

# **Bowhill Primary School – Intimate Care Policy 2017**

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# **Bowhill Primary School – Intimate Care Policy 2017**

## **1. INTRODUCTION**

- 1.1 The Intimate Care Policy and Guidelines regarding children have been developed to safeguard children and staff. They apply to everyone involved in the intimate care of children.
- 1.2 This guidance is based on good practice and practical experience of those working with children and young people requiring intimate care.
- 1.3 These guidelines should be read in conjunction with other policies a school may hold e.g;
- Accessibility Policy
  - Child Protection Policy
  - Health & Safety Policy
  - Staff Recruitment Policy
  - Moving and Handling Policy
  - The Administration of Medicines in Schools
  - Physical Contact between Staff & Pupils
  - Policy on Access to Education for Children and Young People with Medical Needs
  - Children who are not toilet trained
  - Anti-bullying policy
- 1.4 In the rest of this document the term child/children will be used to refer to children and young people. The term parent/s is used to refer to parents, carers and legal guardians. The term school includes all Early Years settings.

## **2. DEFINITION OF INTIMATE CARE**

- 2.1 Intimate care is any care which involves washing, touching or carrying out an invasive procedure that most children carry out for themselves but which some are unable to do due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.  
Care may involve help with drinking, eating, dressing and toileting. Help may also be needed with changing colostomy bags and other such equipment. It may also require the administration of rectal medication.
- 2.2 In most cases intimate care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure.

## **3. AIMS**

- 3.1 The aims of this document and associated guidance are;
- To provide guidance and reassurance to staff

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- To safeguard the dignity, rights and well being of children and young people
- To assure parents that staff are knowledgeable about intimate care and that their individual needs and concerns are taken into account

## **4. PRINCIPLES**

4.1 This document embraces tenets of Every Child Matters.

- Every child has the right to feel safe and secure
- Every child has the right to be treated as an individual
- Every child has the right to remain healthy
- Every child has the right to privacy, dignity and a professional approach from all staff when meeting his or her needs
- Every child has the right to information and support that will enable him or her to make informed and appropriate choices
- Every child has the right to be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs
- Every child has the right to information and procedures for any complaint or queries he or she may have regarding intimate care

## **5. WORKING WITH PARENTS**

5.1 Partnership with parents is an important principle in any educational setting and is particularly necessary in relation to children needing intimate care. Much of the information required to make the process of intimate care as comfortable as possible is available from parents, including knowledge and understanding of any religious/cultural sensitivities.

5.2 Prior permission must be obtained from parents before Intimate care procedures are carried out. (see appendix 7)

5.3 Parents should be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met. This will include involvement with Individual Education Plans (I.E.Ps), Health Care plans and any other plans that identify the support of intimate care.

5.4 Exchanging information with parents is essential through personal contact, telephone or correspondence. However information concerning intimate care procedures should not be recorded in home/school books as it may contain confidential information that could be accessed by people other than the parent and staff member.

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## **6. WRITING AN INTIMATE CARE PLAN**

6.1 Where a routine procedure is required an intimate care plan should be agreed in discussion with the child, school staff, parents and relevant health personnel. The plan should be signed by all who contribute and reviewed on an agreed basis.

6.2 In developing the plan the following should be considered;

a) Whole School implications

- The importance of working towards independence
- Arrangements for home-school transport, sports day, school performances, examinations, school trips, swimming, etc.
- Who will substitute in the absence of the appointed person.
- Strategies for dealing with pressure from peers .e.g. teasing/bullying particularly if the child has an odour

b) Classroom management

- The child's seating arrangements in class
- A system for the child to leave class without disruption to the lesson
- Avoidance of missing the same lesson all year due to medical routines
- Awareness of a child's discomfort which may affect learning
- Implications for PE e.g. discreet clothing, additional time for changing

6.3 All plans must be clearly recorded to ensure clarity of expectation, roles and responsibilities. They should reflect all methods of communication including emergency procedures between home, school and the medical service. A procedure should also be included to explain how concerns arising from the intimate care process will be dealt with.

