

Thurlbear Primary School: PERSONAL AND INTIMATE CARE POLICY

1) Principles

1.1 The Governing Body is committed to ensuring that all staff responsible for the personal and intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

1.2 This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's personal and intimate care needs is one aspect of safeguarding.

1.3 The Governing Body recognises its duties and responsibilities in relation to the Equality Act 2010 which states that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

1.4 This personal and intimate care policy should be read in conjunction with the schools' policies as below (or similarly named):

- Safeguarding policy and child protection procedures
- Staff code of conduct and guidance on safer working practice
- 'Whistle-blowing' and allegations management policies
- Health and safety policy and procedures
- Policy for the administration of medicines
- Special educational needs policy
- Staff Handbook.

1.5 We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when personal and intimate care is given. The child/young person's welfare is of paramount importance and his/her experience of personal and intimate care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

1.6 Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

1.7 Where pupils with complex and/or long-term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this personal and intimate care policy.

1.8 The school will ensure sufficient numbers of staff are trained in personal and intimate care and are fulfilling this role at all times so that a child/young person is not denied access to full involvement.

1.9 All staff undertaking personal and intimate care must be given appropriate training. Training is available from the Physical Impairment and Medical Support Team (PIMST).

1.10 This Personal and Intimate Care Policy has been developed to safeguard children and staff.

It applies to everyone involved in the personal and intimate care of children.

2) Child/young person focused principles of personal and intimate care.

The following are the fundamental principles upon which this Policy and guidelines are based:

Every child/young person has the right to:

- be safe.
- personal privacy.
- be treated as an individual.
- be treated with dignity and respect.
- to be involved and consulted in their own personal and intimate care to the best of their abilities.
- express their views on their own personal and intimate care and to have such views taken into account.
- have levels of personal and intimate care that are as consistent as possible.

3) Definition

3.1 Personal and intimate care can be defined as any care which involves washing, touching or carrying out a procedure to personal or intimate areas which most people usually carry out themselves but some pupils are unable to do because of their developmental stage, 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.

3.2 It also includes supervision of pupils involved in intimate self-care.

4) Best Practice

4.1 Pupils who require regular assistance with personal and intimate care should have healthcare plans or toilet management plans, agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plans should be agreed at a meeting at which all key staff (and the pupil if appropriate) are present wherever possible. The plans 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 personal and intimate care). They should also take into account procedures for educational visits/day trips.

4.2 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.

4.3 Where a plan is not in place, parents/carers will be informed the same day if their child has needed help with meeting personal and intimate care needs (e.g. has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on personal and intimate care should be treated as confidential and communicated in person, by telephone or by sealed letter, not through the home/school diary.

4.4 In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage.

4.5 Accurate records should also be kept when a child requires assistance with personal and 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.

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

4.7 All pupils will be supported to achieve the highest level of autonomy that is possible given their developmental stage and abilities. Staff will encourage each individual pupil to do as much for him/herself as possible and changes to the plan should reflect this growing independence.

4.8 Staff who provide personal and intimate care should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

4.9 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. PIMST can advise on this.

4.10 There must be careful communication with each pupil who needs support with personal and 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.

4.11 Staff who provide intimate personal care should speak to the pupil personally by name, explain what they are doing and communicate with all children/young people in a way that reflects their age and developmental stage.

4.12 Every child/young person's right to privacy and modesty will be respected. County advice is that one member of staff can carry out personal and intimate care unless there is a safeguarding issue or moving and handling is required. Reducing the numbers of staff involved with each child/young person to preserves the child's privacy and dignity.

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

4.14 The religious views, beliefs and cultural values of children/young people and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer. The care needs of the child/young person should be paramount.

4.15 Adults who assist pupils with personal and 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.

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

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

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

5) Child Protection – do we need this section in this policy?

5.1 The Governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

5.2 The school's child protection procedures will be adhered to.

5.3 From a child protection perspective it is acknowledged that personal and intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in personal and intimate care) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

5.4 Pupils will be taught personal safety skills carefully matched to their level of development and understanding. This will include learning around consent, listening to what their bodies are telling them (protective behaviours), expectations of adults and how/who to ask for help.

5.5 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc. s/he will immediately report concerns to the Designated Safeguarding Lead or Head teacher. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if appropriate, in accordance with the school's child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

5.6 If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the Designated Safeguarding Lead. The matter will be investigated at an appropriate level (usually the Head teacher) and outcomes recorded. If the concern is about the head teacher then it should be reported to the chair of governors.

5.7 If a pupil, or any other person, makes an allegation against an adult working at the school, this should be reported to the head teacher (or to the Chair of Governors if the concern is about the head teacher) who will consult the Local Authority Designated Officer in accordance with the school's policy.

5.8 Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the head teacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

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