

# **St Columba's P.S. Newbuildings**



## **Intimate Care Policy**

**Reviewed by staff August 2018**  
**Ratified by BOG October 2019**  
Review date: August 2019

**Introduction**

The Intimate Care Policy and Guidelines have been developed to safeguard both children and staff. They apply to everyone in St Columba's PS involved in the intimate care of children. This policy has been formulated using <https://www.health-ni.gov.uk/site/default/files/pulications/dhssps/intimate-care-policy.pdf> in conjunction with the Area Child Protection Committee's Regional Policy and Procedures April 2005.

## **Definition**

Intimate care may be defined as any activity to meet the personal care needs of each individual child. Parents have a responsibility to advise staff about the intimate care needs of their child and staff have a responsibility to work in partnership with parents and children.

Intimate care can include:

- Feeding
- Oral care
- Washing
- Dressing/undressing
- Toileting
- Menstrual care
- Photographs
- Treatments such as enemas, suppositories, enteral feeds
- Catheter and stoma care
- Supervision of a child involved in intimate care

## **Principles of Intimate Care**

This policy is based on the Fundamental principles of the rights of the child including:

- 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 in and consulted on their own intimate care to the best of their abilities
- Every child has the right to express their own views of their own intimate care and have such views taken into account where possible

- Every child has the right to have levels of intimate care that are as consistent as possible.

### **School Responsibilities.**

In St Columba's PS all staff working with children should be vetted in accordance with ACESNI including students on work placement and certain volunteers identified in the Volunteers Risk Assessment.

The school must ensure that all staff undertaking intimate care of children are familiar with and understand the policy and guidelines together with any associated procedures. All staff undertaking intimate care must be trained in the types of intimate care they are expected to carry out and understand the policy procedures and guideline within the context of their work. Intimate care arrangements must be agreed with the school parents/carers and child (if appropriate). Intimate care arrangements must be recorded in the child's personal file and written consent received from the parents. staff should not undertake any aspect of intimate care that has not be agreed between the school, parents/carers and child (if appropriate)

The school should also make provisions for emergencies e.g. staff member off sick. Additional staff should be available to undertake specific intimate care task if required. Intimate care arrangements should be reviewed at least 6 monthly taking into account the views of all parties and considering these in future arrangements. If a member of staff has concerns about a colleague's intimate care practice they must report his to the designated CP teacher or Principal.

### **Guidelines for good Practice**

- Involve the child in their own intimate car
- Check your practice by seeking to understand if the child has any likes or dislikes when carrying out the intimate care from the child/parent and obtain consent
- Make sure practice in intimate care is consistent
- Be aware of your own limitations
- Promote positive self-esteem and body image

- If you have any concerns e.g. unusual markings, discolouration's or swelling including the genital area you must report them to the Designated Teacher for CP
- Report and record any unusual emotional or behavioural responses by the child keeping a written record in the child's personal file

### **Intimate care**

Where possible children should be offered the choice of carer, do not assume the child cannot make this choice. The intimate care of boys and girls can be carried by a staff member of the opposite sex provided that

- The delivery of intimate care by professionally trained and qualified staff is governed by their professional code of conduct in conjunction with school policy and procedure
- When intimate care is being administered ALL children have the right to dignity and privacy e.g. appropriately covered, door closed, or screens/curtains put in place
- If a child appears distressed or uncomfortable during intimate care the care should stop immediately and try to ascertain why the child is distressed and provide reassurance
- Report concerns to DT and make written record
- Parents/ carers should be informed of concerns

### **Communication with Children**

Staff should be aware of the child's method and level of communication including words, signs, symbols, body movements, eye movements, pointing. To ensure effective communication staff should

1. Consult with parents to ascertain how the child communicates and if appropriate communication needs recorded using proforma in Appendix 2. If further information and advice is required it might be necessary to consult with the Speech and Language Therapist.
2. Make eye contact at child's level
3. Use simple language and repeat if required
4. Talk to the child about what is happening even if there is no response
5. Treat the child with dignity and respect

