

Intimate Care Procedure

Theale Green School



Academic Year:	2020-2021
Description:	The purpose of this procedure is to ensure that all staff responsible for the intimate care of students will undertake their duties in a professional manner. Theale Green School recognises that there is a need to treat all students with respect when intimate care is given. No student should be attended to in a way that causes distress or pain.
Who was consulted:	Bladder & Bowel UK charity ERIC, The Children's Bowel & Bladder Charity
Other relevant policies:	<ul style="list-style-type: none">• safeguarding policy and child protection procedures• confidentiality policy• health and safety policy and procedures• equality policy Medical Conditions policy
Date for Review:	

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1. Key contact list

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2. Principles

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.

It also includes supervision of students involved in intimate self-care.

2.1 Theale Green School acts in accordance with Section 175 of the Education Act 2002, the Government guidance 'Safeguarding Children and Safer Recruitment in Education' (2021) and the Government guidance 'Working Together to Safeguard Children' (2018) to safeguard and promote the welfare of students at Theale Green School.

2.2 Theale Green School takes seriously its responsibility to safeguard and promote the welfare of the students in its care. Meeting a student's intimate care needs is one aspect of safeguarding.

2.3 Theale Green School recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any student with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

2.4 This intimate care procedure should be read in conjunction with the School's policies as below:

- safeguarding policy and child protection procedures
- 'whistle-blowing' policy
- health and safety policy and procedures
- equality policy

This Intimate Care Procedure has been developed to safeguard students and staff. It applies to everyone involved in the intimate care of students.

3. Practice

3.1 We are committed to ensuring that all staff responsible for the intimate care of students undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

3.2 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 student'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 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.

3.3 Staff work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

3.4 Where students with complex and/or long term health conditions have an Education and Health Care Plan (EHCP) in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care procedure.

3.5 All staff undertaking intimate care are given appropriate training.

4. Principles of intimate care

The following are the fundamental principles upon which the Procedure 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

5. Best Practice

5.1 Students who require regular assistance with intimate care have written Intimate Care Support Plans (ICSP) agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists.

Ideally the plan is 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 is 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 also take into account procedures for educational visits/day trips.

5.2 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

5.3. Where an ICSP is not in place, parents/carers are informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care is treated as confidential and communicated in person by telephone or by sealed letter, not through other communication methods such as home/school diary.

5.4. In relation to record keeping, a written record is kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage.

5.5. Accurate records are also 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 student's behaviour. It should be clear who was present in every case.

5.7 All students are supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff encourage each individual student to do as much for his/herself as possible.

5.8 Staff who are required to 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 training to include awareness of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate. Staff are aware of the need to wash thoroughly any injuries made by a needle used to inject medicines to a student or any contact with bodily fluids. If appropriate the member of staff, or student, will seek immediate medical advice.

5.9 Staff are 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.

5.10 There is 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 is sought before starting an intimate procedure.

- 5.11 Staff who provide intimate care speak to the student personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.
- 5.12 Every student's right to privacy and modesty is respected. Careful consideration is 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. SEND advice suggests that reducing the numbers of staff involved goes some way to preserving the student's privacy and dignity. Wherever possible, the student's wishes and feelings are sought and taken into account.
- 5.13 An individual member of staff informs another appropriate adult when they are going alone to assist a student with intimate care.
- 5.14 The religious views, beliefs and cultural values of students and their families is taken into account, particularly as they might affect certain practices or determine the gender of the carer.
- 5.15 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.
- 5.16 Adults who assist students with intimate care are employees of Theale Green School, not students or volunteers, and therefore have the necessary safeguarding checks, including but not limited to safer recruitment checks and Disclosure and Barring Service (DBS) check.
- 5.17 All staff are aware of the School's confidentiality policy. Sensitive information is shared only with those who need to know.
- 5.18 No member of staff carries a mobile phone, camera or similar device whilst providing intimate care

6. Child Protection

- 6.1 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.
- 6.2 Theale Green School's child protection procedures are adhered to.
- 6.3 From a child protection perspective it is acknowledged that intimate care involves risks for students and adults as it may involve staff touching private parts of a student's body. In this School best practice is promoted and all adults (including those who are involved in intimate care and others in the vicinity) are encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.
- 6.4 Where appropriate, students are taught personal safety skills carefully matched to their level of development and understanding.
- 6.5 If a member of staff has any concerns about physical changes in a student's presentation, e.g. unexplained marks, bruises, etc. s/he immediately reports concerns to the Designated Safeguarding Lead.