## **7. LINKS WITH OTHER AGENCIES**

7.1 Positive links with other agencies will enable school based plans to take account of the knowledge, skills and expertise of other professionals and will ensure the child's well being and development remains paramount.

7.2 It is recommended good practice for the school nurse to be informed of all children requiring intimate care.

## **8. PUPIL VOICE**

8.1 Allow the child, subject to their age and understanding, to express a preference regarding the choice of his/her carer and sequence of care.

8.2 Agree appropriate terminology for private parts of the body and functions to be used by staff.

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- 8.3 It may be possible to determine a child's wishes by observation of reactions to the intimate care.
- 8.4 Where there is any doubt that a child is able to make an informed choice on these issues, the child's parents are usually in the best position to act as advocates.
- 8.5 It is the responsibility of all staff caring for a child to ensure they are aware of the child's method and level of communication. Communication methods may include words, signs, symbols, body movements and eye pointing.
- 8.6 To ensure effective communication with the child, staff should ascertain the agreed method of communication and identify this in the agreed Intimate Care Plan.

### **9. RECRUITMENT**

- 9.1 Parents must feel confident that relevant staff have been carefully vetted and trained helping to avoid potentially stressful areas of anxiety and conflict.
- 9.2 Recruitment and selection of candidates for posts involving intimate care should be made following the usual Criminal Records Bureau checks, equal opportunities and employment rights legislation.
- 9.3 Candidates should be made fully aware of what will be required and detailed in their job description before accepting the post.
- 9.4 Enquires should be made into any restrictions the candidates may have which will impede their ability to carry out the tasks involved. This will enable employers to identify and provide necessary support and adjustments that are practical.
- 9.5 Where possible, pupils may be involved in the recruitment process, dependent on their age and ability to understand.
- 9.6 It is recommended that candidates have an opportunity to meet the child with whom they will be working.
- 9.7 Wherever possible, staff should work with children of the same sex in providing intimate care respecting their personal dignity at all times.
- 9.8 Trained staff should be available to substitute and undertake specific intimate care tasks in the absence of the appointed person.
- 9.9 No employee can be required to provide intimate care. Intimate care can only be provided in school and foundation stage settings by those who have specifically indicated a willingness to do so, either as part of their agreed job description or other arrangements.

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## **10. STAFF DEVELOPMENT**

- 10.1 Staff should receive training in good working practices which comply with Devon's Health, Safety and Well Being policy requirements.
- 10.2 Staff must receive Child Protection training every 3 years.
- 10.3 Staff must be trained in the specific types of intimate care that they carry out and fully understand the intimate care policy and guidelines within the context of their work.
- 10.4 Where appropriate staff must receive Moving and Handling training at least every year.
- 10.5 Newly appointed staff should be closely supervised until completion of a successful probationary period.
- 10.6 Whole school staff training should foster a culture of good practice and a whole school approach to intimate care.
- 10.7 It is imperative for the school and individual staff to keep a dated record of all training undertaken.
- 10.8 The following guidelines should be used in training senior staff and those identified to support intimate care.

Senior staff members should be able to;

- Ensure that sensitive information about a child is only shared with those who need to know, such as parents, members of staff specifically involved with the child. Other personnel should only be given information that keeps the child safe.
- Consult parents about arrangements for intimate care
- Ensure staff are aware of the set procedures, the Child Protection Policy & Health & Safety Policy etc
- Ensure staff understand the needs of refugee children, asylum seekers and children from different racial and cultural backgrounds and specialist advice is sought when necessary
- Ensure staff know who to ask for advice if they are unsure or uncomfortable about a particular situation.
- Ensure staff know of a whole school approach to intimate care
- Wherever possible, avoid using staff involved in intimate care, in the delivery of sex education, as an additional safeguard to both staff and children involved.

