



The
Westminster
School



Intimate Care Policy 2017/2018

Safe Happy and Learning Together
*Building foundations and providing
opportunities to create confident,
aspirational and independent members
of our community.*

Approved by Governing Body on: 08/06/18

Signed by Chair of Governors:

Ken Oho

Head Teacher:

C Hill BEd NPQH

Lead Personnel:

J Turner

Date of Review:

08/06/21

All children at The Westminster School have the right to be safe and be treated with dignity, respect and privacy at all times so as to enable them to access all aspects of The Westminster School.

This policy sets out clear principles and guidelines on supporting intimate care. It should be considered in line with our Safeguarding Policy, Health and Safety Policies and Administering of Medicines policy.

This policy supports the safeguarding and welfare requirements of the Disability Discrimination Act 2005 and Code of Practice 2014: The Westminster School will ensure that:

- No child's physical, mental or sensory impairment will have an adverse effect on their ability to take part in day to day activities.
- No child with a named condition that affects personal development will be discriminated against.
- No child who is delayed in achieving continence will be refused admission.
- No child will be sent home or have to wait for their parents/carer due to incontinence.
- Adjustments will be made for any child who has delayed incontinence or medical conditions affecting incontinence.

Part 1 - Guiding Principles

These three fundamental guiding principles are paramount and should be evident whenever intimate care involving children or young people is considered.

1st Principle

Every intimate care procedure must be completed within an atmosphere of total respect and dignity both for the individual receiving care and for the person involved in giving the care.

2nd Principle

Every plan supporting intimate care must demonstrate how the child/young person can be enabled to develop their independence as far as reasonably practical for the child/young person.

3rd Principle

The number of adults engaged in the care should only reflect the minimum needed to perform the task safely and respectfully. Each situation should reflect both the safety and vulnerability of children/young people and staff.

What is Intimate Care?

Intimate care encompasses areas of personal care, which most people usually carry out for themselves. However some people may be unable to do so because of an impairment or disability. Children or young people might require help with eating or drinking, washing, dressing, toileting and help to deal with menstruation.

What is invasive Care?

Invasive care is an aspect of personal care where a procedure used for the care of an individual involves a further proximity to a person's body. This is to the point where equipment of medication needs to enter the body space, for example, medication administered anally or by injection. These are medical procedures and can only be undertaken in a school setting by an appropriately trained person. These procedures need to be supported by a clear medical protocol endorsed by the supporting Health Professional.

Good practice in Intimate Care

Wherever possible, intimate care provided to older children and young people should be carried out by a staff member of the same gender. The religious and cultural values of children and families must also be taken into account. The following positive approaches will assist in promoting good practice for intimate care:

- Staff should get to know the child or young person well beforehand and be familiar with his/her moods and methods of communication.
- Staff should speak to the child personally by name so that he/she is aware of being the focus of the activity.
- Staff should have knowledge and understanding of any religious and cultural sensitivities related to aspects of intimate care and take these fully into account.
- Staff should enable the child or young person to be prepared for or anticipate events while demonstrating respect for his/her body, e.g. by giving a strong sensory or verbal cue such as a sponge or pad to signal intention to wash or change.
- Staff should ensure that the child or young person's privacy and modesty is respected and protected.
- Staff should agree with the child or young person and their family appropriate terminology for private parts of the body and functions. Best practice in personal safety work would be to use the correct anatomical names for intimate body parts.
- Staff must always communicate in an age appropriate way taking into account the child or young person's developmental level and their preferred communication method.
- Staff should keep records, which note a child or young person's responses to intimate care and any changes in behaviour.
- If a member of staff has concerns about physical changes in a child or young person's presentation, e.g. unusual anxiety, bruising, soreness etc they will immediately report their concerns to the Designated Safeguarding person and log them.
- An appropriate written plan for intimate personal care should be agreed with the child or young person and their family.
- Ensure that intimate care is consistent across home, school and other settings as far as possible.
- Staff should be aware of their own limitations, only carrying out procedures they understand and feel competent and confident to carry out. If in doubt staff should ask.

- Cameras (including mobile phones) must not be taken or used by staff in areas where intimate care is carried out.

