

Intimate Care Policy

Beverley High School



Date: October 2018

This policy document is available in a variety of formats in line with the Equality Act 2010. It is available as a hard copy from the School Office or can be found on the School website at www.beverleyhigh.net

Intimate Care Policy and Procedures

The Governors and Staff of Beverley High School (BHS) fully recognise the importance of safeguarding children and play a full and active part in protecting pupils from harm.

In developing the Intimate Care Policy due consideration has been given to the Beverley High School Child Protection Policy and the East Riding Safeguarding Children Boards (ERSCB) Procedures.

Introduction

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas of a pupil by a member of school staff. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure, only a person suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam).

Beverley High School is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. The issue of intimate care is a sensitive one and will require staff to be respectful of pupils' individual needs. Their dignity should always be preserved with a high level of privacy, choice and control. No pupil should be attended to in a way that causes distress or pain. Staff must be aware that their behaviour may be open to scrutiny and must work in partnership with parents/carers to provide continuity of care to children/pupils wherever possible.

Due consideration must always be given to safeguarding when providing intimate care.

Linked Documents

- Strategic Child protection and Safeguarding Policy
- Child Protection Procedures Staff Reference Guide
- Special Educational Needs Policy.
- School Equality Policy
- First Aid Policy and Procedures.
- Health and Safety Policy with (particular reference to Appendix A).
- Educational Visits and Activities Policy
- Staff guidance – Highly Confidential Information, referred to as Master Document
- Local Authority (LA) and BHS procedures for accident reporting.
- Individual Pupil/Staff First Aid Guidelines/Management Plans.
- Location list/facilities – First Aid Boxes, eyewash stations, accessibility toilets, Physical Management Area (PMA).
- Integrated Physical and Sensory Service (IPaSS) Intimate Care Plan. See Appendix Section

PROCEDURES

The management of any pupil with intimate care needs will be carefully planned. The pupil who requires intimate care is to be treated with respect at all times; the pupil's welfare and dignity is of paramount importance. In order to ensure the best possible care for pupils who need personal or invasive procedures, all staff will work with parents/carers and other professionals.

Staff who provide intimate care must have received training to undertake the given task and be fully aware of best practice. Staff should have enhanced DBS disclosures, access to training in Child Protection procedures and Moving and Handling.

Appropriate apparatus/equipment will be provided to assist with pupils who may need special arrangements following an assessment from a physiotherapist/occupational therapist in consultation with the Wellbeing Manager.

Staff who deliver SRE within Wellbeing Days will be supported to help adapt their teaching practices in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation.

Wherever possible, staff who are involved in the intimate care of pupils will not usually be responsible for the delivery of Sex and Relationship Education to these pupils, as an additional safeguard to both staff and the pupils involved. This arrangement will be assessed on an individual pupil basis.

Pupils needing intimate care will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each pupil to do as much for him/herself as he/she can. This may mean, for example, giving these pupils responsibility for washing themselves.

Individual intimate care plans will be drawn up for the pupil in consultation with the pupil, parent/carer, school staff and any other professional staff working with the pupil who are able to contribute to the plan.

Each pupil's right to privacy will be respected. Careful consideration will be given, for example, to each pupil's situation to determine how many school staff might need to be present for any intimate care procedures. For safeguarding this should be at least two members of staff.

Where possible a pupil will be supported in school by a number of key staff for continuity of care in the event of staff absence.

A rota of school staff providing care to the pupil will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different staff.

Wherever possible, staff should only care intimately for an individual of the same sex. In certain circumstances, however, this principle may need to be waived where failure to

A Safeguarding Policy

provide appropriate care would result in a lack of essential care, for example, female staff supporting a male student from the Joint Sixth Form.

Intimate care arrangements will be reviewed with the pupil parents/carers on a regular basis and recorded on the pupil's care plan. The needs and wishes of the pupil and parents/carers will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

A written agreement/consent form for parents/carers will be used, outlining who will be responsible, within the school, for providing intimate care to the pupil and when and where this will be carried out. This agreement/consent allows the school staff and the parent/carer to be aware of all the issues concerning this task, from the outset.

