

Intimate Care Policy

Introduction

Newfield School takes seriously its responsibility to safeguard and promote the welfare of the pupils in its care and the Governing body recognises its duties and responsibilities in relation to the 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.

It is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times and it is acknowledged that these adults are in a position of great trust.

Newfield School recognises that there is a need to treat all pupils, whatever their age, gender, disability, religion or ethnicity, with respect. The pupil's welfare and dignity is of paramount importance and they will be provided with a high level of privacy, choice and control.

Disabled pupils can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs.

This intimate care policy should be read in conjunction with the following policies and guidelines:

- Newfield School safeguarding children policy
- Health and safety policy
- Safer moving and handling policy
- Care and control policy
- Supporting pupils with Medical Conditions Policy Statement
- Guidelines for assisted eating, oral care, toileting/changing, menstrual care and massage (see appendices)

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 very young age, physical difficulties or other special needs.

Intimate care can include:

- Assisted eating
- Oral care
- Washing

- Dressing/undressing
- Toileting/changing
- Menstrual care
- Supervision of children in intimate self care
- Treatments such as enemas, suppositories and enteral feeds
- Catheter, stoma care
- Applying/renewing dressings/creams to intimate parts of the body
- Physical restraint

Principles of Intimate Care

The following are the fundamental principles upon which the policy 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

Best Practice

All pupils who require intimate care are treated respectfully at all times; the pupil's welfare and dignity is of paramount importance. No child shall be attended to in a way that causes distress, embarrassment or pain.

Staff will work in close partnership with parents and carers to share information and provide continuity of care.

Staff who provide intimate care are trained to do so (including Safeguarding Children and child protection, Safer Moving and Handling, Intimate care guidelines, Assisted eating techniques) and are fully aware of best practice. Apparatus will be provided to assist with pupils who need special arrangements following assessment from Safer Moving and Handling Trainers, Physiotherapists, Occupational Therapists, Speech and Language Therapists, Nursing staff as required.

Some procedures are only carried out by staff who have been formally trained and assessed, e.g. enteral feeding.

Staff are aware of best practice regarding infection control, including the need to wear disposable gloves and aprons and to deal with the cleaning up of bodily fluids in the correct manner.

Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account development changes such as the onset of puberty and menstruation.

There is careful communication with each pupil in line with their preferred means of communication (verbal, signing, symbolic, etc.) to discuss the pupil's needs and preferences.

Pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each pupil to be as independent as possible, for some pupils this may mean they complete most of the procedure for themselves for others they may be involved in a very small part.

Each pupil's right to privacy will be respected. Consideration will be given to each pupil's situation to determine how many carers might need to be present when a pupil needs help with intimate care. Wherever possible one pupil will be cared for by one adult unless there is a sound reason for having two adults present, e.g. pupil needs to be hoisted by two adults.

Practice in intimate care must be consistent. Effective communication is essential to promote independence, awareness of procedures and control for the pupil.

Wherever possible there will be a rota of carers known to the pupil who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers. Some pupils may, for reasons of dignity, prefer the person delivering their care to be of the same sex and wherever possible these requests will be accommodated.

Both male and female staff can carry out intimate care routines with male and female pupils. However, as an additional dignity measure post pubescent girls will not be routinely cared for by male members of staff. The exception to this would be in an emergency situation when male staff could be asked to assist with a female pupil whatever their age. Wherever possible, in circumstances of mixed gender intimate care, two members of staff will be present.

As an additional safeguard it is not advisable for staff involved in meeting individual care needs to be involved with the delivery of sex education.

The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

All staff should be aware of the school's confidentiality policy. Sensitive information will be shared on a need to know basis.

All staff involved in the delivery of intimate care must be vigilant in their observations about physical changes in a pupil's presentation and report any concerns to the designated person.

Individual well-being plans for continence will be drawn up for any child requiring regular intimate care, these will be reviewed regularly and on an ongoing basis, in consultation with children, parents, carers and other professionals as appropriate.

Where a well-being continence plan is not in place and a child has needed help with intimate care e.g. in the case of an 'accident' which has needed to be attended to then parents/carers will be informed the same day. This information is treated as confidential and communicated by a standard letter sent home in a sealed envelope.