



MARISH
Academy Trust



Intimate Care Policy

Revised August 2017

DEFINITION

Intimate care may be defined as any activity required to meet the personal care needs of each individual child. Parents have a responsibility to advise staff of the intimate care needs of their child, and staff have a responsibility to work in partnership with children and parents.

Intimate care can include:

- ❖ Feeding
- ❖ Oral care
- ❖ Washing
- ❖ Dressing/undressing
- ❖ Toileting
- ❖ Menstrual Care
- ❖ Photographs
- ❖ Treatments such as enemas, suppositories, enteral feeds (i.e. food is fed directly to the gut)
- ❖ Catheter and stoma care
- ❖ Supervision of a child involved in intimate self-care

PRINCIPLES OF INTIMATE CARE

The following are the fundamental principles upon which the 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.

GUIDELINES FOR GOOD PRACTICE

All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff.

They apply to every member of staff involved with the intimate care of children.

Disabled children can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs.

Staff also need to be aware that some adults may use intimate care, as an opportunity to abuse children. It is important to bear in mind that some care tasks / treatments can be open to misinterpretation. Adhering to these guidelines of good practice should safeguard children and staff.

Involve the child in their intimate care

Try to encourage a child's independence as far as possible in his / her intimate care. Where the child is fully dependent talk with them about what is going to be done and give them choice where possible.

Check your practice by asking the child / parent any likes/dislikes while carrying out intimate care and obtain consent.

Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.

Some intimate care activities require two persons for the greater comfort/safety of the child. This should be decided in consultation with the child and family.

Make sure practice in intimate care is consistent

As a child can have multiple carers a consistent approach to care is essential. Effective communication between parents / carers / agencies ensures practice is consistent.

Only carry out care activities you understand and feel competent and confident to carry out. If in doubt ASK. Some procedures must only be carried out by staff who have been formally trained and assessed.

Promote positive self-esteem and body image.

Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey

lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be relaxed, enjoyable and fun.

If you have any concerns you must report them.

If you observe any unusual markings, discolourations or swelling including the genital area, report immediately to your designated manager/teacher. If during the intimate care of a child you accidentally hurt them or the child appears to be sexually aroused by your actions, or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to your designated manager/teacher. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made and kept in the child's nursing/medical notes/personal file.

It is important to follow the Trust's reporting and recording procedures. Parents/Carers must be informed about concerns.

Pupils who require regular assistance with intimate care have written individual Education Health Care Plans (EHCPs), or intimate care plans agreed by 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 pupil should also be present wherever possible/appropriate. 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.

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.

Where an EHCP 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.

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 supporting children with medical needs policy which describes our protocols for management of long term health conditions for children.)

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.

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.

Staff who provide intimate care are trained in personal care (eg health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

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.

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.

To ensure effective communication:

Ascertain how the child communicates e.g. consult with the child, parent /carer and, if appropriate, communication needs must be recorded (please refer to Appendix 1 Communication Proforma for Intimate Care: How I Communicate).

Make eye contact at the child's level.

Use simple language and repeat if necessary.

Wait for response.

Continue to explain to the child what is happening even if there is no response.

Treat the child as an individual with dignity and respect.

Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children according to their individual needs.

Every child'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. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care. See Appendix 2.

The religious views, beliefs and cultural values of children and their families should be taken into account where possible.

All adults who assist pupils with intimate care must be employees of the school who have had safer recruitment checks and enhanced DBS checks.

All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

Health & Safety guidelines should be adhered to regarding the disposal of waste products.

No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

Intimate care arrangements should be reviewed with all relevant parties to inform future arrangements.

Child Protection

The Trust's child protection procedures will be adhered to.

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 will be encouraged to be vigilant at all times, to seek advice where relevant and refer to the Child Protection policy.

Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.

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 staff for Child Protection.

If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, the matter will be investigated and outcomes recorded.

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.

Physiotherapy

If it is agreed in the EHCP 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, (or in an interim situation, before this can be arranged by a trained parent or another staff member previously trained. Written guidance should be provided by the NHS Physio team and updated regularly.

Medical Procedures

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 EHCP and will only be carried out by staff who have been trained to do so.

It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

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.

Massage

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.

Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.

Care plans should include specific information for those supporting children with bespoke medical needs.

Appendix 1 **Communication Proforma for Intimate Care**
How I Communicate

Date: _____

I communicate using words / signs / communication
book / communication aid / body movements.

I indicate my likes / preferences by _____

I indicate my dislikes by _____

I show I am happy by _____ and
unhappy by _____

If appropriate please complete the following

When I need to go to the toilet I _____

When I need changing I _____

Additional information _____

Speech and Language Therapist

Occupational Therapist

Key worker/s _____

Contact-Number/s _____

Parent / carer signature _____

Personal Care Risk Assessment forand adults attending to his/her needs**Marish Academy Trust****Assessor's Name:****Position: SENCO****Date:**

Activity	Hazard Identified and Persons at Risk	Initial Risk Assessment Rating (H/M/L)	Precautions needed to Control the Risk	Resulting Risk Level	Date of Implementation
Support with personal care- changing child's pull ups	Discomfort and or physical strain to adult as they bend to assist child	High	Child should stand and assist in the removal of soiled clothing and with washing. Adult should kneel on kneeling pad if necessary to avoid undue pressure on knees Pupil to work towards independence and self-reliance	Low	Spring 2017
Handling and disposal of bodily fluids.	Risk of infection to adult or child	High	Adults to wear appropriate protective clothing, gloves and apron etc and to dispose of carefully. Adult and child to wash hands with soap before and after changing	Low	Spring 2017
Trips, slips and spills	Risk of fall to adult or child	High	Area kept clean and clear, free of any hazards. Movement is unrestricted	Low	Spring 2017
Child abuse	Risk that child could be abused by adult carer	Medium	Staff are DBS checked and well trained. Staff deal with the child sensitively, maintaining his dignity and privacy Two adults supervise personal care, when possible Mum has asked to be called if child is in an usually bad mess.	Low	Spring 2017

Child abuse allegation	Risk to adult that false allegation could be made		Child is managed by staff who have a positive relationship with him and his family Staff communicate well with child and explain what they are doing and why, maintaining eye contact and calm demeanour. Two adults supervise personal care, when possible	Low	Spring 2017
Damage to child's self esteem, well being	Risk that child is shunned by others because of this special need	High	Prompt intervention with personal care as necessary from vigilant adults Child is reminded by staff to go to toilet regularly and especially after Movocol is administered each day Parent provides clean clothing, wipes and pull ups so that child can maintain personal hygiene	Low	Spring 2017

Headteacher/Manager:

Gill Denham

Assessment Review Date:

Personal Care Plan – Toileting

(N.B. To be used if toileting is the only issue).

The recording sections may need to be adapted in the light of circumstances to do with setting and pupil.

Child's Name: Paul Stevens

DoB:

Class Group: 3L

Date:

Reason for Plan:

Aim of Plan:

What will be done?

Details of when child will be changed/taken to toilet and specific routines to be followed.

By whom?

Key Workers: Class teacher Mrs Mustafa, TAs Mrs Butler and Mrs Dallibar

Facilities:

Where the child will be changed and resources required.

Training:

Specify training needs

For whom

Date Achieved

Other Issues:

Clothing

After school club

Off-site activities

Monitoring:

Toilet Diary

Other

Review Date: November 2017

Risk assessment completed by SENCO and reviewed by Headteacher? Yes

Plan agreed by:

	Name	Signature	Date
Parents/Carer:	_____	_____	_____
Pupil/Young Person:	_____	_____	_____
Key Worker(s):	_____	_____	_____