



Termoncanice Primary School.

INTIMATE CARE POLICY

Definition:

Intimate care may be defined as an activity required to meet the personal care needs of each individual child in partnership with the parents/carer and the child. Parents/carers have a responsibility to advise of the intimate care needs of their child.

Intimate care can include:

- Washing
- Dressing
- Toileting
- Oral care
- Menstrual care
- Feeding
- Treatments such as enemas, suppositories, enteral feeds

Introduction:

- All children have the right to be safe and treated with dignity and respect.
- Staff involved in providing or assisting with intimate care need to be sensitive to the child's needs and also aware that some care tasks or treatments could be open to misinterpretation.
- Staff who work with young children or children who have special needs will realise the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.
- Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at Termoncanice Primary and Nursery Unit work in partnership with parents/carers to provide continuity of care to children wherever possible.
- Termoncanice Primary and Nursery Unit 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.
- 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.

Guidelines for Good Practice:

- All children who require care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.
- 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. Staff who are involved in the intimate care of children will not be involved with the delivery of sex education to their children as an additional safeguard to both staff and children involved.

- 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 independence 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.

- Ensure practice in intimate care is consistent. As a child can have multiple carers, a consistent approach to care is essential. Effective communication between parents/carers/agencies ensures practice is consistent.
- Be aware of one's own limitations. Only carry out care activities that you understand and feel confident to carry out. If in doubt, ask. Some procedures must only be carried out by staff who have been formally trained and assessed, e.g. enteral feeding.
- 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 unless there is a sound reason for having two adults present.
- Parents/carers of children with special needs 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.

If during the intimate care of a child you accidentally hurt him/her, or if the child appears inappropriately distressed or uncomfortable, reassure the child and ensure his/her safety. Report and record promptly the incident including any unusual emotional or behavioural response by the child to the designated teacher and parent/carer.

It is important to follow reporting and recording procedures. A written record of concerns must be made and kept in the child's medical/nursing/personal file.

The Protection of Children

- Education 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. he/she will immediately report concerns to the appropriate designated person for Child Protection. A clear record of the concern will be completed and referred to social services and/ or the police, if necessary. Parents will be 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. (See our 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 are 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 (as outlined in our Child Protection Policy)

Policy Review

This policy will be kept under constant review and it will be formally reviewed by every 2 years. Responsibility for the review will be the responsibility of the Designated Teacher for Child Protection.