Intimate Care Policy

XCL Education Malaysia

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Intimate Care Policy Whole School and EYFS

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Policy Statement

The School is committed to ensuring that all staff responsible for the intimate care of children will undertake duties in a professional manner at all times. We recognise that there is a need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain. Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff that provide intimate care to children are all trained in child protection issues. Staff will work in partnership with parents/carers to provide continuity of care.

Scope

This policy applies to all staff, students, parents and guardians.

Aims

The aims of this policy are;

- To safeguard the rights and promote the best interests of the children.
- To ensure children are treated with sensitivity and respect, and in such a way that their experience of intimate care is a positive one
- To safeguard adults required to operate in sensitive situations
- To raise awareness and provide a clear procedure for intimate care
- To inform parents/carers in how intimate care is administered
- To ensure parents/carers are consulted in the intimate care of their children.

Principles

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

Definition

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most young people usually carry out themselves but some pupils are unable to do so because of their young age, physical difficulties or other special needs. Examples include care associated with medical aid, continence and menstruation management as well as more ordinary tasks such as help with washing, toileting or dressing.

Supporting Dressing/Undressing

Sometimes it will be necessary for staff to aid a child in getting dressed and undressed – particularly in the Early Years. Staff will always encourage children to attempt undressing and dressing unaided.

Providing Comfort or Support

Where children require or seek physical support, staff will be made aware that physical contact must be kept to a minimum and be child initiated. When comforting a child or giving reassurance, the member of staff's hands should always be seen and a child should not be positioned close to a member of staff's body which could be regarded as intimate. If physical contact is deemed to be appropriate staff must provide care which is suitable to the age, gender and situation of the child. If a child touches a member of staff in a way that makes them feel uncomfortable this can begently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable. I.e. children should be discouraged from giving indiscriminate hugs to staff members as a routine.

Soiling

Parents who have children who require nappy changing or regular intimate care e.g. medical procedures, will be asked to complete and sign a medical care plan with the teacher to enable staff to clean and change their child.

Sometimes children soil themselves and it will be necessary to change them. If a child needs to be cleaned, staff will make sure that:

- Protective gloves are worn
- The procedure is discussed with the child in a friendly and reassuring way.
- The child is encouraged to care for themselves as much as possible
- Physical contact is kept to the minimum possible to carry out the necessary cleaning
- Privacy is given appropriate to the child's age and the situation
- All spills of vomit, blood or excrement are wiped up and flushed down the toilet.
- Any soiling that can be, is flushed down the toilet
- Soiled clothing is put in a plastic bag (unwashed) and sent home with the child
- A record will be made in the intimate care record book held in the Hygiene room within the Foundation stage for children in EYFS or in the medical room for older children.

Medical management Plans

Pupils who require regular assistance with intimate care have written medical management plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses etc. Ideally the plan should be agreed at a meeting at which all key staff and the pupil and parent should be present wherever possible. Any historical concerns will be taken into account. The plan should be reviewed as necessary but at least annually and at at any time of change of circumstances. It is good practice to agree with the pupil and parent/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

Record keeping

- Medical management plans for pupils who have known care and medical needs will be kept in the pupil's file in the main school office.
- A written record will be kept in a format agreed by parents and staff every time a child has an invasive medical procedure and kept in the pupil's file.
- Accurate records will be kept when a child requires assistance with intimate care; these will include date, time, who was present and any comments such as changes in the child's behaviour. These will be available upon request.

Staff Protection

Adults who assist pupils with intimate care will be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks. Best practice will be promoted and adults will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practices. We recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse. Sensitive information will only be shared with those that need to know.

Monitoring and Evaluation

This policy will be reviewed every 4 years or earlier if necessary. The implementation will be monitored by the SLT.

Supporting Documents

- Recording & Reporting policy
- Behaviour Procedure
- Health & Safety Policy
  Safeguarding and Child Protection Policy

Promulgation & Implementation

The Policy will be communicated throughout the School community in the form of:

1. Distribution of policy via e-mail to all staff to whom this may apply;
2. Inclusion on the school website and parent portal (where applicable) to ensure parents also know of the policy.