



INTIMATE CARE POLICY

Adopted by Kerr Mackie Primary School Teaching and Learning Committee on:

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To be reviewed by Governors on

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Signed by Chair of Teaching and Learning Committee

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Dated

This Policy is scheduled to be reviewed at the Teaching and Learning Committee meeting



**Leeds
Safeguarding
Children Board**

Leeds LSCB Intimate Care Policy

Date of this document – 22.11.13.

Date Reviewed – 22.11.13

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3.0 Be responsive to a child's reactions.

It is appropriate to "check" your practice by asking the child – particularly a child you have not previously cared for – "Is it OK to do it this way?"; "Can you wash there?"; "How does mummy do that?". If a child expresses dislike of a certain person carrying out her or his intimate care, try and find out why. Conversely, if a child has a "grudge" against you or dislikes you for some reason, ensure your line manager is aware of this.

4.0 Make sure practice in intimate care is as "care planned" as possible.

Line managers have a responsibility for ensuring their staff have a "care planned" approach. This means that there is a planned approach to intimate care across the agency, but which is also flexible enough to be planned to meet the specific needs (and wishes as appropriate) of individuals. It is important that approaches to intimate care are not markedly different between individuals, but also reflect individual needs and wishes. For example, do you use a flannel to wash a child's private parts rather than bare hands? Do you pull back a child's foreskin as part of daily washing? Is care during menstruation consistent across different staff?

5.0 Never do something unless you know how to do it.

If you are not sure how to do something, *ask*. If you need to be shown more than once, ask again. Certain intimate care or treatment procedures, such as rectal examinations, must only be carried out by nursing or medical staff. Other procedures, such as giving rectal valium, suppositories or intermittent catheterisation, must only be carried out by staff who have been formally trained and assessed as competent.

6.0 If you are concerned that during the intimate care of a child:

- You accidentally hurt the child
- The child seems sore or unusually tender in the genital area
- The child appears to be sexually aroused by your actions
- The child misunderstands or misinterprets something
- The child has a very emotional reaction without apparent cause (sudden crying or shouting)

Report any such incident as soon as possible to another person working with you and make a brief written note of it. This is for two reasons: first, because some of these could be cause for concern, and secondly, because the child or another adult might possibly misconstrue something you have done.

Additionally, if you are a member of staff who has noticed that a child's demeanour has changed directly following intimate care, e.g. sudden distress or withdrawal, this should be noted in writing and discussed with your designated person for child protection.

