



Leigh Academy  
**Milestone**

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## **Intimate Care and Toileting Policy**

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<b>Approved by:</b>	Sarah Goosani	Date: 1st March 2023
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### **Contents**

1. Principles
2. Child focused principles of intimate care
3. Definition
4. Best Practice
5. Medical Procedures
6. Massage
7. Monitoring Arrangements

## **1. Principles**

- 1) The Academy will act in accordance with the Department for Education guidance 'Keeping Children Safe in Education' (2022) to safeguard and promote the welfare of pupils.
- 2) We take seriously our 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.
- 3) The Academy recognises its 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.
- 4) We are committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.
- 5) We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The pupil's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.
- 6) Staff will work in close partnership with parents/carers and other professionals to share information and provide continuity of care.
- 7) 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.
- 8) All staff undertaking intimate care must be given appropriate training.
- 9) This policy has been developed to safeguard children and staff: it applies to everyone involved in the intimate.

## **2. 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
- To personal privacy
- To be valued as an individual
- To be treated with dignity and respect
- To be involved and consulted in their own intimate care and to have such views taken into account
- To have levels of intimate care that are as consistent as possible.

### **3. 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 young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing. It can also include supervision of pupils involved in intimate self care.

### **4. Best Practice**

- 1) Pupils who require regular assistance with intimate care have written Educational Health Care Plans (EHCP) and Individual Healthcare Plans (IHPs) agreed by staff, parents/carers and any other professionals actively involved, such as Kent Community Health Foundation Trust (KCHFT) Special School Nursing Service or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips. They should also take into account procedures for educational visits/day trips.
- 2) Where relevant, it is good practice to agree with the pupils and parents/carers appropriate terminology for private parts of the body and functions. Parents/carers are responsible for providing all personal care items required such as pads and/or pull-ups, wipes and spare clothing.
- 3) It is recommended practice that information on intimate care should be treated as confidential and where necessary communicated in person by telephone or through school communication systems such as email.
- 4) All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.
- 5) Staff who provide intimate care are trained in personal care (e.g. health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves, aprons, white roll, disinfectant spray and waste bags. Waste products, such as nappies and pads, will be disposed of in the yellow bags provided. Any soiled items of clothing should be placed in a bag and sent home to parents.
- 6) Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation.
- 7) There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbols etc.) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding, permission should be sought before starting an intimate procedure.
- 8) 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 ages and developmental understanding.
- 9) 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. SEN advice suggests that reducing the number of staff involved goes some way to preserving a child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

- 10) An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with the toilet and inform them when they return, stating that the procedure proceeds as planned.
- 11) The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.
- 12) Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.
- 13) Adults who assist pupils with intimate care should be employees of the school, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks as well as other checks on their employment history. Students and volunteers will not take part in intimate care duties.
- 14) Staff have the responsibility to report any safeguarding issues and should complete a safeguarding slip on Behaviourwatch if there are any concerns such as physical changes in a child's appearance.
- 15) If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to a member of the Safeguarding Team.
- 16) If a child makes an allegation against a member of staff, the responsibility for personal care of that child will be given to another member of staff and the allegation will be investigated according to the safeguarding procedures.
- 17) All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.
- 18) No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

## **5. Medical Procedures**

- 1) Pupils who are disabled might 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, documented in the IHP or EHCP and will only be carried out by staff who have been trained to do so by Kent Community Health Foundation Trust (KCHFT) Special School Nursing Service.
- 2) It is particularly important that these staff follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.
- 3) If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

## **6. Massage**

- 1) Massage is now commonly used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.
- 2) It is recommended that massages undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interests of both adults and pupils.
- 3) Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.

## **7. Monitoring arrangements**

This policy will be reviewed and agreed by the Principal every 2 years or earlier if required.