




Intimate Care Policy

September 2022

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Policy Adopted By:	Bramingham Primary School Governing Body		
Policy Sign off by (Print Name)	Barbara Robinson Chair of Governors	Signature:	
Date:	29.09.22		
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	Any updates to this policy will be shared with the full governing board.		

Principles

- Bramingham Primary is committed to ensuring that all staff responsible for the intimate care of children and young people in Bramingham will undertake their duties in a professional manner at all times.
- Bramingham recognises that there is a need to treat all children with respect when intimate care is given.
- No child should be attended to in a way that causes distress or pain.
- The child's welfare and dignity is of paramount importance. Every child's right to privacy will be respected.
- Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care. Parents /Carers views will be sought and listened to with regard to every part of this policy.
- Where pupils with complex and/or long-term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.
- Members of staff will be given the choice as to whether they are prepared to provide intimate care to pupils.
- All staff undertaking intimate care must be given appropriate training.

Child Focused Principles of Intimate Care

The following are the fundamental principles upon which the Policy and Guidelines are 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.

Rationale

- The purpose of these guidelines is to set out procedures that safeguard children and young people and staff by providing a consistent approach within a framework, and that recognise the rights and responsibilities of all those involved in providing intimate care for children and young people.
- We believe that all children and young people should be able to participate in all aspects of community life so that intimate care procedures will be carried out in various settings. It is

therefore important that appropriate facilities and equipment are available wherever possible.

- We recognise that intimate care raises complex issues. Whilst it may not be possible to eliminate all risks the balance should be on the side of dignity, privacy, parental (and where appropriate pupil) choice and safety.

Definition of Intimate Care

- Intimate care involves helping children at with aspects of personal care which they are not able to undertake for themselves, either because of their age and maturity or because of developmental delay or disability.
- Children and young people with disabilities may require help with moving and handling, eating and drinking and all aspects of care including:
 - Washing
 - Dressing and undressing (including swimming)
 - Supported Eating (including tube feeding)
 - Toileting & Menstruation
 - Physiotherapy Exercise Programme/Manual handling
 - Massage/Intensive interaction
- It also includes supervision of pupils involved in intimate self-care

Aims

- Safeguard the rights and well-being of children and young people with regard to dignity, privacy, choice and safety.
- To ensure that children and young people are treated consistently when they experience intimate personal care
- Assure parent/carers that all staff are knowledgeable about intimate care and that individual concerns are taken into account and when possible are acted upon.
- Parent/carers to be involved in any decision about the Intimate Care of their children.
- To provide appropriate guidance, training, supervision and reassurance to staff, and to ensure safe practice.
- To ensure that parents/carers and children and young people [where appropriate] are actively involved in the development of agreed Intimate Care protocols.
- The school will ensure that details of an agreed individual Intimate Care protocol are shared with parents
- The child or young person's choices will be taken into consideration in developing an individual Intimate Care protocol with parent / carer agreement where appropriate.
- Provide staff with information and appropriate training in Intimate Care.

Approach to Best Practice

The management of all children and young people with intimate care needs to be carefully planned. All staff who provide intimate care need to be trained in Child Protection. Appropriate facilities and equipment will be provided.

Principles of best practice:

- allow the child or young person to care for him/herself as far as possible, to encourage independence and to encourage him/her to carry out aspects of intimate care as part of his/her personal and social development.
- children who require regular assistance with intimate care will have health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. The plan should be agreed at a meeting at which all key staff and the child should also be present wherever possible/appropriate. 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.
- Where relevant, it is good practice to agree with the child and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.
- Where a care plan 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 wet or soiled him/herself).
- 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
- Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.
- 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 age.
- Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care.. Wherever possible, the pupil's wishes and feelings should be sought and taken into account. However, our expectation is that two members of staff should be present, with only one, where possible, attending the child's needs.
- Adults who assist children 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.

Communication regarding Intimate Care - Letter of Permission

Permission must be sought from the parent/carer before any form of regular Intimate Care is undertaken. All those staff working with the child or young person should know that permission has been given before undertaking any Intimate Care.