In some cases it may be helpful to parents/carers if school staff record when the intimate care was carried out, by whom and time the pupil left/returned to the classroom following this task. Examples of such good practice provide reassurance for parents that systems are in place and that schools have implemented procedures for staff to follow.

Child Protection/Safeguarding

If a member of staff has any concerns about physical changes in a pupil's appearance e.g. marks, bruises, soreness etc. s/he should immediately report these concerns to the Child Protection Coordinators in school. This verbal report must be followed up, without delay, by a written report.

In order to safeguard the pupil and staff any intimate care will involve two staff. No one to one direct intimate care must be given.

If a pupil becomes distressed or unhappy about being cared for by a particular member of staff, the concerns will be investigated and outcomes recorded. Staffing timetables/duties may be altered until the issue(s) are resolved so that the pupil's needs can remain paramount. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Further advice will be taken from outside agencies if necessary.

If a pupil makes an allegation against a member of staff, all necessary procedures will be followed in line with the ERSCB policies and procedures

Health and Safety

The health and safety of pupils and staff will be taken into consideration when devising individual intimate care plans.

Appropriate training e.g. Manual Handling, will be facilitated by the school and providers of such training will be approved agencies.

Staff should always wear gloves and if appropriate an apron when dealing with body fluids. Any soiled waste should be placed in a polythene waste disposal bag, which can

A Safeguarding Policy

be sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste. The bin should be emptied on a daily basis and it can be collected as part of the usual refuse collection service as this waste is not classed as clinical waste.

Physical Contact

All staff engaged in the care and education of pupils need to exercise caution in the use of physical contact.

The expectation is that staff will work in a 'limited touch' culture and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background.

Staff should be aware that even well intentioned physical contact might be misconstrued directly by the pupil, an observer or by anyone to whom the action is described. Staff must therefore always be prepared to justify their actions and accept that all physical contact may be open to scrutiny.

Pupils with SEN may require more physical contact to assist their everyday learning. The general culture of 'limited touch' will be adapted where appropriate to the individual requirements of each pupil. The arrangements must be understood and agreed by all concerned, justified in terms of the pupil's needs, consistently applied and open to scrutiny. Wherever possible, consultation with staff colleagues and parents/carers should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented.

Extra caution may be required where a pupil has previously suffered abuse or neglect. In the pupil's view, physical contact might be associated with such experiences and lead to staff being vulnerable to allegations of abuse. Conversely, pupils who have suffered abuse or neglect may seek out inappropriate physical contact. In such circumstances staff should carefully deter the pupil without causing a negative experience. Ensuring that a witness is present will help to protect staff from subsequent allegations.

First Aid and intimate care

Staff who administer First Aid should ensure, wherever possible, that another adult or pupil is present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.

Regular requirements of an intimate nature for an individual pupil should be carefully planned. Agreements between the school, those with parental responsibility and the pupil concerned should be documented and be easily understood. The necessity for such requirements should be reviewed regularly. The pupil's views must also be actively sought and, in particular, any discomfort with the arrangements addressed, (see First Aid Policy and Procedures).

Pupils with Special Educational Needs (SEN)

Pupils with SEN have the same rights to safety and privacy when receiving intimate care. Additional vulnerabilities that may arise from a physical disability or learning difficulty must be considered with regard to individual teaching and care plans for each pupil. As with all arrangements for intimate care needs, agreements between the pupil, parents/carers and the school should be easily understood and will be recorded on the care plan.

Regardless of age and ability, the views and/or emotional responses of pupils with SEN should be actively sought in regular reviews of these arrangements.

Pupils in distress

There may be occasions when a distressed pupil needs comfort and reassurance that may include physical touch such as a caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and not subject to misinterpretation.

Judgement will need to take account of the circumstances of a pupil's distress, their age and the extent and cause of the distress. Unless the pupil needs an immediate response, staff should consider whether they are the most appropriate person to respond. It may be more suitable to involve the pupil's relative or a member of the Wellbeing Team.

Restraint

There may be occasions where it is necessary for staff to restrain pupils physically to prevent them from inflicting harm on either themselves, others or property. In such cases only the minimum force necessary should be used for the minimum length of time required for the pupil to regain self-control. (See Physical Restraint of Pupils Policy)

Changing facilities

Pupils who have long-term incontinence must have access to the Physical Management Area in school. In some cases the use of the accessibility toilet will provide adequate facilities.

