

# Intimate Care Policy

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## **1. Roles and Responsibilities**

The responsibility for the implementation of this policy and procedure rests with the Principal.

## **2. Suggested audience**

All teaching and support staff and EAB members. As part of their academy induction or professional development, all teaching and support staff will apply the knowledge, principles and procedures contained within this policy.

## **3. Related policies**

This intimate care policy should be read in conjunction with the Academy's other policies as below:

- Safeguarding policy and Child Protection procedures
- Staff Code of Conduct and guidance on Safer Working Practice
- SPTA Whistle-blowing policy and guidance on dealing with allegations against staff
- SPTA Health and Safety policy and procedures
- Special Educational Needs policy
- SPTA Supporting children with medical needs policy

## **4. Introduction**

4.1 The Academy will act in accordance with the DfE guidance 'Keeping Children Safe in Education' (July 2014) to safeguard and promote the welfare of pupils.

4.2 This Academy takes its responsibility to safeguard and promote the welfare of the children and young people in its care seriously. Meeting a pupil's intimate care needs is one aspect of safeguarding.

4.3 The Academy recognises its duties and responsibilities in relation to the Equalities Act 2010. We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance.

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

4.5 Every pupil should be treated as an individual and care should be given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

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

4.7 Where pupils with complex and/or long term health conditions have an Individual Health Care Plan (IHCP) in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

4.8 All staff undertaking intimate care must be given appropriate training.

4.9 This Intimate Care Policy has been developed to safeguard children and staff. It applies to all staff with responsibility for the intimate care of children.

## **5. Child focused principles of intimate care**

5.1 The following are the fundamental principles upon which the Policy is 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.

## 6. Definition

6.1 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.

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

## 7. Best Practice

7.1 Pupils who require regular assistance with intimate care must have either a written Individual Education Plan (IEP), an Individual Health Care Plan (IHCP), an Education Health and Care (EHC) plan or an intimate care plan. This written plan should be agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. The plan(s) should be agreed at a meeting at which all key staff and the pupil should also be present 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 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.

7.2 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.

7.3 Where an IEP, IHCP or EHC plan is **not** in place, parents/carers will be 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 should be treated as confidential and communicated in person, by telephone or by sealed letter, not through the home/school diary. Any soiled clothing should be discreetly returned to parents or carers.

7.4 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.

7.5 Accurate records should also be kept when a child requires assistance with intimate care. As a minimum, this record should include the full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.

7.6 These records will be kept in the child's file and available to parents/carers on request.

7.7 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.

7.8 Staff who provide intimate care are trained in personal care (e.g. 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.

7.9 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.

7.10 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.

7.11 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.

7.12 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who should carry out the required help with intimate care and how many carers might need to be present. SEN advice suggests that reducing the numbers of staff involved can contribute towards preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

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

7.14 The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

7.15 Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender; ideally, every pupil 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 pupil. It is important that the process is transparent so

that issues can be respected; this can best be achieved through a meeting with all parties to agree what actions will be taken, where and by whom.

7.16 Adults who assist pupils with intimate care must be SPTA employees not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks. The Principal is responsible for ensuring that this requirement is implemented.

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

7.18 Health & Safety guidelines should be adhered to regarding waste products. The SPTA Facilities Team can provide advice regarding the disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.

7.19 No member of staff may carry a mobile phone, camera or similar device whilst providing intimate care. Any breach of this requirement will be dealt with under the SPTA Disciplinary policy.

## **8. Child Protection**

8.1 The Academy recognises that pupils with special needs can be particularly vulnerable to all types of abuse.

8.2 The Academy's child protection procedures must be adhered to.

8.3 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 situation, 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.

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

8.5 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 to the Principal. 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 Academy's Child Protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made only when this discussion will not place the child at increased risk of suffering significant harm.

8.6 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 or Principal. The matter will be investigated at an appropriate level (usually the Principal) 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's needs remain paramount. Further advice will be taken from outside agencies if necessary.

8.7 If a pupil, or any other person, makes an allegation against an adult working at the Academy this should be reported to the Principal (or to the Chair of the EAB if the concern is about the Principal) who will consult the Local Authority Designated Officer in accordance with the SPTA guidance : Dealing with Allegations against Staff.

8.8 Similarly, any adult who has concerns about the conduct of a colleague at the Academy or about any improper practice must report this to the Principal or to the Chair of the EAB, in accordance with the Academy Child Protection procedures and SPTA whistle-blowing policy.

## **9. Physiotherapy**

9.1 Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the IEP, IHCP or ECHP that a member of the Academy 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.

9.2 Under no circumstances should Academy staff devise and carry out their own exercises or physiotherapy programmes.

9.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

## **10. Medical Procedures**

10.1 Some pupils may 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 IEP, IHCP or EHCP and will only be carried out by staff who have been appropriately trained.

10.2 Staff must follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.



10.3 Any members of staff who administer first aid must be appropriately trained in accordance with the SPTA First Aid, Accident and Incident Policy. 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.

## **11. Massage**

11.1 Massage is sometimes 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.

11.2 It is recommended that massage undertaken by Academy 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.

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

11.4 IHC or EHC Plans should include specific information for those supporting children with bespoke medical needs.

## **12. Complaints**

12.1 Any complaints under this policy will be dealt with in accordance with the SPTA Complaints policy unless they relate to Child Protection issues, in which case Child Protection procedures will apply.

## **13. Monitoring and review of this guidance**

13.1 This policy will be reviewed every three years or when there are changes to relevant legislation.