Partnership with Parents/Carers

Staff at The Westminster School will work in partnership with parents/carers to provide care appropriate to the needs of the individual child and together will produce a care plan. The care plan will set out:

- What care is required
- Number of staff needed to carry out the task (if more than one person is required, reason will be documented)
- Additional equipment required
- Child's preferred means of communication (e.g. visual, verbal). Agree terminology for parts of the body and bodily functions.
- Child's level of ability i.e. what tasks they are able to do by themselves.
- Acknowledgement and respect for any cultural or religious sensitivities related to aspects of intimate care.
- Be regularly monitored and reviewed in accordance with the child's development

Parents/Carers are asked to supply the following:

- Spare nappies
- Wipes, creams, nappy sacks etc
- Spare Clothes
- Spare underwear
- Sanitary towels

Best Practice

When intimate care is given, the member of staff explains fully each task that is carried out, and the reason for it. Staff encourage children to do as much for themselves as they can, lots of praise and encouragement will be given to the child when they achieve.

All staff must have a DBS check. Staff members who are identified to change a child with known needs plan and record their work with that child.

Safeguarding

Staff are trained on the signs and symptoms of child abuse and are aware of the DFES booklet 'What to do if you think a child is being abused' and will follow the guidance given in line with The Westminster School Safeguarding and Child Protection policy.

If a member of staff is concerned about any physical or emotional changes, such as marks, bruises, soreness, distress etc. they will inform the Designated Safeguarding Person (DSP) immediately. The Safeguarding Policy will then be implemented.

Should a child become unhappy about being cared for by a particular member of staff, the DSP will look into the situation and record any findings. These will be discussed with the

child's parents/carers in order to resolve the problem. If necessary the DSP will seek advice from other agencies. (Please remember that you need parental permission to talk to any agency about a specifically named child.)

If a child makes an allegation against a member of staff, the procedure set out in the Safeguarding Policy will be followed.

Dealing with body fluids

Urine, faeces, blood and vomit will be cleaned up immediately and disposed of safely by Interserve. Soiled children's clothing will be bagged to go home - staff will not rinse it. Children will be kept away from the affected area until the incident has been completely dealt with. Children will be encouraged to shower if appropriate.

All staff maintain high standards of personal hygiene, and will take all practicable steps to prevent and control the spread of infection.

Moving and Handling

Assisting personal care tasks may present challenges for moving and handling. At all times the child/young person's wishes and choices must be considered, but procedures must also take into account the safety of the people who are assisting.

Manual handling risks need to be assessed and identified and measures put in place to reduce the risk as required. This may involve small items of equipment such as grab rails or steps, or may be more complex equipment such as mobile or ceiling track hoists and electric height adjustable changing benches.

Advice as to the best moving and handling procedures to support an individual can be requested via the Occupational Therapy (OT) and Physiotherapy (PT) service specifically addressing the needs of the individual who requires the assistance. If the individual is not known to the children's OT or PT service then a referral can be made.

In the same way as an intimate care plan is required, there also needs to be a clear protocol for the moving and handling procedures identified for the task. This should clarify who and how these procedures are to be undertaken. This also needs regular review due to changing circumstances. At minimum, annual training is needed and more frequently in the event of changing staff or circumstances.

The Intimate Care Plan

Having identified as far as possible, with the child/young person the most appropriate procedures and methods to ensure the personal care is met, it is advised to produce an "Intimate Care Plan". This is a signed record of agreed procedures and persons who are engaged in the task. It states the aims and purpose of the activity and how this is to be met. As situations are subject to change, this needs to be reviewed on a six monthly basis. In some instances, review will need to be made on a more frequent basis. See Appendix for Model Intimate Care Plan and Guidance.

Visits and “Out of School” Activities

A school/setting may have robust procedures and plans in place for the day to day intimate care needs of a child or young person, but further consideration will need to be taken in good time before a trip or for an “out of school” activity. School/settings need to consider whether the intimate care needs of the child/young person are included in their generic risk assessment.

Advice can be requested from the Occupational Therapist who supports the child/young person in school if required.

This policy aims to manage risks associated with toileting and intimate care needs and ensures that employees do not work outside the remit of their responsibilities set out in this policy.



Appendix

Intimate Care Plan

Pupil's name	DOB	School
Reasons for the plan:		
Level of supervision:		
What assistance is required?		
When?		
Where?		
Facilities and Equipment		
Any equipment required to be listed		
If toilet training programme, list details		
The plan will be monitored by Class Teams, Team leader, AHTs and School Nurse		This plan was completed by: Date: Date for review

This plan has been agreed by:			
Designation	Name	Signature	Date
Parent/Carer			
SENCo	J Turner		
Teacher(s)			