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In addition identified staff members should be able to;

- Access other procedures and policies regarding the welfare of the child e.g. Child Protection
- Identify and use a communication system that the child is most comfortable with.
- 'Read' messages a young child is trying to convey
- Communicate with and involve the child in the intimate care process
- Offer choices, wherever possible
- Develop, where possible, greater independence with the procedure of intimate care
- Maintain confidentiality with children who discuss elements of their intimate care unless it is a child protection issue when Child Protection Procedures must be followed.

## **11. ENVIRONMENTAL ADVICE**

11.1 When children need intimate care facilities, reasonable adjustments will need to be made. Not every school has a purpose built toilet but the use of a screen to make the area private is acceptable.

11.2 Where children have long - term incontinence or a disability requiring regular intimate care, the school will require specially adapted facilities. Specialist advice from medical or therapy staff may be required when considering space, heating, ventilation and lighting.

11.3 Additional considerations may include:

- Facilities with hot & cold running water
- Protective clothing including disposable protective gloves - provided by the school
- Labelled bins for the disposal of wet & soiled nappies/pads (soiled items being 'double bagged' before being placed in bin)
- Waste for incineration (e.g. needles, catheters etc) -contact your District Council for further details.
- Supplies of suitable cleaning materials; anti-bacterial spray, sterilising fluid, deodorisers , Anti-bacterial hand wash
- Supplies of appropriate clean clothing, nappies, disposal bags and wipes
- Changing mat or changing bench
- An effective system should be identified to alert staff for help in emergency

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## **12. INVASIVE PROCEDURES**

- 12.1 It is recommended that two adults are present when invasive procedures are performed unless the parents have agreed to the presence of one adult only. Whilst this may be seen as providing protection against a possible allegation against a member of staff, it further erodes the privacy of the child.
- 12.2 Schools should make arrangements to ensure that there is always a member of staff nearby when intimate care takes place.

## **13. VULNERABILITY TO ABUSE**

Children should be encouraged to recognise and challenge inappropriate assistance and behaviour that erodes their dignity and self worth. Staff should be encouraged to listen.

- 13.1 It is essential that all staff are familiar with the school's Child Protection Policy and procedures.
- 13.2 The following are factors that can increase a child's vulnerability;
- Children who need help with intimate care are statistically more vulnerable to exploitation and abuse
  - Children with disabilities may have less control over their lives than others
  - Children do not always receive sex and relationship education and may therefore be less able to recognise abuse.
  - Children may experience multiple carers
  - Children may not be able to distinguish between intimate care and abuse
  - Children may not be able to communicate
- 13.3 If a child is hurt accidentally he or she should be immediately reassured and the adult should check that he or she is safe and the incident reported immediately to the designated line manager.
- 13.4 If a child appears sexually aroused, misunderstands or misinterprets an action/instruction, the incident should be reported immediately to the designated line manager.

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## **14. ALLEGATIONS OF ABUSE**

Personnel working in intimate situations with children can feel particularly vulnerable. The School policy can help to reassure both staff involved and the parents of vulnerable children.

- 14.1 Action should be taken immediately should there be a discrepancy of reports between a child and the personal assistant, particularly with reference to time spent alone together.
- 14.2 It is advised that the support role be changed as quickly as possible, should such a discrepancy occur, and then reviewed on a regular basis.
- 14.3 Where there is an allegation of abuse, the guidelines in the Devon Child Protection procedures should be followed.

## **15. TOILETING PROCEDURES** see appendix 5

- 15.1 If the toilet management plan has been agreed and signed by parents, children and staff involved, it is acceptable for only one member of staff to assist unless there is an implication for safe moving and handling of the child.

