

# HARBOURSIDE LEARNING *Partnership*

## Intimate Care Policy

Committee:	Achievement & Standards
Policy Ratified:	03 July 2018
Review Date:	July 2021

Additional School Procedure	
Committee:	
Procedure Adopted:	
Review Date:	



## **Principles**

1.0 This intimate care policy should be read in conjunction with the following policies and information:

- Accessibility Plan
- Behaviour Policy (including use of reasonable force)
- DCC Moving and Handling Policy
- Dealing with Allegations of Abuse Procedural Policy
- First Aid Policy
- Health and Safety Policy and Procedures
- Inclusion Policy
- Public Sector Equality Duty Policy
- Safeguarding and Child Protection Policy and Procedures
- Staff Code of Conduct or guidance on safe working practice.
- Supporting Pupils with Medical Conditions and Managing Medication Policy
- Whistleblowing Policy and Procedures

1.1 The Trust Board and Local Governing Bodies of Harbourside Learning Partnership will act in accordance with Section 175 / Section 157 of the Education Act 2002 and the supporting statutory guidance 'Keeping Children Safe in Education' (September 2016) to safeguard and promote the welfare of pupils in this Trust.

1.2 HLP takes seriously its responsibility to safeguard and promote the welfare of the pupils in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

1.3 HLP 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. It is acknowledged that these adults are in a position of great trust.

1.4 HLP recognises that there is a need to treat all pupils, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. The pupil's welfare and dignity is of paramount importance. No pupil should be attended to in a way that causes distress or pain.

1.5 Staff will work in close partnership with parent/carers to share information and provide continuity of care.

## **Definition**

2.0 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.

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

### **Best Practice**

- 3.0 Staff who provide intimate care at HLP schools are appropriately trained to do so in areas such as:
- Child protection
  - Safer working practices
  - Health and safety
  - Manual handling (if appropriate)
  - Best practice regarding Infection control (including the need to wear disposable gloves and aprons where appropriate).
- 3.1 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.
- 3.2 As an additional safeguard, staff involved in meeting intimate care needs will not usually be involved with the delivery of sex education to the same pupils, wherever possible.
- 3.3 There is 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.
- 3.4 All pupils 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 his/herself as possible.
- 3.5 Pupils who require regular assistance with intimate care have written Individual Health Care Plans (IHCP). IHCPs are drawn up in consultation with staff, parents/carers and any other professionals actively involved, such as an NHS appointed nurse or physiotherapists. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the pupil and the carer. Any historical concerns (such as past abuse) will be noted and taken into account. Further details about the process of drawing up IHCPs are available in the 'Supporting pupils with medical conditions and managing medication policy'. *(NB More information regarding care plans and risk assessments for pupils with complex medical needs can be found in 'Including Me: Managing Complex Health Needs in Schools and Early Settings' by Jeanne Carlin, published by the Council for Disabled Children and DfES, 2005)*

- 3.6 Where intimate care is part of the routine assistance offered to a pupil, those staff usually responsible for providing the required care to the individual pupil will be named within the IHCP.

Where an IHCP 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 soiled him/herself). Such information related to intimate care will be treated as confidential and communicated in person, by telephone or by sealed letter, not through 'open' written forms such as a home/school diary.

- 3.7 Every pupil's right to privacy will be respected. Careful consideration will be given to each pupil's situation to determine how many carers might need to be present when a pupil needs help with intimate care. Adults who assist children one-to-one will be employees of the school and will be DBS checked at the appropriate level.
- 3.8 It is not always practical for two members of staff to assist with an intimate procedure and also this does not take account of the pupil's privacy. It is advisable, however, for a member of staff to inform another adult when they are going to assist a pupil with intimate care.
- 3.9 Wherever possible the same pupil will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the pupil who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.
- 3.10 Wherever possible staff should care for a pupil of the same gender. However, in some circumstances this principle may need to be waived; for example, female staff supporting boys in a primary school as no male staff are available. Male members of staff should not normally provide routine intimate care (such as toileting, changing or bathing) for adolescent girls. This is safe working practice to protect children and to protect staff from allegations of abuse.
- 3.11 The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.
- 3.12 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.
- 3.13 If necessary, advice should be taken from the local council regarding disposal of large amounts of waste products.

## **Child Protection**

- 4.0 Trustees, Local Governors and staff recognise that children with special needs and disabilities are particularly vulnerable to all types of abuse.
- 4.1 The trust's Safeguarding and Child Protection Policy and Procedures will be accessible to staff and adhered to.
- 4.2 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. It may be unrealistic to expect to eliminate these risks completely best practice will be promoted and all adults will be encouraged to be vigilant at all times.
- 4.3 Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.
- 4.4 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, soreness etc s/he will immediately report concerns to the Designated Senior Lead (DSL) for safeguarding. A clear written record of the concern will be completed and a referral made to Children's Social Care if necessary, in accordance with inter-agency procedures. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless it is considered that to do so will place the pupil at risk of harm.
- 4.5 If a pupil becomes distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the DSL or Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the pupil's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- 4.6 If a pupil makes an allegation against an adult working at the school, this will be investigated in accordance with the procedures in the Trust's 'Dealing with Allegations of Abuse Procedural Policy'.
- 4.7 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 if the concern is about the Headteacher. Further details can be found in the Trust's Whistleblowing policy.

### **Physiotherapy**

- 5.0 Children who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in a pupil's IHCP 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.
- 5.1 Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.
- 5.2 Adults (other than the physiotherapist) carrying out physiotherapy exercises with pupils should be employees of the school.
- 5.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

### **Medical Procedures**

- 6.0 Children with disabilities 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 IHCP and will only be carried out by staff who have been trained to do so.
- 6.1 Any members of staff who administer first aid should be appropriately trained in line with the Trust's First Aid Policy. If an examination of a pupil is required in an emergency aid situation it is advisable to have another adult present, with due regard to the pupil's privacy and dignity.

### **Massage**

- 7.0 Massage is now commonly used with children who have complex needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation. Staff at HLP schools may therefore be involved in delivering aspects of programmes devised by therapists.
- 7.1 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 children.

### **Record Keeping**

- 8.0 A written record will be kept in the agreed format (see appendix A) every time a pupil has physiotherapy or requires assistance with intimate care.
- 8.1 These records will be kept in the pupil's file and available to parents/carers on request.

**Appendix A**

**Provision of Intimate Care**

**Name of Child:** \_\_\_\_\_

<b>Date</b>	<b>Time</b>	<b>Procedure</b>	<b>Staff Signature</b>	<b>Witnessing Member of Staff (if applicable)</b>