It is good practice to maintain a regular communication system to pass information between the school and home. Information such as:

- how well a child or young person has eaten/or what she/he ate
- particular achievements
- information such as seizures, medical procedures
- any changes in toileting procedures

Communication

Staff Communication with Parents

- Information on sensitive issues such as Intimate Care will be communicated to parents by telephone, sealed letter or personal contact as appropriate.
- Have an understanding of parental and cultural preferences and take account of these.
- Continue to maintain confidentiality and dignity for the parent/carer

Staff Communication with the Child or Young Person

- Appropriate use of language, signs, symbols, photographs or objects should be used as appropriate at all times.
- Staff should work in a reassuring, supportive and focused manner with the child or young person when involved in intimate care

Management responsibilities:

- To ensure that staff will receive ongoing training in good working practices which comply with health and safety regulations such as hygiene procedures; manual handling; awareness of medical conditions and associated first aid/ child protection procedures; and other aspects of Intimate Care.
- To keep a record of training undertaken by staff and to ensure that refresh and updating training is provided where required.
- To provide an Induction programmes for all new staff and to ensure that they are made fully aware of the individual Intimate Care protocols for the children and young people they are supporting.
- To ensure that all new staff are familiar with the school Intimate Care policy and relevant individual Intimate Care protocols and that they receive the appropriate assistance from experienced staff to provide the children and young people they are supporting with the Intimate Care as outlined in their individual protocols.

Staff Responsibilities:

- Staff must be familiar with the Intimate Care policy/procedures.
- Staff must adhere to health and safety and intimate personal care policies and procedures and must report any health and safety concerns to management within their establishment.
- Designated staff will liaise with parents/carers and other appropriate services over the development and implementation of the agreed Intimate Care protocol.
- Designated staff will liaise with other professionals regarding specific aspects of Intimate Care (e.g. physiotherapy) and their advice will be included in the child or young person's individual Intimate Care protocol.
- Designated staff will take part in training for any aspect of Intimate Care

Safeguarding

- We 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 children at Bramingham.
- We have responsibility to safeguard and promote the welfare of the children and young people in our care. Meeting a pupil's intimate care needs is one aspect of safeguarding.
- The Governing Body and staff recognise their 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.

- This intimate care policy should be read in conjunction with the schools' policies as below
 - 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

Appendix 1

GUIDANCE ON PROVIDING SPECIFIC TYPES OF INTIMATE CARE

Hand Hygiene

Good hand washing is the single most effective way of stopping germs from getting into our bodies and causing infection. Liquid soap is better than solid soap because it is less likely to become contaminated. In some circumstances it may be necessary to disinfect with an alcohol disinfectant solution e.g. when a child has an infectious disease. Disposable paper towels are the best option for drying hands because damp towels can harbour germs. Don't assume children know how to wash their hands.

Hand washing procedure

1. Wet hands under warm running water.
2. Apply a small amount of liquid soap.
3. Rub hands together vigorously ensuring soap and water is applied to all surfaces of the hands. Be sure to rub between fingers, the palms and the back of the hands.
4. Rinse hands under running water.
5. Dry hands, preferably using paper towels.

Dressing (Including swimming)

- Ensure facilities provide privacy and modesty e.g. separate toileting and changing for boys and girls or at least adequate screening.
- Separate changing cubicles should be available for swimming sessions.
- Pupils should be encouraged to dress/undress themselves independently.
- There should be a clear plan, appropriate to each individual for (un)dressing for those who require supervision.
- When using Public Facilities e.g. staff should be aware in advance of the nature of the facilities, and to ensure the dignity of each participant in the activity.

Procedure for undressing and dressing pupils who require full support: (swimming or when soiled)
Ensure privacy before procedure. Two members of staff must be present when assisting with dressing and undressing.

1. Remove clothing from lower body first
2. Put on swimming costume/or wash as required
3. Ensure lower regions are covered before removing garments from upper body

4. Encourage pupil to assist whatever way possible
5. Refer to moving and handling procedure for safe movement of pupil and safety of staff
6. Refer to swimming pool procedures for further information.

Supported Eating

Eating is a social occasion

- Positioning: - a clear description, agreed by the team involved as to where the pupil will eat meals
- Pupils should be encouraged to eat as independently as possible and make choices where appropriate

Procedure for supported eating

1. Ensure pupil is well positioned in chair in a stable upright position
2. If protection for clothing is required it should be appropriate to the age of pupil i.e. disposable paper napkin
3. Follow each pupils guidelines for feeding
4. Dry hands, preferably using paper towels

Spoon Feeding Positioning:

- Ensure that the child is well positioned in his/her chair in a stable, upright position and that his/her head is in the mid-line and aligned with his/her body.

Method:

- Give the child his/her signifier for the mealtime and allow him/her to smell the food he/she is about to taste.
- Use adapted cutlery as advised by the OT.
- Take the spoon to child's mouth and hold it still just in front of his/her mouth so that he/she is aware of where it is. Let him/her choose to touch it and see it.
- Allow pupil to come forward and taste the food of the spoon and move away from it as he/she pleases.
- Do not force him/her to eat the food. Let it be on his/her own terms.
- Given time, the pupil may bring his/her own hand to the spoon and guide it to his/her mouth.
- When placing the spoon inside child's mouth apply firm pressure downwards and slightly back on his/her tongue with the bowl of the spoon.
- Hold the spoon still and wait for a reaction.
- Look for child's upper lip to come downwards towards the spoon.

