

Intimate Care Policy

May 2021
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Introduction

- At Southgate School, staff will realise that the issue of intimate care is a sensitive one; they will treat all young people with respect, consideration and dignity at all times.
- Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with, or exposure of, the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or bathing. It also includes high levels of supervision of young people involved in intimate self-care.
- Southgate School is committed to ensuring that all staff responsible for the intimate care of young people will undertake their duties in a professional manner at all times.
- All pupils will access developmentally appropriate curriculum around PSHCSRE, including personal safety, relationship education and personal care routines.
- All staff have a duty of care to all young people, and therefore may be asked to help with intimate care.

Best Practice

- Young people's dignity will be a main priority and a high level of privacy, choice and control will be provided. All staff are aware of confidentiality procedures and sensitive information will only be shared with those who need to know.
- Young people will have staff known to them to support their intimate care where ever possible.
- Young people will be encouraged to achieve the highest level of autonomy that is possible given their age and abilities. Each young person will be supported to do as much for themselves as they can.
- There will be careful communication with each young person, using their preferred method of communication, to understand their needs and preferences. Where there is appropriate developmental understanding, consent should be sought before starting in intimate procedure.

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- Staff regularly involved in intimate care will be trained to do so, including Safeguarding. Health and safety training in moving and handling or using specific equipment will be provided where necessary. This may be provided by external agencies but is often 'cascaded' within the staff team.
 - The environment should be carefully considered to provide comfort and dignity throughout the intimate care. This will usually be a hygiene suite or toilet.
 - Best practise regarding infection control will be adhered to, including the need to wear disposable gloves and aprons, disposable sheets on beds and to clean equipment after each use.
 - Each time staff support a young person with their intimate care it will be logged on the individual pupil's Intimate Care Record. These will be easily accessible e.g. in the specified toilet/hygiene room.

Intimate Care Plans

- If a young person has had an 'accident' or needs one-off help with intimate care, best practice will be followed by 1 familiar member of staff and parents will be promptly informed. An Intimate Care Plan is not needed.
- For young people who need regular intimate care (monthly or more frequent), an Intimate Care Plan will be written with input from parents, staff and other agencies if appropriate e.g. physiotherapists or school nurses. Staff at Southgate School will work in partnership with parents/carers to provide continuity of care to young people wherever possible.
- Intimate Care Plans will communicate the needs of individual young people, taking into account developmental and personal changes such as medical issues, religious and cultural views of young people and families, the onset of puberty or menstruation and any historical concerns (such as past abuse).
- Intimate Care Plans should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. change of class, onset of puberty etc. They should also take into account procedures for educational visits/day trips.
- In Foundation Stage, Key stage 1 & 2, intimate care may be appropriately delivered by cross gender support (where all parties feel comfortable with that arrangement). In Key Stage 3 & 4 (or at the onset of puberty if earlier) intimate care will only be delivered by same gender members of staff. If instances of a genuine emergency arise, cross gender care may only be delivered by 2 members of staff.

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- It is not always practical or necessary for 2 members of staff to assist with intimate care and this does not always take account of the young person's privacy. This will be discussed and agreed by all parties within an Intimate Care Plan.
 - Parents/Carers will be asked to supply appropriately sized nappies/pads, wipes, disposable bags and appropriate menstrual care supplies, as appropriate. The school will supply disposable gloves, aprons and sheets for changing beds.

Child Protection

- The school Safeguarding Policy and Inter-Agency Child Protection procedures will be accessible to staff and adhered to.
- From a safeguarding perspective, it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a young person's body. It may be unrealistic to expect to eliminate these risks completely, but in this school best practice will be promoted and all adults will be encouraged to remain vigilant at all times.
- If a member of staff has any concerns about physical changes in a young person's presentation, e.g. marks, bruises, soreness etc. he/she will immediately report concerns to the Designated Safeguarding Lead and complete a clear record of the concern on CPOMS. This will then be dealt with following the Safeguarding Policy.
- If a young person becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. The young person's needs and wishes will always be given priority and rotas will be altered accordingly.
- If a young person makes an allegation against a member of staff, all necessary safeguarding procedures will be followed.
- Any adult who has concerns about a member of staff, regarding improper practise, will report this to the Headteacher (or to the chair of governors if the concern is about the Headteacher).

Other areas to consider

- **Covid 19** – If a pupil displaying symptoms of Covid-19 requires personal care support, Enhanced PPE (e.g. grab bag) should be used in addition to standard PPE (gloves and apron.) Where possible, open the window of the hygiene room/toilet to increase ventilation and maintain social distancing where possible. (April 2021) See Southgate Covid-19 Risk Assessment for any additional/updated information.
- Massage is now commonly used with children with complex needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation. It is recommended that massage by school staff should be limited to parts of the body such as hands, feet and face.
- Some children may require assistance with invasive or non-invasive medical procedures, such as rectal medication. This will be outlined within a Health Care Plan and only carried out by appropriately trained staff.
- If an examination of a young person is required for emergency First Aid it is advisable to have another adult present.
- Children who have physiotherapy whilst at school should have this carried out by a trained physiotherapist. If a member of school staff needs to implement part of a physiotherapy regime with a young person, this should only be done after appropriate demonstration and documented guidance from a physiotherapist.