The dignity and privacy of the pupil should be of paramount concern.

Showers/changing clothes

Young people are entitled to respect and privacy when changing clothes or taking a shower. There must, however, be the required level of supervision to safeguard pupils with regard to health and safety considerations.

Given the vulnerabilities of the situation, it is strongly recommended that when supervising pupils in a state of undress, another member of staff is present.

Equipment Provision

Parents/carers have a role to play if their child requires nappies or assistance with use of sanitary protection. The parent/carer should provide nappies, sanitary products, disposal bags and wipes and parents/carers should be made aware of this responsibility.

The school is responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.

Out of school clubs etc.

Staff should take particular care when supervising pupils in the less formal atmosphere of an out of school club. Any intimate care provided should be in line with the Individual Care Plan, with any appropriate adjustments made to accommodate any change of venue.

Out of school trips

Consideration will be given to the pupil's intimate care needs when planning a school trip or a residential. The school will identify the pupil's needs and requirement and the facilities available. It will also consider what equipment/resources will need to be transferred or transported.

April 2017

NB

This policy was initially written with support and guidance from Graeme Oxtoby, IPaSS.

Contact details

Address: The Francis Askew Centre, North Road Hull, HU4 6LQ.

Telephone 01482 318400

Email: ipass@hullcc.gov.uk

Updated guidance has been gained from Michelle Stone, SAPTS

Contact

Address: Physical Support Teacher, SaPTs The Sensory and Physical Teaching Service

The Children's Specialist Services Hub, Springhead Lane, Anlaby Common, Hull, East Riding of Yorkshire, HU5 5YJ , Contact: (01482) 394000

Appendix 1

Template Intimate Care Plan

Name of pupil	
Date of birth	
Address	
Name of parent/carer/guardian	Name of staff
Contact number	
Date written	Review date
Pupil's condition	
Where the intimate care procedure will take place.	
How the pupil will travel there e.g. walk, wheelchair – self propel/adult oversight.	
What equipment is required and where located.	
Description of transfer method.	
Adjustment of clothing.	
Method of cleansing including washing hands.	
Appropriate language e.g. names for body parts and functions.	
Number of staff i.e. one or two.	
Pupil participation i.e. what can they do.	
Disposal	
Next target towards independence.	
Signature of parent/carer/guardian and pupil	Signature/s of staff involved with procedure/s

Appendix 2

Sample Intimate Care Plan (completed)

Name of pupil	Lucy Jones
Date of birth	18.11.00
Address	14 Elm Drive Treehouse TR3 9GH
Name of parent/carer/guardian Mr & Mrs D Jones	Name of staff involved Mrs Yvonne Stanford Miss Jill Westwood
Contact number	01275 34967 / 0776345234
Date written 20 June 2008	Review date 20 December 2008
Pupil's condition	Cerebral palsy. Wheelchair user. Continent. Has speech.
Where the intimate care procedure will take place.	Accessible bathroom in KS1 corridor.
How the pupil will travel there e.g. walk, wheelchair.	Lucy will self-propel herself in wheelchair accompanied by 2 TAs.
What equipment is required and where located.	Toilet commode, grab bar– in bathroom.
Description of transfer method.	Lucy should wheel herself in front of the grab bar. She will undo her waist strap. TA turn foot rests to side. Lucy will pull herself into standing position holding the grab bar. TA removes wheelchair and places commode behind her. TA and Lucy adjust clothing. Lucy lowers herself still holding onto grab bar. The waist strap is fastened by TA. Lucy may be left with TAs waiting outside the door until Lucy calls for assistance. TA cleans Lucy appropriately. Lucy holds the grab bar to stand up. TA and Lucy adjust clothing. TA removes commode and replaces wheelchair. Lucy lowers herself into the chair, strap is fastened and TA turns foot rest back to correct position. Lucy washes hands and returns to class. TA cleans equipment etc.
Adjustment of clothing.	Lucy is able to assist and will use dominant right hand whilst holding the grab bar with her left one. She does require TA support.

