



Intimate Care Policy

KSM July 2017

This policy should be read in conjunction with the school's policies:

- Safeguarding policy and child protection procedures
- Staff code of conduct and guidance on safer working practice
- 'Whistle-blowing' and allegations management policies
- Health and safety policy and procedures
- Special Educational Needs policy

Principles

- The dignity of the student is the principal concern of the school and staff involved in intimate care at all times.
- All students being provided with intimate care will be shown the utmost respect and privacy.
- Students will be provided with choice and their voice heard at all times.
- All communication during intimate care procedures will be directed towards the student.
- The ultimate aim of intimate care at Little Ilford School is to make students independent as far as it is possible.
- Staff will communicate with and work in conjunction with parents in order to ensure the above as well as continuity of care.

Definition

Intimate care is defined as any care which involves washing, touching or carrying out an invasive procedure that most children and young people carry out for themselves, but which some are unable to do due to a physical disability or Special Educational Need. Intimate care tasks are associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with, or exposure of, the genitals. Examples include support with dressing and undressing (underwear), changing sanitary or incontinence pads and nappies, helping someone use the toilet or washing intimate parts of the body.

Legislation

The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance '[Safeguarding Children and Safer Recruitment in Education](#)' (2006) to safeguard and promote the welfare of pupils at this school.

The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010, which requires that any child with an impairment that affects his/her ability to carry out normal day-to-day activities must not be discriminated against.

Intimate Care Procedures

- Staff should wash their hands with soap before and after administering any type of intimate care procedure.
- Staff should wear disposable gloves and aprons.
- Any soiled areas should be cleaned after the procedure. The cleaning team should be called to assist if the soiling of an area is extreme.
- Communicate with the student throughout the procedure using their preferred method of communication and terminology for body parts and functions as agreed in the Care Plan.
- Facilitate the student's independence as much as possible.
- At the end of the procedure, get the student to flush the toilet.
- Dispose of any other waste in the hygiene bin.
- The student should wash their hands with soap. Give physical support to the student as necessary.
- The staff member should dispose of gloves and apron and wash their own hands with soap.
- The staff member should accompany the student back to their previous activity.
- The staff member should record the intimate care procedure in the log book.
- A staff member should inform a colleague, where possible, when they will be carrying out an intimate care procedure alone.
- If a staff member has carried out an intimate care procedure alone, they should advise the staff member who was initially informed that the procedure is complete.

Designated Room

The designated rooms for intimate care at Little Ilford School are 0038 (Hygiene Room) or 0065 (Autism Friendly Toilet). Hygiene supplies including soap, paper towels, gloves, disposable aprons and sanitising fluids will be kept in these rooms.

Designated Staff

Staff will be designated to a team around an individual student for intimate care by the CTL Autism, SENCo or other relevant staff member. This designation will be done as a part of the Care Plan Meeting. Parents will be advised of the staff member supporting their child's intimate care.

Training

All staff administering intimate care will be trained in school. Where appropriate, advice will be sought from Speech and Language Therapists and/or Occupational Therapists in order to meet communication, sensory and motor needs.

All students requiring apparatus will have an assessment carried out by a Physiotherapist, Occupational Therapist or other relevant professional and staff will be trained accordingly.

Safeguarding

If any staff member has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc, they will immediately report concerns to the Designated Safeguarding Lead for Child Protection or Head teacher in accordance with the school's child protection procedures.

A team of staff will be assigned to students requiring intimate care. Where possible, the same staff member will not routinely care for the same student to avoid a succession of different staff members caring for one student. This will ensure continuity of care but guard against a single staff member becoming overly familiar with any one student.

If a student becomes overly distressed when a particular staff member is administering intimate care, the staff member will be reassigned while the matter is investigated and outcomes recorded. Parents will be informed as a part of this process.

If the outcome shows that the distress is as a result of sensory or other needs relating to the student's disability, the CTL Autism, SENCo or other relevant staff member will take the lead to resolve this issue.