April 2011 V.A.Tipling

Reviewed 2014 N Rogers

Amended and reviewed 2017 Ruth Perfitt

Amended and reviewed 2019 Ruth Perfitt

Amended and reviewed 2021 Charlotte Gaffigan

APPENDIX 1: Example High Support Intimate Care

Child's name:

Class:

Names of staff involved:

Level of support required, routines, visuals etc	<p>High Levels of support are required.</p> <ol style="list-style-type: none"> 1. ##### will ask to go to the toilet. If he wants to go we tend to take him as he can struggle to wait. Toilet times are timetables prior to the beginning of each session. 2. ##### will independently collect his hygiene bag. 3. ##### will go to the hygiene room and enter independently and sit on the toilet independently. ##### will sit down to complete all his toileting, he does not stand. 4. The adult will wait at the door which isn't full closed. After a little while the adult will ask if he requires help, if he has finished. If he has finished he will say yes. This is a personalised yes, those less familiar to ##### may have difficulty understanding him. 5. If ##### has just urinated a hygiene wipe is passed to him and he will clean himself. This wipe is placed in the hygiene bin so as not to block the system. ##### can dress himself, he requires a verbal prompt to wash his hands and to dry his hands. 6. If ##### has had a poo he requires support from the adult to clean him. Hygiene wipes are used which are disposed on in the hygiene bin. 7. ##### will dress himself, again as stated previously he will require a prompt to wash his hands. 8. If ##### requires a change of clothes, Hygiene wipes are used which are disposed of in the hygiene bin. If the shower is required ##### will be encouraged to wash the areas as independently as possible. Verbal prompts are given to direct the shower head, hand over hand is sometimes required to help him direct the shower head. ##### can take his own clothes off and dress himself with very little support.
Resources/equipment required (including who will provide them)	<ul style="list-style-type: none"> • Hygiene Bag; Hygiene gloves, wipes, Hygiene bags to dispose of the wipes. • Change of clothes. • Hygiene Bottle.
Location of suitable toilet facilities	<p><input type="checkbox"/> ##### is always toileted in the Hygiene Room.</p>
Frequency of support	<p><input type="checkbox"/> Daily, whenever ##### uses the toilet.</p>

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Additional information (e.g. trips, sensitivities)	<input type="checkbox"/> A familiar adult, he be reluctant to go to the toilet with an unfamiliar adult.
Any identified risks and how they will be reduced.	<input type="checkbox"/> If the toilet is too small to enable you to support him i.e. not the Hygiene room staff cannot get in to support him. ##### is just too big. <input type="checkbox"/> No behaviour risk.

Date of Plan: Sept 18 Reviewed: Jan 19

Next Review: July 19.

Working toward Independence

Child will try to	Support staff will	Target achieved (date)
<ul style="list-style-type: none"> ##### knows he requires his hygiene bag. I want to develop his independence around toileting. I have spoken to mum as we are seeking further support when he uses the toilet. ##### since coming back from his holidays ##### requires reminding to wash his hands. 	Initially wait to see if ##### washes his hands without a verbal prompt. If ##### forgets give the prompt.	

Signed _____	(Parents/Carers)
Signed _____	(Member of staff)
Signed _____	(Member of staff)
Signed _____	(Member of staff)
Signed _____	(Child, if appropriate)

APPENDIX 2: Example Low Support Intimate Care

Child's name

Class

Names of staff involved

What happens? E.g. Level of support, 1:1 or 2:1 staffing, routines, visuals etc.	<ul style="list-style-type: none"> 1:1 Taken to Toilet by staff to regularly to prevent soiling. Staff reinforce expectations of good hygiene routine following a bowel movement. Staff wait outside the door while ##### independently uses the toilet. On completion of visit staff discuss with ##### what he has done & level of cleaning / changing he has needed. Staff then enter the room to check laundry bag is hygienically sealed and that the appropriate waste container has been used for wet wipes if used.
Resources/equipment required (including who will provide them)	Packs of wet wipes, laundry bag (provided by school). Clean underpants & changes of clothing (provided by home).
Location of suitable facilities	Pupil accessible toilet (toileting needs).
Frequency of support	Toileting as required (typically in the morning on arrival, once more during the morning and once in the afternoon), always prior to any trips out of school.
Additional information (e.g. trips, sensitivities)	##### has an outings bag containing wet wipes and a change of underwear for outings.
Any identified risks (e.g. health & safety, medical, behaviour) and how they will be reduced.	Due to known sexualised behaviours and #####'s ability to meet his own needs ##### is to complete all hygiene tasks alone.

Date of Plan ____ 5.2.19 ____

Review date ____ Sept 2019 ____

Working towards Independence

Child will try to	Support staff will	Target achieved (date)
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<p>Talk through hygiene needs without prompts. Identify when he may need the toilet to prevent soiling. Identify & accept frequent toilet visits as a means to prevent soiling. Be honest with staff during pre-emptive & reflective discussion about his bowel movements / soiling & toileting needs.</p>	<p>Use discretion around routines to minimise stigma. Be honest & use appropriate language in discussion about #####'s' needs. Ensure routines are followed and implemented in order to ingrain routines.</p>	
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Signed _____	(Parents/Carers)
Signed _____	(Member of staff)
Signed _____	(Member of staff)
Signed _____	(Member of staff)
Signed _____	(Child, if appropriate)

We have carefully considered and analysed the impact of this policy on equality and the possible implications for pupils or staff with protected characteristics, as part of our commitment to meet the Public Sector Equality Duty (PSED) requirement to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations.