

Believing and achieving together



*We aim to reflect God's love, "always protects, always trusts, always hopes, always perseveres"
1 Corinthians 13:7*

INTIMATE CARE POLICY

(Based on DCC Model Policy)

Policy dated January 2017

This Policy was reviewed by:

Safeguarding Lead Governor of The Otter Valley Federation Governing

Board 16th November 2018

Next triannual review: Autumn 2021

1) Principles

- 1.1 The Governing Body will act in accordance with Section 175 of the Education Act 2002, The Government guidance Keeping Children Safe in Education 2016 and the Equality Act 2010 to safeguard and promote the welfare of pupils 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
 - Supporting Children with Medical Needs
- 1.5 The Governing Body will ensure that procedures and plans are in place in order 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 All staff must always treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child/young person's welfare is of paramount importance and his/her 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 An intimate care plan should be drawn up with the consent of all involved including the pupil where they are able to express their opinion.
- 1.9 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.
- 1.10 Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.

1.11 All staff undertaking intimate care must be given appropriate training e.g. Safeguarding, Child Protection, Disability Awareness, Health and Safety, Infection Control and Moving and Handling if necessary.

1.12 This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of child/young person.

2) Child/young person focused principles of intimate care

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

- Every child/young person has the right to be safe.
- Every child/young person has the right to personal privacy.
- Every child/young person has the right to be valued as an individual.
- Every child/young person has the right to be treated with dignity and respect.
- Every child/young person has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child/young person has the right to express their views on their own intimate care and to have such views taken into account.
- Every child/young person 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 will have written health care plans and / or intimate care plans, agreed by staff, parents/carers and any other professionals actively involved. Ideally the plan should be agreed at a meeting which all key staff attend and the pupil is consulted 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 procedure or 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 plan 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 or by telephone.
- 4.4 If there are unforeseen changes to the agreed plan, this would be recorded in a format pre-agreed by parents, staff and pupil.
- 4.5 Accurate records should also be kept as agreed on the intimate care plan.
- 4.6 These records will be kept in the child/young person'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 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 and cognitive ability.
- 4.12 Every child/young person'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. Reducing the numbers of staff involved goes some way to preserving the child/young person's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.
- 4.13 The religious views, beliefs and cultural values of children and their families should be taken into account when writing the intimate care plan, particularly as they might affect certain practices or determine the gender of the carer.
- 4.14 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.
- 4.15 All staff must be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.
- 4.16 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.

- 4.17 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care. If the nature of the site requires being able to contact someone in an emergency, consider the use of walkie talkies or a school mobile phone without camera capability.

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 where such discussion and agreement-seeking will not place the child/young person 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, Designated Senior Person for Child Protection or Headteacher. The matter will be investigated at an appropriate level (usually the Designated Senior Person for Child Protection or 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/young person'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 must follow a plan written by a trained physiotherapist. If it is agreed in the 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 intimate care plan 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/young person is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child/young person's privacy and dignity.

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.