KINGSBURY SCHOOL

Intimate Care Policy

LOCAL LEVEL POLICY

REFERENCE NO:	019	DATE PREPARED: September 2021	DATE REVIEWED/REVISED: March 2023
Policy compiled by: Martin Clarke			Approved by the Local Governing Body: Signed: Natalie Williams Date: March 2023
Signed: Martin Clarke On behalf of the Senior Leadership Team			
DATE OF NEXT REVIEW: March 2026			

Date	Notes
13/09/2021	Headteacher review and amendments
14/09/2021	Review at SEND/Inclusion Team Meeting
20/09/2021	Review at Senior Leadership Team Meeting
21/09/2021	Pending approval at Local Governing Body Meeting
March 2023	Change of 'his/her' to 'their'. Approved by N Williams (Governor)

1. Principles

NOTE: *References to 'students' throughout this policy includes all children and young people who receive education at this establishment.*

1.1 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Keeping Children Safe in Education to safeguard and promote the welfare of students 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 student'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 student with an impairment that affects their 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:

- Safeguarding Policy and Child Protection Procedures
- Staff code of conduct and guidance on safer working practice
- 'Whistle-blowing' Policy
- Health and Safety policy
- Special Educational Needs and Disabilities policy

Plus

- Warwickshire County Council moving and handling of 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 students 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 students, 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 their experience of intimate and personal care should be a positive one. It is essential that every student is treated as an individual and that care is given gently and sensitively: no student 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 students 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 students.

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 this 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 students 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 students involved in intimate self-care.

4. Best Practice

4.1 Students who require regular assistance with intimate care have written Individual Education Plans (IEP), health care plans or intimate care plans agreed by students, 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 student 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 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 student 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). This will be logged on SIMS in school.

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 students will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual student to do as much for theirself as possible.

4.8 Staff who provide intimate care are trained in personal care (e.g. health and safety training in moving and handling) according to the needs of the student. 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 students taking into account developmental changes such as the onset of puberty and menstruation.

4.10 There must be careful communication with each student 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 student 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 student 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 student'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 student'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 are going alone to assist a student 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 student of the same gender, there is research which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every student 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 student. 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 students 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 and Safety guidelines should be adhered to regarding waste products, if necessary, advice should be taken from the Trust Estates and Facilities Manager 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 students 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 student'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, students 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 student's presentation, e.g. unexplained marks, bruises, etc. s/he will immediately report concerns to the Designated Safeguarding Lead or Headteacher. A clear written record of the concern will be completed on CPOMS 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 where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

5.6 If a student 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 student, 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 Students 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 Students 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.

8. Massage

8.1 Massage is now commonly used with students 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 students.

8.3 Any adult undertaking massage for students 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.

7. Health and Safety

The provider must promote the good health of children attending the setting and take necessary steps to prevent the spread of infection, and take appropriate action if children are ill or infectious.

7.1 Induction procedures and continued CPD should be in place within the school to support staff in dealing appropriately with issues of intimate care.

7.2 Schools should already have procedures in place for dealing with spillages of bodily fluids such as the process to be followed when a child accidentally wets or soils himself, or is sick while on the premises. The same precautions will apply for pull ups and sanitary changing:

- Staff to wear fresh disposable aprons and gloves while changing a child
- Pull ups securely wrapped in sacks and disposed of appropriately
- Changing area/ toilet to be left clean.
- Caretaking/cleaning staff to be informed

- Hot water and anti-bacterial soap available to wash hands as soon as changing is done. Anti-bacterial hand sanitiser (non-Alcohol) can also be used.
- Paper towels and hand dryer available to dry hands

8. Partnership Working

When parents and practitioners work together in educational settings, the results have a positive impact on students' development and learning. Partnership with parents is an important principle in any educational setting and is particularly necessary in relation to young people. Much of the information required by school to make the process of intimate care as comfortable as possible is available from the parents. Regular consultation and information sharing remains an essential feature of this partnership. Issues around toileting should be discussed at a meeting with the parents/carers prior to admission into the school.

Parents/ Carers:

- Agreeing to change the child at the latest possible time before coming to school
- Providing spare pull ups, wet wipes and a change of clothes
- Understanding and agreeing the procedures to be followed during changing at school
- Agreeing to inform school should the child have any marks/rash
- Agreeing how often the child should be routinely changed if the child is in school for the day and who will do the changing
- Agreeing to review the arrangements, in discussion with the school, should this be necessary
- Agreeing to encourage the child's participation in toileting procedures wherever possible.

The school:

- Agreeing to change the child should they soil themselves or become wet
- Agreeing how often the child should be routinely changed if the child is in school for the full day and who would be changing them
- Agreeing a minimum number of changes
- Agreeing to report to the head teacher or SENCO should the child be distressed or if marks/ rashes are seen
- Agreeing to review arrangements, in discussion with parents/ carers, should this be necessary
- Agreeing to encourage the child's participation in toileting procedures wherever possible
- Discussing and taking the appropriate action to respect the cultural practices of the family.

Wherever possible the child or young person should be encouraged to do as much as they can for themselves. The process for the management of a child's personal care needs may need to be further clarified through a Toilet Management Plan or Health Care Plan.

9. Confidentiality

Information concerning intimate care procedures should not be recorded in a home school diary, as the diary is not a confidential document and could be accessed by people other than the parent/carer and member of staff. It is recommended that communication relating to intimate care should be made through one of the following:

- Sealed letter
- Personal contact (and recorded in a log)
- Telephone call – between member of staff and parent/carer (and recorded in a log)

10. Agreeing a Procedure for Personal Care in School

Intimate care in school can be provided only by those who have specifically (either as part of their agreed job description or otherwise) indicated a willingness to do so.

Guidelines for staff to follow when changing a child so that staff are not put at any unnecessary risk. Written guidelines include:

- Who will change the child (to include more than one person to cover for absence etc.)
- Where changing will take place
- What resources will be used and who will provide them
- How a nappy will be disposed of
- How other wet or soiled clothes will be dealt with
- What infection control measures are in place
- What the member of staff will do if the child is unduly distressed or if marks or injuries are noticed
- How changing occasions will be recorded and how this will be communicated to parents (in confidence)