



“Opening doors to the future”

CYNGOR BWRDEISTREF SIROL MERTHYR TUDFIL
MERTHYR TYDFIL COUNTY BOROUGH COUNCIL

GREENFIELD SCHOOL

INTIMATE CARE

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‘ Opening Doors To The Future ’
‘ Agor drysau i’r dyfodol’

Original Completion Date

Author

1/4/16 / C Conway

MONITORING THE POLICY

This policy will be reviewed bi-annually unless change of circumstances or legislation requires it to be amended earlier.

Signed: Date:

Head teacher

Signed: Date:

Chair of Governors

Review Date

Author

Our Vision

'To open doors to the future'

Our Mission Statement

That children, staff, parents, carers and all stakeholders work actively in partnership to enable all pupils to realise and reach their full potential.

Aims

- For pupils to operate as independent learners and thinkers
- To inspire a love for learning
- To provide a relevant curriculum for all
- For pupils to value themselves
- To foster a sense of belonging to a community

Our Values

- We create
- We respect each other
- We try our best
- We are a team
- We learn from mistakes
- We celebrate each other's success
- We are polite and considerate
- We produce magic moments

We want every child to be safe and happy in our school. We believe that the key to this is for us all to have self-respect, respect for others and respect for property.

Everyone has the right to:

- Feel safe, cared for and respected.
- Be able to learn to the best of his/her ability and to develop whatever skills he/she possesses.
- Be treated equally irrespective of gender, race, physical characteristics or any other factors.
- Learn and play without disruption.

Everyone is expected to:

- Be responsible for their own behaviour
- Respect the rights of others
- Share our values

Definition

Intimate care can be defined as any care which involves, washing, touching or carrying out an invasive procedure that most young people usually carry out for themselves but are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with dressing and undressing (underwear), changing incontinence pads and nappies, menstrual management as well as helping someone use the toilet or washing intimate parts of the body.

It also includes supervision of pupils involved in intimate self-care.

Principles

1. The Governing Body will act in accordance with the 175 of the Education Act 2008 and the Welsh Government guidance Safeguarding Children in Education 2013 to safeguard and promote the welfare of pupils at this school
2. This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.
3. The Governing Body 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. This intimate care policy should be read in conjunction with the schools policies as below:
 - Child Protection and Procedures for Schools 2013
 - Guidance for Safer Working Practice for Adults who work with Children and Young People in Educational Settings
 - Whistle-blowing policy
 - The Management of Allegations against Adults who work with Children
 - Health and Safety policy and procedures

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- Merthyr Tydfil County Borough Council Manual Handling Policy
 - Policy for the administration of medicines
5. The Governing Body 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. It is acknowledged that these adults are in a position of great trust.
 6. 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 child's welfare is of paramount importance and his/her experience of intimate 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.
 7. Staff will work in close partnership with parent/cares and other professionals to share information and provide continuity of care.
 8. 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 the intimate care policy.
 9. Information on intimate care should be treated as confidential.
 10. All staff undertaking intimate care must follow appropriate school protocol in terms of Health and Safety.
 11. This intimate care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

Child focused principles of intimate care.

The following fundamental principles upon which the Policy and Guidelines are based pay due regard to the United Nation Convention on the Rights of the Child (UNCRC):

- Every child has a 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 and to have such views taken into account.
- 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

- The pupils who require regular assistance with intimate care at Greenfield School will have a list one of the following:
 - A. Individual Education Plans (IEP),
 - B. health care plans or
 - C. intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapist.

The plans are agreed at a meeting at which all key staff and where appropriate the pupils are present. Any historical concerns (such as past abuse) are taken into account. These plans are reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They are also to take into account procedures for educational visits/day trips.

- Where appropriate, an agreement with the pupil and parents/carers is made as to appropriate terminology for private parts of the body and functions and this will be noted in the plan.
- Where a care plan or IEP is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and wet or soiled him/herself). We recommend that information on intimate care should be treated as confidential and is **ALWAYS** communicated in person by telephone or by sealed letter, **NOT** through the home/school diary.
- In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (see afore-mentioned multi-agency guidance for the management of long term health conditions for children and young people).
- Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.
- These records will be kept in the child's file and available to parents/carers on request.
- 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.
- 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 and aprons where appropriate.
- 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.

- There is careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission is sought before starting an intimate procedure.
- 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.
- 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 numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings will be sought and taken into account.
- Individual member of staff will inform another appropriate adult when they are going alone to assist a pupil with intimate care.
- The religious views, beliefs and cultural values of children and their families will be taken into account, particularly as they might affect certain practices or determine the gender of the carer.
- Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research¹ 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.
- Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.
- All staff will be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.
- Health & Safety guidelines are adhered to regarding the disposal of sanitary waste products and Cannon OS currently dispose of this for Greenfield School.
- **No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.**

Child Protection

- The Governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.
 - The school's child protection procedures will be adhered to.
 - From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.
 - Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.
 - If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc. s/he will immediately report concerns to the Designated Senior Person for Child Protection at Greenfield School this is the Head Teacher and both Deputy Head Teachers. A clear written record of the concern will be completed and a referral made to the MASH if appropriate, in accordance with the school's child protection procedures. Parents/carers will be asked for their consent or informed that a
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referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

- If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Headteacher. The matter will be investigated at an appropriate level (the Headteacher) and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's policy: Dealing with Allegations of Abuse against Members of Staff and Volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to.
- Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

Physiotherapy

- Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the IEP or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.
- Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.
- Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

Medical Procedures

- 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 health care plan or IEP and will only be carried out by staff who have been trained to do so.
- It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.
- Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. 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.



Intimate Care Points To Remember

- Always wear an apron and dispose of after one use.
- Always wear disposable gloves and dispose of after one use.
- Dispose of all nappies in yellow Cannon sanitary waste bins
- Spray bed with disinfectant and wipe after each child using Conti Cleansing Wipes.
- If necessary, soiled under clothes should have any contents put down the toilet and place in a nappy sack and returned home to parents.
- Store all toxic products up out of children's reach
- Please return hoist to original position for charging and ensure controls etc. are out of reach.
- Please ensure that the changing area or toilet is clean and tidy when you leave.