A Safeguarding Policy

Method of cleansing including washing hands.	Lucy is able to operate the taps, soap dispenser and hand dryer independently.
Appropriate language e.g. names for body parts and functions.	Lucy asks to go to the toilet. She will say whether she wants a 'wee' or 'poo'.
Number of staff i.e. one or two.	Two members of staff accompany Lucy. One takes the lead position ie Lucy's classroom TA.
Pupil participation i.e. what can they do.	Lucy is able to assist as mentioned above and will say if she feels uncomfortable or her clothing needs adjusting.
Disposal	The pan should be emptied and contents flushed. The pan should be cleaned and wiped with antibacterial wipes. Wipes should be placed in double black bin liner.
Next target towards independence.	Lucy should aim to pull up her pants and tights independently.
Staff involved	Amy Worthington - classroom TA Ruth Ingle - TA from Yr 1 classroom Claire Brown - reserve TA Class 2B
Training received	All completed 'Moving & Handling Training', April, 2006 Review date: April, 2009 Specific pupil training received by Amy Worthington and Ruth Ingle from Occupational Therapist and Physiotherapist.
Signed by parents/carers/guardians Date	Signed by staff involved with Date

Appendix 3

Suppliers

The following list is not exhaustive but includes suppliers often used by settings/schools.

Beucare Medical

Tel 01423 873666

Website <http://www.beucaremedical.co.uk/>

Wide range of products including aprons, wipes, gloves.

Nottingham Rehab Supplies

Tel 0845 120 4522 (general enquiries), 0845 121 8111 (order line)

Website <http://www.nrs-uk.co.uk/>

Wide range of products including changing plinths, slings, hoists.

Physio-Med

Tel 01457 860444

Website <http://www.physio-med.com>

Wide range of products including changing plinths, slings, hoists.

North Eastern Care

Tel [0191 549 3000](tel:01915493000)

Website <http://www.northeasterncare.com/>

Wide range of products including changing plinths, handling products, shower chairs

Mothercare

Tel 08453 30 40 70

Website www.mothercare.com

Wide range of products including toilet reducers, changing mats

Further guidance

For further detailed guidance regarding **intimate care**, the following documents or websites may be helpful:

'DfE -Keeping Children Safe in Education. April 2014

Working Together to Safeguard Children 2013

Procedures and Protocols for Children in Need of Support and/or Protection – North Somerset Council

What to do if You're Worried a Child is being Abused. Summary (2003)

A Safeguarding Policy

Appendix 4

TOILETING CHART

Pupils Name.....

Date commenced.....

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Appendix 5

Samples of Completed Charts

Time	Monday	Tuesday	Wednesday	Thursday	Friday
9.00	N – wet	N – wet	N – wet	N – wet	N - wet
10.30	N – dry	N – dry	N – dry	N – dry	N - dry
12.00	N – wet	N – wet	N – wet	N – wet	N - wet
14.30	N – wet	N – wet	N – wet	N – wet	N - wet
N=Nappy					

Time	Monday	Tuesday	Wednesday	Thursday	Friday
9.00	T – u	T – u	T – u	T – u	T - u
10.30	T – bo	T - nothing	T – bo	T -nothing	T-bo
12.00	T – u	T – u	T –nothing	T – u	T -nothing
14.30	T – u	T – u	T – u	T –nothing	T - u
T = toilet U = urinate bo = bowels opened					

See if there is a pattern being established. Are the times for visiting the toilet suitable, or do they need to be changed? Encourage the parents/carers to be involved with the programme / procedure and discuss with them.

Glossary

Drop down changing bed

Some pupils are changed using a drop down changing bed, as illustrated. It is fitted onto a wall and lowered when required. If space is limited, it may be fitted above the toilet.



Changing plinth

Older or heavier pupils may require a rise and fall changing plinth with/out cot sides or an adjustable head section.



Toilet reducer

If the pupil feels unsafe or unstable sitting on the toilet seat then a toilet reducer could make all the difference. On the market are ones with handles or soft, padded seats. Not all toilet reducers fit all toilets.



Enuresis

Encopresis

Incontinence

involuntary passing of urine

involuntary passing of faeces

inability to control natural function