



Personal/Intimate Care Policy

'Building for Successful Futures'

Formally adopted by the Governing Board of	Fred Nicholson School
Chair of Governors	Hilary Bradshaw
Policy Holder	Headteacher
Policy Contributor	Heads/Leads of Areas
Last updated	Spring 2020
To be Reviewed	Spring 2021 (Full Committee)



Personal/Intimate Care Policy

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Introduction

The purpose of these guidelines is to set out a framework within which staff who provide personal / intimate care to children with special needs can offer a service and approach which acknowledges the responsibilities and protects the rights of everyone involved. At Fred Nicholson School we are committed to ensure that all staff responsible for providing personal / intimate care undertake their duties in a professional manner. The Governing body recognises its duties and responsibilities in relation to the Disability Discrimination Act / Equality Act, 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. All cultural differences and requirements will also be taken into account.

From a child protection perspective, personal / intimate care involves risks, both for children and adults. By acknowledging these risks, we create an awareness of the importance of maximising safety for all concerned and promoting the best interests of the child. It is also important that staff feel confident in their practice and that if there are training needs these are highlighted. No child will be attended in a way that causes embarrassment or pain. Staff will work in close partnership with parents / carers and the child to share information and provide continuity of care.

It is the right of the child to be treated with sensitivity and respect, and in such a way that their experience of personal / intimate care is a positive one. As far as possible, the child should be allowed to exercise choice and should be encouraged to have a positive image of his/her own body. A range of communication will be used so the child can understand the process of care for their need and the named staff that will be providing that care for them.

Aims

Legislation

Under the provisions of the Children Act 1995 there are a number of themes that protect the rights of children in need with disabilities. They include:

- Regard should be given to the views and wishes of the child;
- Professionals involved with children should seek to work in partnership with the child's family.
- All appropriate information and plans will be shared and agreed with individual need.

Broad Guidelines

Definition of Personal / Intimate Care

Personal care encompasses areas of care which most people usually carry out for themselves but some are unable to do so because of impairment or disability.



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. Disabled children and young people may be unable to meet their own care needs for a variety of reasons without the support of staff. At Fred Nicholson School we aim to provide graded support for this care.

Principles of good practice

These are the principles that we as a school will work to and will form the basis of our induction process:

- Allow the child, wherever possible, to express their feelings and wishes regarding his/her carer.
- Speak to the child by name and give explanations of what is happening using their preferred means of communication to ensure they understand..
- Ensure privacy is appropriate to the child's age and the situation.
- Encourage the child to be independent as appropriate for their individual needs.
- Be aware and responsive to the child's reactions.
- Male members of staff should not be involved in providing routine intimate care for girls. Boys should be asked if they would prefer a male member of staff to support them. (This can be a difficulty when there are a limited number of men in school).
- When washing always use a disposable flannel or wet wipes and encourage the child to wash private parts of their body. Individual need will be indicated in personal / intimate care plan.
- Provide facilities that provide privacy and modesty.
- Staffing levels must be taken from key below, however, if a child is difficult to move or handle or if the child or member of staff requests this the 2 staff must be available. Be aware that whilst the presence of two people may be seen as providing protection against allegations of abuse, it further erodes the privacy of the child.
- Barrier care must be adhered to by using items of disposable clothing, such as gloves and aprons, which should be provided and readily accessible. It is essential that these are used and disposed of in the correct manner.
- Special bins should be provided for the disposal of used protection.
- Supplies of cleaning materials should be provided for cleaning and disinfecting changing surfaces.
- Supplies of fresh towels, for modesty, and spare clothes should be easily to hand so that the child is not left unattended either with one staff member or on their own.
- Checks should be made beforehand that suitable facilities are available for personal / intimate care on excursions and residential trips.