## List of appendices to Policy

- |                   |  |
|-------------------|--|
| <b>Appendix 1</b> | <b>Intimate Care Consent Form</b>                  |
| <b>Appendix 2</b> | <b>Individual Toileting plan</b>                   |
| <b>Appendix 3</b> | <b>Personal Care Management Plan</b>               |
| <b>Appendix 4</b> | <b>Communication Needs Proforma</b>                |
| <b>Appendix 5</b> | <b>Records of other Agencies Involved</b>          |
| <b>Appendix 6</b> | <b>Record of training in relevant procedure</b>    |
| <b>Appendix 7</b> | <b>Procedures for changing a child who</b>         |
| <b>has</b>        | <b>become unexpectedly wet or dirty in school,</b> |
|                   | <b>associated parental consent and changing</b>    |
|                   | <b>record</b>                                      |

# Appendix 1

## St Columba's PS.

### Intimate Care Policy

In order to comply with Child Protection Policy and Guidelines we will ensure good practice is maintained in the intimate care (e.g. help with changing of children after toilet accidents). If your child has more complex needs in this regard please see Mrs Callan SENCO to discuss further and put a care plan in place.

In all instances staff will inform another member of staff before changing a child's clothing. St Columba's PS policy seeks to eliminate risk to the children and staff and at all times staff will respect a child's privacy and will encourage independence and good hygiene practice.

#### **A child's clothing will only be changed if:**

- A toilet accident has occurred
- A child is sick
- Their clothes become wet through play e.g. water play, painting etc.
- For any other reason a child becomes wet or dirty.

Parents will be discretely informed if their child has been changed and a member of staff will explain to them the reason for changing their child.

Any parents who **do not** wish staff to change/ assist their child(ren) should see a member of staff to make alternative arrangements.

Please complete the consent form below if you have read the above policy and give permission for a member of staff to change or assist your child when necessary and return it to the school.

Thank you for your cooperation.

---

### **Intimate Care Policy**

Name of Child: \_\_\_\_\_

Class Teacher: \_\_\_\_\_

I hereby give permission for a member of staff to attend/ assist my child should s/he need any assistance whilst using the toilet or changing their clothes.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix 2 individual Toileting Plan

### Toileting Plan

Child/young person's name:	D.O.B:	Date agreed:
----------------------------	--------	--------------

	Details	Action
<b>Working towards independence</b> e.g. taking child/young person to toilet at timed intervals, using sign or symbol, any rewards used		
<b>Arrangements for Nappy/pad changing:</b> e.g. who, where and arrangements for privacy		
<b>Level of Assistance Needed:</b> e.g. undressing, dressing, hand washing, talking/signing to child/young person		
<b>Infection Control</b> e.g. wearing disposable gloves, nappy disposal		
<b>Sharing information:</b> e.g. if the child/young person has a napkin rash or any marks, any family customs or routines		
<b>Resources Needed:</b> e.g. special seat, nappies/pull ups, creams, disposable sacks, change of clothes, toilet step, gloves		

Signed: Parent Key member of staff:	Review date:
---	--------------

### Appendix 3 Personal Care Management Plan

Child/Young Person's Name:	Date of Birth:
Condition:	
Details of assistance required:	
Facilities and equipment: (Clarify responsibility for provision of supplies, e.g. parent/carer/school/other)	

Staffing	
Regular Name	Time Plan
Back up Name	
Training needs (individual staff must keep signed/dated records of training received in addition to school and setting held records. A record should be completed when training has been delivered and kept as part of the care plan)	

Curriculum specific needs
Arrangements for trips/transport:
Procedures for monitoring and complaints: (including notification of changing needs by any relevant party)

this plan has been agreed by:-

Name:	Role:	Signature:
Date:		
Date for Review:		



## Appendix 4

### COMMUNICATION PROFORMA FOR INTIMATE CARE

#### ***How I Communicate***

Name: \_\_\_\_\_

Date: \_\_\_\_\_

I communicate using words / signs / communication book / communication aid / body movements.