**On all other occasions two adults will be in attendance.**

- 15.2 The plan should consider the following;
  - Location of the plan for reference, ensuring discretion and confidentiality
  - Location of recording procedures, ensuring discretion and confidentiality
  - Necessary equipment & waste disposal – see environmental advice
  - Clear labelling of equipment and procedures e.g. Wipe table after use

## **16. Further Guidance**

Child Protection Procedures – Multi agency ‘Working Together to Safeguard Children’,

[www.devon.gov.uk/child-protection-procedures](http://www.devon.gov.uk/child-protection-procedures)

Residential Special Schools – National Minimum Standards, Inspection Regulations

[www.csi.org.uk/information\\_for\\_service\\_providers/national\\_minimum\\_standards](http://www.csi.org.uk/information_for_service_providers/national_minimum_standards)

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Safeguarding Children in Education: Ref Dfes /0027/2004  
[www.teachernet.gov.uk/childprotection/guidance.htm](http://www.teachernet.gov.uk/childprotection/guidance.htm)

DfES Supporting Pupils with Medical Needs  
[www.teachernet.gov.uk/wholeschool/healthandsafety](http://www.teachernet.gov.uk/wholeschool/healthandsafety)

Protecting Children from Abuse: The Role of the Education Service  
[www.dfes.gov.uk/publications/guidanceonthelaw/](http://www.dfes.gov.uk/publications/guidanceonthelaw/)

DfES Access to Education for Children and Young People with Medical Needs. Ref:DfES 0732/2001  
[www.dfes.gov.uk/sickchildren/](http://www.dfes.gov.uk/sickchildren/)

Disability Rights Commission  
[www.drc-gb.org](http://www.drc-gb.org)

Special Needs Information for Devon Children and Families  
[www.4devon.go.uk/discplus/](http://www.4devon.go.uk/discplus/)

Every Child Matters  
[www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)

# **Intimate Care**

## **A Model Policy for Schools**

Revised July 2012

### **Bowhill Primary School**

#### **1) Principles**

- 1.1 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Safeguarding Children and Safer Recruitment in Education' (2006) to safeguard and promote the welfare of pupils<sup>1</sup> at this school.
- 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 Equalities Act 2010 which requires 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 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
  - Special Educational Needs policy

Plus

  - Devon County Council moving and handling people – guidance note
  - policy for the administration of medicines
- 1.5 The Governing Body is committed to ensuring that all staff responsible for the 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.
- 1.6 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 intimate care is given. The child's welfare is of paramount importance and his/her

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<sup>1</sup> References to 'pupils' throughout this policy includes all children and young people who receive education at this establishment.

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experience of intimate and personal 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.

- 1.7 Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.
- 1.8 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 intimate care policy.
- 1.9 Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.
- 1.10 All staff undertaking intimate care must be given appropriate training.
- 1.11 This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

## **2) Child focused principles of intimate care**

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

- 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.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

## **3) Definition**

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

## **4) Best Practice**

- 4.1 Pupils who require regular assistance with intimate care have written Individual Education Plans (IEP), health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change

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of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing 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 care plan or IEP is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg has had an 'accident' and wet or 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.
- 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 (see afore-mentioned multi-agency guidance for the management of long term health conditions for children and young people).
- 4.5 Accurate records should also be kept when a child requires assistance with 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 kept in the child's file and 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 age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.
- 4.8 Staff who provide intimate care are trained in personal care (eg health and safety training in moving and handling) according to the needs of the pupil. Staff 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.
- 4.10 There must be careful communication with each pupil 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 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 care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.
- 4.12 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.
- 4.13 An individual member of staff should inform another appropriate adult when they

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are going alone to assist a pupil with intimate care.

- 4.14 The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.
- 4.15 Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research<sup>2</sup> which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.
- 4.16 Adults who assist pupils with 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.
- 4.17 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.
- 4.18 Health & Safety guidelines should be adhered to regarding waste products, if necessary, advice should be taken from the DCC Procurement Department regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.
- 4.19 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

## **5) Child Protection**

- 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 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 intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.
- 5.4 Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.
- 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 Senior Person for Child Protection or Headteacher. 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

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<sup>2</sup> National Children's Bureau (2004) *The Dignity of Risk*

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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 class teacher or Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- 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 Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's policy: Dealing with Allegations of Abuse against Members of Staff and Volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to.
- 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 Headteacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

## **6) Physiotherapy**

- 6.1 Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the IEP or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.
- 6.2 Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.
- 6.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

## **7) Medical Procedures**

- 7.1 Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the health care plan or IEP and will only be carried out by staff who have been trained to do so.
- 7.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.
- 7.3 Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

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## **8) Massage**

- 8.1 Massage is now commonly used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.
- 8.2 It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and pupils.
- 8.3 Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.
- 8.4 Care plans should include specific information for those supporting children with bespoke medical needs.

**This policy was adopted by the Governing Body on 11<sup>th</sup> November 2014**

**It will be reviewed November 2017**

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**APPENDIX 2**

**RECORD OF AGENCIES INVOLVED**

Child's Name.....  
DOB.....

Name/Role	Address/phone/email
Parent/Carer	
School Nurse/Health visitor	
Continence Advisor	
Physiotherapist	
Occupational Therapist	
Hospital Consultant	
Hospital School Service	
Physical/Sensory Service	
GP	
EP	
Social Worker	



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**APPENDIX 4  
WORKING TOWARDS INDEPENDENCE RECORD**

Child's Name.....  
DOB.....

Name of Support Staff  
Involved.....

I can already

Aim:  
I will try to

Review date.....

Parents/Carer.....

Child (if appropriate).....

Personal Assistant.....

Senior Management/SENCo.....

Date.....

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**APPENDIX 5**

**TOILET MANAGEMENT PLAN**

Child's Name.....

DOB.....

Name of Support Staff

Involved.....

Area of need
--------------

Equipment required:
---------------------

Location of suitable toilet facilities:	
Support required	Frequency of support

**Working towards Independence**

Child will try to	Personal Assistant will do	Target Achieved
Review Date:		

Parents/Carer.....

Child (if appropriate).....

Personal Assistant.....

Senior Management/SENCo.....

Date.....

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## **APPENDIX 6**

### **AGREEMENT BETWEEN CHILD AND PERSONAL ASSISTANT**

Child's Name.....

DOB.....

Personal Assistant's

Name.....

#### **Personal Assistant**

As the Personal Assistant helping you in the toilet you can expect me to do the following:

When I am the identified person I will stop what I am doing to help you in the toilet, as soon as you ask me. I will avoid all unnecessary delays.

When you use our agreed emergency signal, I will stop what I am doing and come and help.

I will treat you with respect and ensure privacy and dignity at all times.

I will ask permission before touching you or your clothing

I will check that you are as comfortable as possible, both physically and emotionally

If I am working with a colleague to help you, I will ensure that we talk in a way that does not embarrass you.

I will look and listen carefully if there is something you would like to change about your Toilet Management Plan.

#### **Child**

As the child who requires help in the toilet you can expect me to do the following:

I will try, whenever possible to let you know a few minutes in advance, that I am going to need the toilet so that you can make yourself available and be prepared to help me.

I will try to use the toilet at break time or at the agreed times.

I will only use the agreed emergency signal for real emergencies.

I will tell you if I want you to stay in the room or stay with me in the toilet.

I will tell you straight away if you are doing anything that makes me feel uncomfortable or embarrassed.

I may talk to other trusted people about how you help me. They too will let you know what I would like to change.

We will review this agreement on.....

Child (if appropriate).....

Personal Assistant.....

Date.....

# **Bowhill Primary School – Intimate Care Policy 2017**

## **APPENDIX 7**

### **PERMISSION FOR SCHOOLS TO PROVIDE INTIMATE CARE**

Child's Last name		
Child's First name		
Male/Female		
Date of birth		
Parent/carers name		
Address		

I understand that;

I give permission to the school to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting.

I will advise the Headteacher of any medical complaint my child may have which affects issues of intimate care

Name.....

Signature.....

Relationship to child.....

Date.....

# **Bowhill Primary School – Intimate Care Policy 2017**

## **APPENDIX 8**