Staffing Levels

- *1:1 staffing - Level 1:*
Verbal support only - visual reminders within the toilet and verbal reminders from staff who remain outside of the toilet.
- *2:1 staffing - Level 2:*
Verbal and physical support - Visual reminders within the toilet and verbal reminders from staff who support from inside of the toilet.
- *2:1 staffing - Level 3:*
Verbal and physical support - Visual reminders within the toilet and verbal reminders from staff who support from inside of the toilet with menstrual issues possible undressing, placement of sanitary protection, and redressing.
- *2:1 staffing - Level 4:*
Verbal and physical support - Needed from staff who support from inside of the toilet at all times with physical care including undressing, wiping and re - dressing, possible hoisting and manual handling care.

Training/Induction

- Staff will receive guidance on good working practices which comply with health and safety regulations such as barrier care for certain procedures and methods for dealing with body fluid spillages and manual handling if required.
- Staff who provide personal / intimate care are trained to do so (including Safeguarding, Moving and Handling and Barrier care where appropriate) and are fully aware of best practice.
- Where specialist equipment and facilities above that currently available in the school are required, every effort will be made to provide appropriate facilities in a timely fashion, following the assessment by a Physiotherapist and / or Occupational Therapist.
- Staff will be supported to adapt their practice in relation to the needs of the child / young person taking into account the development changes such as onset of puberty and menstruation.
- Staff will be provided with the opportunity to discuss with the Head of Care concerns that they may have around providing personal / intimate care for children.

Recording Personal / Intimate Care

- Personal / Intimate Care Plans will be drawn up only if regular support of this nature is deemed necessary using information shared by parents and carers. From this information, a working document will be drawn



up for staff to use on a daily basis which shows the level of support needed, the room where care will take place, supporting staff and the strategies used to encourage independence. The level of care will be agreed within this document until a change of need is recognised or updated on an annual basis. Named supporting staff.

- Incidents of *personal / intimate care* being carried out should be recorded in a bound book provided noting any concerns or changes in the behaviour of the child. These will be monitored by the Head Teacher on a regular basis. Any concerns should be raised immediately with the Head Teacher.

Partnership with Parents

- Personal / intimate care will only be carried out as an emergency before it is raised with parents and carers. Much of the information required by the school to make the process of personal / intimate care as comfortable as possible for the child is available from the parents. They should be closely involved with sharing information for the document that staff will work from once personal / intimate care arrangements are finalised.
- Wherever children can learn to assist in carrying out aspects of personal / intimate care, they should be encouraged to do so. Children and young people will be supported to achieve the highest level of independence possible according to their individual needs and abilities. This should be seen alongside the school's PSHCE programme and Residential Life Skills programme, in terms of giving children life skills and developing their independence. The needs and wishes of the children and their parents will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation.

Boarding

- The child's key worker discusses Personal / Intimate Care with their parents/carers in the initial visit made to discuss boarding at the Tree House. The level of care is agreed as in school and the plan is signed by the parent once prepared. Independence in this area should be the initial target addressed when boarding commences using a range of supporting strategies that will be shared with home to ensure consistency and continuity.

Confidentiality

- Sensitive information about a child should be shared only with those who need to know, such as parents and other members of staff who are specifically involved with the child. Transport staff and other agencies should only be made aware of issues that may be necessary to keep the child or staff safe.

Home/school liaison

- Parents and staff should be aware that matters of personal / intimate care will be dealt with confidentiality and sensitively and that the



young person's' right to privacy and dignity should be maintained at all times. When compiling reports, staff should be circumspect in what they record regarding personal / intimate care. If care of this nature is given as an emergency, it must be recorded as a nagging doubt and parents are to be informed the same day via telephone or a sealed letter, not in the home/ school diary.

Child Protection

The Governors and staff of Fred Nicholson School recognise that disabled children are particularly vulnerable to all forms of abuse. Child Protection and Multi-Agency Child Protection procedures will be adhered to at all times.

If a member of staff has any concerns about physical changes in a child's presentation (unexplained marks, bruises or soreness for example) s/he will immediately report concerns to the Designated Person for Child Protection. If a child becomes distressed or unhappy about being cared for a particular member of staff, the matter will be investigated at an appropriate level and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of the process of reaching a resolution. Further advice will be taken from partner agencies.

If a child makes an allegation about a member of staff this will be investigated in accordance with agreed procedures.

