Intimate Care Policy

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Name of Chair of Governors	**Dr Vivienne McCabe**
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Intimate Care Policy

This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding. There are also duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against. In meeting a child's intimate care needs it must be recognised that staff will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust. Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

The following are the fundamental principles upon which the school practice 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.

Definition

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

Aims

- To ensure that all intimate care needs for pupils is carried out directly in line with the agreements made between families and staff
- To ensure that staff are aware of agreed practice and the planning process involved, and are able to implement them.
- To ensure that where possible all intimate care decisions and plans are decided involving the pupil, family and agencies involved.

Agreed Practice

All Pupils who require regular assistance with intimate care have 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. Any historical concerns (such as past abuse) should be taken into account. Any plans should be reviewed as necessary 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.

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. 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. An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care. 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. Ideally, every pupil should have a choice regarding the member of staff that is assisting them. Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including 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. No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

Additional Care Needs Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the IEP or care plan 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. The physiotherapist should observe the member of staff applying the technique. Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes. Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

Pupils 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 health care plan or Personal Plan 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.

This policy should be read in conjunction with the Equality Statement.