The child has a very emotional reaction without apparent cause (sudden crying or shouting)

Report any incident as soon as possible to another person working with you and make a brief written note of it. Then please discuss immediately with a senior member of staff or child protection co-ordinator.

This is for two reasons: first, because some of these could be cause for concern, and secondly, because the child or another adult might possibly misconstrue something you have done. Additionally, if you are a member of staff who has noticed that a child's demeanour has changed directly following intimate care e.g. sudden distress or withdrawal, this should be noted in writing and discussed with your designated person for child protection.

Involve the child as far as possible in his or her own intimate care. Try to avoid doing things for a child that s/he can do alone, and if a child is able to help ensure that s/he is given the chance to do so. This is as important for tasks such as –
Removing underclothes as it is for washing the private parts of a child's body.
Support children in doing all that they can themselves. If a child is fully dependent on you, talk with her or him about what you are doing and give choices where possible.

Be responsive to a child's reactions. It is appropriate to 'check' your practise by asking the child – particularly a child you have not previously cared for – "Is it OK to do it this way?"; "Can you wash there?"; How does mummy do that?". If a child expresses dislike of a certain person carrying out her or his intimate care, try and find out why. Conversely, if a child has a 'grudge' against you or dislikes you for some reason, ensure your line manager is aware of this.

Make sure practice in intimate care is as consistent as possible. Heads of school have a responsibility for ensuring their staff have a consistent approach. This does not mean that everyone has to do things in an identical fashion, but it is important that approaches to intimate care are not markedly different between individuals. For example, care during menstruation consistent across different staff?

Liaison with other professionals is essential where there are a number of carers and settings.

Never do something unless you know how to do it. If you are not sure how to do something, ask. If you need to be shown more than once, ask again. Certain intimate care or treatment procedures, such as rectal examinations, must only be carried out by nursing or medical staff. Other procedures, such as giving rectal valium, suppositories, or intermittent catheterisation, must only be carried out by staff who have been formally trained and assessed as competent.

Staff should be trained to be alert to the potential indications of abuse or neglect in children and be aware of how to act upon their concerns in line with the Leeds A.C.P.C. procedures.

Encourage the child to have a positive image of her or his own body. Confident, assertive children who feel their body belongs to them are less vulnerable to abuse. As well as the basics like privacy,

the approach you take to a child's intimate care can convey lots of messages about what her or his body is 'worth'. Your attitude to the child's intimate care is important. As far as appropriate and keeping in mind the child's age, routine care of a child should be enjoyable, relaxed and fun.

The above is taken largely from the publication Abuse and Children who are disabled; a training and resource pack for trainers in child protection and disability, 1993.

When out of the usual environment it is good practice to maintain the same standards of privacy and dignity. Prior knowledge of location, for example, layout of toilets is to be sought wherever possible.

Consideration is to be taken when disposing of children's/young persons soiled clothing. Prior agreement with parents/carers is to be sought wherever possible. Soiled clothing should be placed in a plastic laundry bag for the parent/carer to take home to wash. Machine wash is recommended. No soaking of soiled clothing should take place. Any faecal matter should be disposed of down the toilet before placing clothing in a plastic bag.

FACILITIES

Facilities are to be easily accessed by the child and designed with the appropriate advice from relevant professionals where necessary, for example, Occupation Therapist, Physiotherapist, School Nurse, or appropriately trained professionals.

Hand washing facilities are to be provided within the room for the child/young person and staff. Liquid soap and paper hand towers are to be available.

Toilet facilities should be separate from bathrooms/showers. This is particularly important for disabled facilities with a shower tray, as water may spread over the whole floor area and become contaminated from around the shower.

All waste bins are to be fitted with a lid to be foot operated.

A secure area for clinical waste awaiting collection must be available.

The importance of privacy is maintained by ensuring the room can be seen to be in use and be secured from intrusion.

All equipment is to be stored safely but easily accessible to the child where this is necessary. It is important to take into consideration the privacy of the individual children/young people and the safety of others.

Facilities must be regularly inspected and maintained.

All notices must be laminated.

Any spare clothing must be stored in sealed containers.

EQUIPMENT

The list of equipment detailed below is not exhaustive but gives examples of types of equipment available for use.

Rise and fall bed, with suitable sides.

Changing mat, suitable for younger child, covered with intact waterproof material.

Moving and handling equipment.

Gloves – if direct contact with blood or body fluids is anticipated, staff to wear seamless, non-sterile gloves (e.g. latex and non-latex which are powder free)

Aprons – disposable plastic aprons. The use of cotton is not recommended.

Disposable paper towels.

Disposable wipes – the product as agreed in the 'Care Plan'.

Cleansing agent – appropriate for use and as agreed on the 'Care Plan'.

Continence care products.

Nappy waste bin in hygiene suite.

Name	
Date	
Date of Birth	
Key Person	
Relevant Background **Information**	
Setting	
Consent given	
Identified need – specific individual requirement **e.g. cream applied**	
Communication	
Self care skills	
Mobility	
Fine motor skills	
Moving and handling **Assessment** **Step by step guide to what happens**	
Facilities	
Equipment	
The disposal of soiled articles of clothing as agreed with parents/carers	
Frequency of procedure required	
Review date	

I/we have read, understood and agree to the plan for Intimate Care

Signed ……

Name ……

Relation to child ……

Date ……

CHANGING RECORD

PUPIL _____

WEEK BEGINNING _____

W(wet), D(dry), B(bowels open), M(menstruation), U(urinated), S(soiled)

DAY/ DATE	TIME	SIGNATURES	W, D B, M U, S	COMMENTS/OBSERVATIONS Eg – skin impairment – changed bowel or urinary pattern

Please remember – if you have any concerns, then please discuss immediately with a member of SLT or Safeguarding team.