- Remove the spoon on a horizontal angle and try not to scrape the food off his/her teeth and upper lips.
- Allow the child plenty of time to finish one spoonful completely before giving him/her another spoonful.
- If the child tightens his/her lips and clenches his/her teeth on presentation of the spoon, do not try to force him/her.
- Acknowledge that he/she has communicated that he/she is finished.

Children using nappies/Pull-ups

- Nappies / pull ups will be provided by the parent / carer.
- A clean disposable apron and gloves will be worn every time a child is changed.
- If children require a changing bed and hoist, children will be changed in the Dell toilet. Staff will be trained in using the hoist for transitions.
- Where possible and appropriate, children will be encouraged to remove the pull-up themselves
- Children will be changed standing up where possible.
- Whilst changing, children's skin will be wiped with one or more disposable wipes.
- Used nappies/pull-ups and wipes will be put into a bag and disposed of in the clinical waste bin situated in the Dell toilet.
- The changing area will be cleaned with disinfectant spray and paper towels. Paper towels will be disposed of in the clinical waste bin.
- Used gloves and aprons will then be disposed of in the waste bin.
- Hands will then be thoroughly washed.
- In the event that a child, because of the nature of their needs, is unable to be changed safely and calmly the parent/carer will be called.
- Where appropriate, the method of changing procedure and language used will be discussed / modelled between parents/carers and staff to ensure continuity.
- Parents will provide enough spare nappies, wipes, nappy sacks, change of clothes to meet their child's needs.
- Parents will inform school if there is a change in medication/routine that may affect continence.
- Parents will inform school of any rashes/marks on their child.
- Home and school will encourage the child's participation in toileting procedures wherever possible to promote independence and work towards full continence where possible.

Toileting and Menstruation Guidelines

- Two members of staff must be present for toileting
- Provide facilities, which afford privacy and modesty, with a separate toilet for girls and boys. These should be clearly marked. Screening should be provided where necessary e.g. when an individual requires nappy changing.
- There should be sufficient space, heating and ventilation to ensure the individual's safety and comfort.
- Staff should be trained in the use of hoists and manual handling if lifts are required
- There should be appropriate and specialised toilet seats provided for the size and physical needs of the child or young person. A step may be necessary for younger children.

- Staff must receive training in good working practices, which comply with health and safety regulation, such as wearing of appropriate disposable gloves for certain procedures and methods of dealing with body fluids.
- Ensure that adequate facilities are provided such as toilet paper, liquid soap, paper towels, "potties" bin for disposal of soiled pads.
- Supplies of suitable cleaning materials must be provided for cleaning and disinfecting areas.
- Items of protective clothing such as disposable gloves and aprons must be provided and readily accessible.
- Supplies of fresh clothes should be available when required.
- The event is recorded and initialled by the member of staff who changes the child. Any issue or problem, such as bad nappy rash, which may have arisen or been noticed should also be recorded. This should be shared with the parent/carer and a copy of the written record supplied.
- All staff must be made aware of good hygiene and its implications.

Physiotherapy/Exercise Programmes/Manual Handling Procedures

- For some children and young people physiotherapy/exercise and manual handling procedures are advised by qualified physiotherapists and regularly delivered by school staff. Children who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the Education Health Care Plan or health 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
- Parents/carers and Health and Education personnel involved should agree all aspects of the programme. Many exercises involve touch and should be carried out in line with the professional advice. It is recommended that this advice be given in writing.
- Regular consultation with all parties is recommended, in order to identify any changes required and ongoing training to be given as and when required.
- Any agreed moving and handling procedures should be followed at all times.
- It is the responsibility of individual staff to monitor his/her own safety at all times and continually assess the risks involved.
- 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 SENCo Assistant who will inform the physiotherapist.

Medical Procedures- e.g. catheter/ gastrostomy

- Some children 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 and health professionals and documented in the health care plan or intimate care plan.
- Medical procedures will only be carried out by trained members
- There must be a record each time the procedure is carried out

- It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.



Intimate Care Plan

Name of Child	
D.O.B:	
Intimate Care procedure	
Name of person(s) administering Intimate Care	
Where Intimate Care will take place	
Frequency/ timings in day	
Resources/ equipment required	
Resources/ equipment provided by parents	
Disposal of waste products	
Infection control measures	
Training requirements for staff (include dates of when staff are trained)	
Views of child	

Views of parent	
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Parent (Name).....Signature.....

School Staff (Name).....Signature.....

Date.....