



Medina House School Intimate Care Policy

Principles

1.0 The Governors will act in accordance with Section 175 of the Education Act 2002 and 'Safeguarding Children and Safer Recruitment in Education' (DfES 2006) to safeguard and promote the welfare of pupils at this school.

1.1 The Governing Body and Headteacher will act in accordance with the supplementary DfES guidance: 'Safer Recruitment and Selection in Education Settings' (2005) and 'Dealing with Allegations of Abuse against Teachers and other Staff' (2005)

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 intimate care needs is one aspect of safeguarding.

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

1.4 This intimate care policy should be read in conjunction with the following Medina House School's

- Child Protection policy
- Health and Safety policy and procedures
- Policy for the administration of medicines
- Moving and handling policy
- Policy on care and control of pupils
- Safe working practice policy.
- Safeguarding policy
- Allegations of abuse against staff policy

1.5 Medina House School 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. It is acknowledged that these adults are in a position of great trust.

1.6 Medina House School recognises that there is a need to treat all children, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. The child's welfare and dignity is of paramount importance. No child should be attended to in a way that causes distress or pain.

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

Definition

2.0 Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some children are unable to do because of their young age, 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.

2.1 It also includes supervision of children involved in intimate self-care.

Best Practice

3.0 Staff who provide intimate care at Medina House School are trained to do so including child protection and health and safety training in moving and handling and are fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate.

3.1 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.

3.2 As an additional safeguard, wherever possible, staff involved in meeting intimate care needs will not usually be involved with the delivery of sex education to the same children.

3.3 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 their needs and preferences. Where the child is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

3.4 All children 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 his/herself as possible.

3.5 All pupils at Medina House School needing Intimate care will have manual handling/risk assessments/ individual risk assessments/medical care plans, as appropriate, agreed by staff, parents/carers and any other professionals actively involved.

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

3.7 Every 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. Adults who assist children on a one-to-one basis must be employees of the school and be DBS checked at the appropriate level.

3.8 It is recommended that two members of staff are present to assist with intimate procedures, however, it is not always practical for two members of staff to be present and also this does not take account of the child's privacy. It is necessary, however, for a member of staff to inform another adult when they are going to assist a child alone with intimate care and that they do not lock the cubicle door.

3.9 Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.

3.10 Wherever possible staff should care for a child of the same gender. However, in some circumstances this principle may need to be waived; for example, female staff's supporting boys in a primary school as no male staff are available. Male members of staff will **NEVER**

provide routine intimate care (such as toileting or changing) for girls. This is safe working practice to protect children and to protect staff from allegations of abuse.

3.11 The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

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

3.13 Soiled nappies and clinical waste will be disposed of appropriately in accordance with IOW council guidelines.

Nappy Changing Procedure

- Staff to wear disposable gloves and aprons while dealing with the incident – including disposal of the nappy
- Soiled nappies to be put into identified yellow bins which contain yellow clinical waste bags which are disposed of within Council guidelines
- Changing area to be cleaned after use with antibacterial spray
- Hot water and liquid soap available to wash hands as soon as the task is completed
- Paper towels available for drying hands.

Child Protection

4.0 The Governors and staff at Medina House School recognise that children with special needs and disabilities are particularly vulnerable to all types of abuse.

4.1 The school's child protection policy and inter-agency child protection procedures will be accessible to staff and adhered to.

4.2 From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a child's body. It may be unrealistic to expect to eliminate these risks completely but in this school best practice will be promoted and all adults will be encouraged to be vigilant at all times.

4.3 Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.

4.4 If a member of staff has any concerns about physical changes in a child's presentation when carrying out a care procedure, e.g. unexplained marks, bruises, soreness etc s/he will immediately report concerns to the Headteacher or other designated senior person for child protection who will then follow safeguarding procedures and protocols.

4.5 If a child becomes distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) 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 remain paramount. Further advice will be taken from outside agencies if necessary.

4.6 If a child makes an allegation against an adult working at the school, this will be investigated by the Headteacher (or by the Chair of Governors if the concern is about the Headteacher) in accordance with the agreed procedures.

4.7 Any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors if the concern is about the Headteacher.

Physiotherapy

5.0 At Medina House School, any children who require physiotherapy whilst at school are assessed by a trained physiotherapist who then trains the physio assistant and appropriate members of the class team. A written programme and guidance is provided and shared with parents. This is updated regularly

5.1 If staff feel at any point that a programme is no longer suitable/or is causing discomfort to the child, they will not carry it out until the physiotherapist has re-assessed that child.

5.2 If a member of staff has any concerns about physical changes in a child's presentation when carrying out a physiotherapy programme, e.g. unexplained marks, bruises, soreness etc s/he will immediately report concerns to the Headteacher or other designated senior person for child protection who will then follow safeguarding procedures and protocols.

Medical Procedures

6.0 Sometimes at Medina House, children might require assistance with invasive or non-invasive medical procedures such as the administration of emergency or daily medication/ insulin injections and enteral feeding. These procedures are overseen by the school nurse/community nurses, who provides written guidelines and training to appropriate members of staff. Such procedures will only be carried out by those staff trained to do so. If at any point, a member of staff felt concern about carrying out a procedure, they would stop and summon assistance from the school nurse/ children's ward/ community nurse.

6.1 Any members of staff at Medina House School who administer first aid will be appropriately trained. If an examination of a child is required in an emergency aid situation another adult will be present, with due regard to the child's privacy and dignity.

Record Keeping

Records are kept of any medical/enteral feeding procedures and first aid interventions.

Massage

7.0 Massage is now commonly used at Medina House with some children in order to develop sensory awareness, tolerance to touch and as a means of relaxation.

7.1 Massage undertaken by school staff will be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and children.

This policy was adopted by Governors on:(date)

Signed

Chair of Governors

Review Date : November 2016