A clear written record of the concern is completed and a referral made to Children's and Young People's Services Social Care if appropriate, in accordance with the School's child protection procedures.
- 6.6 If a student becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this is reported to the Designated Safeguarding Lead. The matter is investigated at an appropriate level and outcomes recorded.

Staffing schedules are altered until the issue/s is/are resolved so that the student's needs remain paramount. Further advice is taken from outside agencies if necessary.

6.7 If a student, or any other person, makes an allegation against an adult working at the School this is reported to the HT (or to the Chair of Governors if the concern is about the HT) in accordance with the School's complaints policy.

It is not discussed with any other members of staff or the member of staff the allegation relates to.

7. Writing an Intimate Care Plan

The plan should have the student's safety, privacy, and dignity as paramount.

The plan should include:

- Clear information regarding the assistance to be provided;
- The method of communication to be used by the child;
- The named person/s with responsibility to assist the child;
- The timetable, if possible, when assistance will be provided;
- Arrangements in the absence of the named assistant/s;
- Arrangements for school events and activities;
- The means by which the arrangement will be monitored;
- Strategies to prevent or deal with questions/comments from other students;
- The maintenance of a record of assistance

While it is recommended to have two members of staff assisting the student, this level of resourcing may not be available, and while the introduction of a second assistant may be perceived as providing protection against allegations of abuse, it can also further erode the student's privacy.

If the plan has been agreed and signed by parents, staff, and student if appropriate, it is acceptable to have one assistant unless there are implications regarding safe handling.

- Two persons are required to assist if a hoist is being used. In this case the second person should be identified and made known to the student and parents.
- Alternative arrangements must be in place in the absence of one or both of the named staff. However, the school should be aware that the introduction of other staff to the care context without prior arrangement can increase the vulnerability of the child and adults.
- The plan should specify the assistance to be provided as clearly as possible e.g. undressing/cleaning the child, changing a nappy, holding child in position, etc.
- The assistant/s should talk to the child throughout the procedure e.g. "I am going to help you undress", "I am using a wipe to clean your bottom".
- Teachers should be made aware of the care timetable, particularly if the child needs to be absent from class, and should be aware of the approximate time the procedure should take.

The assistant/s should ensure their return to the classroom is noted.

The plan should be signed by all contributors and reviewed on a regular basis.

8. Training and resources

Guidance/advice may often be provided by the student's parent, and/or the student him/herself.

All staff providing personal care must have received child protection training.

Specialised training may be required if the student uses a wheelchair, hoist, colostomy bag or requires an invasive procedure such as rectally administered medication.

Theale Green School will provide resources to ensure that procedures are carried out hygienically. This may include disposable aprons, gloves, wipes and medicated hand washing products.

Additional requirements may include labelled bins for the disposal of soiled waste; items such as needles, catheters, etc., and arrangements for the collection of such waste.

9. Vulnerability to abuse

Students should be encouraged to recognise and challenge inappropriate assistance, and behaviour that erodes their dignity and self-worth.

However, the following factors may increase a student's vulnerability:

- o Experience of multiple carers;
- o The inability to distinguish between assistance and abuse; and
- o The inability to communicate.

While adults are protected by their adherence to procedure, the following factors may increase their vulnerability:

- o The possibility of accidents;
- o The possibility of misunderstanding or misinterpretation; and
- o The possibility of the child becoming aroused.

Theale Green School will ensure that the programme of assistance is monitored and both child and adult given the opportunity to report any concerns that they may have.