Links to Other Policies

Health & Safety
Safeguarding including Child Protection
Staff Recruitment and Verification
Medical Policy
Touch Policy
Lone Working Policy
Single Equality
Pupil Well Being

Equality Impact Statement

The Governors have reviewed this policy giving due regard to their responsibilities with respect to the equalities agenda, in line with recent legislation. They believe that the policy reflects a positive attitude and approach to all members of the school community.

Policy Approved by:

A handwritten signature in black ink, appearing to read 'Hilary Bradshaw', is written over a white background within a rectangular box.

Chair of Committee

*To be ratified on 09.12.20



APPENDIX A
Record of other agencies involved

Pupil's name:

DoB:

Name/Role	Address/Phone/e-mail
Parent/Carer	
GP	
School nurse/Health visitor Asthma Nurse Epilepsy Nurse	
Continence adviser	
Physiotherapist	
Occupational Therapist	
Hospital consultant	
Educational Psychologist	
Social Worker	



APPENDIX B

Toileting plan discussion with parents/carers

Record of discussion with parents/carers

Pupil's name: DoB:

Date of meeting:

Persons present:

	Details	Level of support
Working towards independence Eg. taking pupil to toilet at timed intervals, rewards		1
Level of assistance needed Eg. undressing, hand washing, dressing		2
Arrangements for nappy changing Eg. who, where, privacy		3
Menstrual support		3
Moving and handling needs Eg. equipment, training needs, hoisting equipment		4
Infection control Eg. wearing gloves, nappy disposal		
Sharing information Eg. nappy rash, infection, family/cultural customs		
Resources needed Eg. toilet seat, step, nappies, creams, nappy sacks, change of clothes, gloves		



APPENDIX C

Intimate care checklist (used as preparation for plan)

Planning for Personal / Intimate Care

Pupil's name: DoB:

Admission date:

	Discussion	Actions
Facilities Suitable toilet identified? Adaptations required? Changing table/bed Grab rails Step Locker for supplies Hot and cold water Lever taps Mirror at suitable height Disposal unit/bin Hoist Other moving and handling equipment Emergency alarm Other		
Family provided supplies Nappies/pads Catheters Wipes Spare clothes Other		
School provided supplies Toilet rolls Antiseptic cleanser Cloths/paper towels Soap Disposable gloves/aprons Disposal sacks Urine bottles Bowl/bucket Milton/sterilising fluid		



Other		
Good practice Advice sought from Health professionals? Moving and Handling Co-ordinator? Parent/carer views Pupil's views How does child communicate? Agree use of language to be used Preferences for gender of carer Training required for staff? Awareness raising for all staff Other		
PE issues Discreet clothing required? Privacy for changing? Other Specific advice for swimming From parents/carers From Health professionals Moving and Handling Co-ordinator		



Support Designated staff Back-up staff Training for back-up staff Transport School visits After school clubs Toilet management/intimate care plan to be prepared By whom When To be reviewed when		
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APPENDIX D

Permission form

Permission for school to provide personal / intimate care

Pupil's name:

DoB:

Parent/Carer name(s):

Address:

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

I/We will advise the school of anything that may affect issues of personal / intimate 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.

Signature:

Name:

Relationship to child:

Date:



Personal / Intimate Care Plan

Name of school

Fred Nicholson School

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name / Relationship to child

Phone no. (work)

(home)

(mobile)

Name / Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.



Who is responsible for providing support in school

Describe needs and give details of child's symptoms, triggers, signs, facilities, equipment, environmental issues, what support might look like at home

Name of medication, dose, method of administration, that may cause issues with personal / intimate care

See Medical Welfare Assistant / Individual medical records/ Med 1 Form records

Daily care requirements

Lvl 1 Lvl 2 Lvl 3 Lvl 4 Times allocated:

Arrangements for school visits/trips etc

Class Tutor - Trip Leader

Who is responsible in an emergency (state if different for off-site activities)

Named staff within class team (see working document) / Trip leader

Plan developed with

Parents Carers Tutor Key worker other

Staff training needed/undertaken – who, what, when