



## **PERSONAL INTIMATE CARE POLICY**

### **Introduction**

- St Laurence O'Toole's CBS 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.
- We need to treat all children with respect and never cause any distress or pain while caring for their intimate care needs.

### **Aims**

The aim of this policy is:

- To safeguard the dignity, rights and wellbeing of pupils, and
- To provide guidance and reassurance to staff

### **Principles**

- Every pupil has the right to feel safe and secure.
- Every pupil has the right to be treated as an individual.
- Every pupil has the right to privacy, dignity and a professional approach from all staff.
- Every pupil has the right to be accepted for who they are without regard to age, gender, race, culture or beliefs.

### **What is Personal Intimate Care?**

- Intimate Care is any task which involves feeding, washing, toileting, or the removal of clothing for any reason, e.g. changing soiled clothing, or pre- or post-swimming.
- Carrying out an invasive procedure that most children can perform for themselves, but that some are unable to do due to a disability.

### **Intimate Care**

- The issue of Intimate Care is a sensitive one and will require staff to be respectful of the pupils' needs.
- The pupils should always be afforded a high level of privacy, choice and control.
- Staff behaviour is open to scrutiny, so we must work in pairs at all times.

### **Pupils' Voice**

- Allow the child, subject to age and understanding, to express a preference regarding the choice of his carer.
- Where possible, a pupil is entitled to a choice of one carer of the same gender, when intimate care is being delivered by two people.
- Agree appropriate terminology for private parts of the body and bodily functions.

### **Communicating with Pupils**

- Look directly at the pupil when speaking to him.
- As some pupils are non-verbal, get to know their 'yes' and 'no' signs.
- Give every pupil time to respond.
- Other forms of communication include eye pointing, use of signs, story board, etc.

### **Best Practice in Autonomy**

- Staff should encourage pupils to be as independent as possible, given their age and ability.
- This may involve asking a pupil if you can take them to the bathroom.
- It may also involve the pupil washing their hands, opening and closing belts/straps, etc.

### **Best Practice for Staff**

- Staff who provide Personal Intimate Care should be trained to do so and be fully aware of best practice.
- Annual updating of Manual Handling Course.
- Follow the guidelines of the Health, Safety and Welfare at Work Act, 2005.
- Staff may have to adapt our practice over time to meet pupils' changing needs.
- Development changes such as the onset of puberty should be born in mind.
- A rota of care givers known to the pupil should be used.



### **Protection of Pupils**

- Pupils with special needs have a right to safety and privacy when receiving intimate care.
- Regardless of age and ability, the views and/or emotional responses of pupils should be actively sought.
- A special effort should be made to interpret the views of any non-verbal pupil.
- All pupils should be taught personal safety skills matched to their level of understanding.
- If a pupil becomes distressed about being cared for by a particular member of staff, it should be documented.
- The rota should be altered until the issue is resolved.
- The pupils' needs should remain paramount.
- Some pupils with special needs are highly susceptible to infections.
- Rigorous infection control policies should be employed.
- Infections are transmitted by direct contact, hands of staff and via equipment, i.e. taps, flush handles and door/chair handles.
- An 'intimate-care chart' including the date, time and initials of administering adult to be kept for each pupil receiving such care and to be completed for each occasion 'intimate care' is administered.
- See notices on display for correct hand washing techniques and use methods demonstrated.

### **Physical Contact on School Outings and at Pool**

- All staff caring for children should use 'limited touch culture'.
- Staff should be aware that even well-intentioned physical contact might be misconstrued by the child, an observer, or anyone the action is described to.
- Be aware that you may be asked to justify a physical contact.
- All physical contact is open to scrutiny.

### **Protection of Staff**

- Extra caution may be required where a child has suffered previous abuse. Any mood swings or unusual markings should be reported immediately.
- In a child's view, physical contact may be associated with such experiences and lead to staff being vulnerable to allegations of abuse.
- Such children are extremely needy and seek out inappropriate contact.
- Permission to take mobile phone/camera photos must be given by those with parental responsibility.
- There may be times when a distressed child needs comfort that may include physical touch such as a caring parent might give.
- Ensure that this contact is not threatening to the child or open to misinterpretation.
- Unless the child needs an immediate response, staff should consider if they are the appropriate person to respond.

***Note that these are guidelines only. Individual pupil situations may require individualised management, which deviate from these guidelines.***

**Approved by the BOM: 4<sup>th</sup> April, 2022**

Chairperson:  Date: 04/04/2022

Secretary:  Date: 04/04/2022