If a student makes an allegation against a member of staff, all necessary child protection procedures should be followed including an immediate safeguarding referral to the Designated Safeguarding Lead for Child Protection or Head teacher. This will not be discussed with any other members of staff or the staff member the allegation relates to.

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

Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. Where possible, one pupil will be cared for by one adult unless there is a sound reason for having more adults present. In such a case, the reasons will be documented. Staff members should inform another appropriate adult, e.g., class teacher, if they are going alone to administer intimate care.

Where there has been evidence or allegation of abuse of a student in the past or the risk is deemed high, two members of staff should be present for all intimate care procedures.

Recording

All staff who administer intimate care must record all occasions in the appropriate log book immediately following the procedure.

Pupil Voice

Students should be involved in their own intimate care as much as possible, even those at an early stage of communication.

Staff should always communicate carefully and directly with the student during intimate care procedures. All conversation should involve the student.

Parents

Little Ilford School recognises the importance of communication with and the involvement of parents as well as continuity of care.

Parents should be involved in intimate care planning and be informed immediately of any changes in routines. Additionally, parents should be supported and encouraged to promote independence in intimate care at home. The school can support the parents as necessary to engage other professionals such as the Continence Team, Occupational Therapists, etc.

Permission from parents should always be received at the start of the academic year.

Multi-Agency Approach

Difficulties with continence and toileting can be a developmental concern for some children with disabilities and learning needs, for example, severe Autism. In most of these cases, there will be involvement from other agencies. Where appropriate, the SENCo or CTL Autism Provision will arrange to seek advice for continence and toileting issues from other relevant professionals, for example, the Continence Team or Occupational Therapist on an individual basis and in consultation with parents.

Intimate Care Plans

All students requiring intimate care at school will have a Care Plan with intimate care details and procedures specified. This will be agreed by parents and actively involved professionals, usually in a meeting.

During this meeting, the school and the parents will agree on appropriate terminology for body parts and functions that will be used by staff members.

The plan should also account for the provision of intimate care during school trips including swimming.

This will be reviewed at least annually.

Private and Confidential

Intimate Care Plan for a Student with Toileting Needs

Name:

Date of Birth:

Address:

Learning Needs/Disability:

Autism/Severe Communication Needs

Medical Needs:

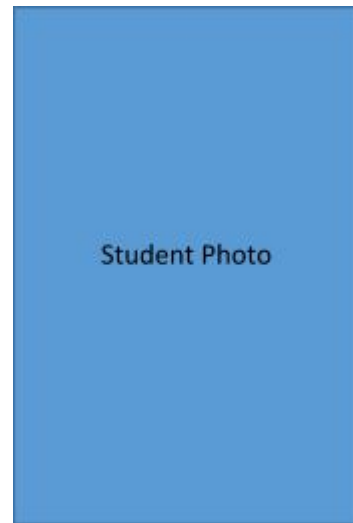
Communication Stage:

Communication Method:

Class/Form:

Date:

Review Date:



Contact Information

If an emergency is identified and ambulance called, parents must always be contacted by telephone.

Family Contact: Telephone Home:

Father: Name:

Mobile:

Mother: Name:

Mobile:

GP:

Other Professional/s:

Permission for school to provide intimate care

Name:

Date of Birth:

Address:

I/We give permission for school to provide intimate care to my/our child.

I/We will advise the school of anything that may affect issues of personal care (if medication is changed or my child has an infection for example).

I//We understand the procedures that will be carried out and will contact the school immediately if there are any concerns.

Parents:

Father:

Mother:

Signature: _____ **Date:** _____

School:

CTL Autism Provision/SENCO:

Miss Kirstie Smith or Ms Melanie Hart

Signature: _____ **Date:** _____

A review of this intimate care plan should be carried out annually. It is the responsibility of the school to initiate this review and invite relevant parties.

