

## **Intimate Care Policy**

<b>Date of initial policy Reviewed</b>	<b>January 2020 January 2022</b>	<b>Date of next review</b>	<b>January 2024</b>
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Member of staff responsible: C Moisan and G. Pickersgill

## **Introduction**

Les Quennevais School is committed to ensuring that all staff responsible for the intimate care of students will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all students with respect and dignity when intimate care is given. No student should be attended to in a way that causes distress, embarrassment or pain.

Students' dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff that provide intimate care to students have a high awareness of safeguarding issues. Staff will work in partnership with parents/carers to provide continuity of care.

## **Definition**

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of associated equipment as part of the staff member's duty of care. In the case of specific procedures only the staff trained and competent should undertake the procedure.

## **Our Approach to Best Practice**

The management of all students with intimate care needs will be carefully planned. The child who requires care will be treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are fully aware of best practice. Suitable equipment and facilities will be provided to assist students who need special arrangements following assessment from the appropriate agencies.

It is essential that the adult who is going to change the child informs the teacher and/or another member of staff that they are going to do this. There is no written legal requirement that two adults must be present. However, in order to completely secure against any risk of allegation, a second member of staff should be present.

Staff will be supported to adapt their practice in relation to the needs of individual students taking into account developmental changes such as the onset of puberty or menstruation. Wherever possible staff involved in intimate care will not be involved in the delivery of sex education to the students in their care as an extra safeguard to both staff and students involved.

The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as they are able.

Individual intimate / health care plans will be drawn up for students as appropriate to suit the circumstances of the child.

Wherever possible the child should be cared for by an adult of the same sex. However, in certain circumstances this principle may need to be waived where the failure to provide appropriate care would result in negligence for example, female staff supporting boys in our school, as no male staff are available.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the student's health care plan. The needs and wishes of students and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

### **The Protection of Students**

Safeguarding Procedures and Multi-Agency Protection procedures will be adhered to. Where parents do not co-operate with intimate care agreements concerns should be raised with the parents in the first instance. A meeting may be called that could possibly include the School Nurse and Head teacher to identify the areas of concern and how all present can address them. If these concerns continue there should be discussions with the school's Designated Safeguarding Lead about the appropriate action to take to safeguard the welfare of the child.

If any member of staff has concerns about physical changes to a child's presentation, e.g. Marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate designated person for safeguarding.

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 the process in order to reach a resolution; staffing schedules will be altered until the issue(s) are resolved.

All staff in the ARC will be required to confirm that they have read the 'Intimate Care Policy and Guidance' document.

This policy will be reviewed in October 2019