I indicate my likes / preferences by \_\_\_\_\_

I indicate my dislikes by \_\_\_\_\_

I show I am happy by \_\_\_\_\_

I show I am unhappy by \_\_\_\_\_

#### ***If appropriate please complete the following***

When I need to go to the toilet I \_\_\_\_\_

When I need changed I \_\_\_\_\_

Additional information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Speech and Language Therapist

Occupational Therapist

Key worker/s \_\_\_\_\_

Contact-Number/s \_\_\_\_\_

Parent / carer signature \_\_\_\_\_

## Appendix 5

## Record of other agencies involved

Child's name: \_\_\_\_\_ DOB \_\_\_\_\_

Name / Role	Contact address/phone/email
Parent/carer	
GP	
School Nurse / Health Visitor	
Continence Adviser	
Home care Team (Community Paediatric Nurse)	
Physiotherapist	
Occupational Therapist	
Hospital Consultant	
Physical and Sensory Support Service	
Educational Psychologist	
Case Officer	
Early Years and Childcare Service	
Adviser	
Social Worker	

## Appendix 6

## Record of training in relevant procedure

The purpose of this agreement is to ensure that both parents/carers and professionals are in agreement with what care is given, who is providing the care and that the appropriate training is given (if any specific training is required).

If teaching of the care procedure is required, it will be carried out by the professional experienced in that procedure or if not a medical requirement the parent/carer.

When the parent/carer and/or professional are agreed the procedure has been learned and the staff carer feels comfortable with, and competent to administer that procedure, this record should be signed by the parties. One copy should be given to the staff carer, one retained in the staff carer's personnel file and one filed in the child's personal record folder.

Child's name: \_\_\_\_\_

Staff carer's name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Trainer's Name: \_\_\_\_\_

Procedure \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have taught the above procedure to the named staff carer and have assessed him/her as able to perform the care as instructed.

Signed \_\_\_\_\_ Date \_\_\_\_\_.

Designation \_\_\_\_\_

Date Reviewed..... Autumn Term

Date Reviewed ..... Spring Term

Date Reviewed..... Summer Term

Signed: \_\_\_\_\_ Parent  
Signed: \_\_\_\_\_ Staff Carer  
Signed: \_\_\_\_\_ Professional Trainer

**Appendix 7  
Procedures for changing a child who has become  
unexpectedly wet or dirty in school and associated parental  
consent**

As staff are in the role of 'loco parentis', it is accepted that they will carry out the necessary changing routine as any parent would, provided that the parent has completed the Parental Consent Form. (Appendix 1)

In situations where the consent form has not been completed the school will contact the parent to explain the circumstances of the situation.

Continual accidents will be discussed with SENCO/Principal and school nurse may be contacted. The immediate care is carried out by one staff member. The practise of providing one to one intimate care of one child is supported, unless the intimate care requires two persons for the greater comfort/safety of the child, or the child prefers two persons. If a child is unable to toilet/dress independently, an agreed care plan will be drawn up between parent and staff.

In the event of a pupil informing a member of Staff or a member of Staff noticing that a child requires changing due to soiling/wetting the following procedures will be followed:

- Acknowledge and reassure the child and receive the child's consent for changing.
- The member of staff will notify another member of staff that they will be facilitating a child to change.
- The member of staff will provide alternative clothing for the child.
- In line with the Health and Safety Policy staff will use disposable gloves and wet wipes if necessary
- The member of staff will stand with the door ajar where another member of staff can see them but cannot see the child
- The member of staff will encourage the child to change independently. When appropriate the member of staff will talk the process through with the child e.g. remove shoes, trousers, then underwear, etc.
- The member of staff will wash their hands and encourage the pupil to do so also
- In line with the Child Protection Policy the member of staff will report to the DTCP and note any unusual marks if they are noticed when a child is being changed. If any unusual marks are noticed the child will continue to be monitored or, if deemed necessary will be referred straight to social services
- The member of staff will record any changing of a child and the reason why it was necessary
- The parent/guardian will be informed of the need to change the child