Keeping Children Safe in Education 2021

All staff at Theale Green School understand the need to safeguard and promote the welfare of children; this includes protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.

Toileting plan

Record of discussions with parents/carers

Child/young person's name:

Date of birth:

Class/year group:

	Detail/action	Date agreed
<p>Working towards independence: For example taking child/young person to toilet at timed intervals, using sign or symbol, any rewards used.</p>		
<p>Arrangements for nappy/pad changing: For example who, where, arrangements for privacy.</p>		
<p>Level of assistance required: For example undressing, dressing, hand washing, talking/signing to child/young person.</p>		

<p>Infection control: For example wearing disposable gloves, aprons and safe disposal.</p>		
<p>Sharing information: For example, if the child/young person has a nappy rash or any marks. Are there any family customs/cultural practices?</p>		
<p>Resources required: For example special seat, nappies/pull-ups/pads creams, disposable sacks, change of clothes, toilet step, disposal gloves.</p>		

Signed:

Parent/carer:

Signed:

LT member's name and signature:

Review date:

Intimate Care Support plan

Developed from the Personal Care Management checklist and where appropriate, any behaviour management plan and associated risk assessment.

Child/young person's name:

Date of birth:

Intimate Care Plan	
Reason for intimate care:	
Details of assistance required:	
Facilities and equipment (clarify responsibility for provision of suitable environment for intimate care procedures and supplies, for example parent/carer/school/other):	
Staffing regular Names: 1. 2. 3. Time Plan:	Staffing back up Names: 1. 2. 3. Time Plan

Training needs (individual staff must keep signed/dated records of training received in addition to school and setting held records. A record should be completed when training has been delivered and kept as part of the care plan.

Curriculum specific needs:

Arrangements for trips/transport:

Procedures for monitoring and complaints (including notification of changing needs by any relevant party):

This current plan has been agreed by:

Name:

Role:

Signature:

Date:.....

Date for review:

Intimate care management checklist

To inform the written Personal Care Management Plan

Child/young person's name:

Date of birth:

Intimate care provider(s) name(s):

Facilities	Discussed	Actions
Have suitable facilities for the provision of intimate care been identified?		
Are any adaptations required to support safe and dignified provision of intimate care? <i>For example:</i> Appropriate environment for cleaning and changing Lifting and handling equipment (if required) Changing mats with easy clean surfaces Grab rails Hot and cold water Disposal facilities Beeper for emergency assistance		
Parent/ student provided supplies	Discussed	Actions
Pads		
Nappies		
Catheter		
Wipes		
Spare clothes		
Other (specify)		

School/setting provided supplies	Discussed	Actions
Toilet rolls		
Wet wipes		
Urine bottles (if required)		
Bowl/bucket		
Antiseptic hand wash		
Sterilising fluid (Milton)		
Paper towels/soap		
Disposable gloves		
Disposable aprons		
Clinical waste (yellow sacks) if required		
What are the staff training needs?		
How will the perceptions of other students be managed?		
Requirements for inclusion in PE activities	Discussed	Actions
Are there any health related needs or requirements?		
Does the student have a health care plan?		
Has the student's GP, Paediatrician or health care professional prohibited the student from participating in certain PE activities?		
Is the need for intimate care likely during PE activity?		
Will a trained intimate care provider need to be available during PE activities?		
Will the student need access to separate/private changing facilities?		

Will any special arrangements need to be made for swimming activities?		
Does the student require discreet clothing or specialist apparatus to enable participation?		
Are there any lifting or manual handling requirements?		
Requirements for inclusion during out of school visits	Discussed	Actions
Is there sufficient Intimate care staff available to support the student during the out of school visit? (including visits that are residential)		
Is the current intimate care plan sufficient to accommodate the needs of the student during the visit?		
Does the venue have facilities that are sufficient to meet the needs of the student in a safe and dignified manner?		
Does the student have a health care plan; are there any medical needs that need to be taken into account?		