



LORD LAWSON OF BEAMISH ACADEMY

INTIMATE CARE POLICY

Originator: Karen Maynard

Revision: 003

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COVID-19 STATEMENT

The COVID-19 outbreak provides particular challenges in practicing intimate care because of the close contact required and the involvement of bodily fluids. Particular emphasis must be given to stringent planning for providing intimate care during periods of COVID-19 restrictions. Whilst taking full regard for the measures and approaches outlined, practice will be modified during such times and the use of enhanced PPE (Personal Protective Equipment) implemented to protect both students and staff. This has been written taking account of the government guidance 'Safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE)' (updated July 2021). Measures to protect against COVID-19 are described throughout this policy and are demarcated by the label '**COVID-19**'.



1. Principles

- 1.1 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Safeguarding Children and Safer Recruitment in Education' (2011) to safeguard and promote the welfare of students¹ at this academy.
- 1.2 This academy takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a student's intimate care needs is one aspect of safeguarding.
- 1.3 The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any student with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.
- 1.4 This intimate care policy should be read in conjunction with the academy's policies as below (or similarly named):
 - safeguarding policy and child protection procedures
 - staff code of conduct and guidance on safer working practice
 - 'whistle-blowing' and allegations management policies
 - health and safety policy and procedures
 - Special Educational Needs policy
- 1.5 The Governing Body is committed to ensuring that all staff responsible for the intimate care of students will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.
- 1.6 We recognise that there is a need to treat all students, 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 and personal care should be a positive one. It is essential that every student is treated as an individual and that care is given gently and sensitively: no student should be attended to in a way that causes distress or pain.
- 1.7 Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

¹ References to 'students' throughout this policy includes all children and young people who receive education at this establishment.



- 1.8 Where students 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.
- 1.9 Members of staff must be given the choice as to whether they are prepared to provide intimate care to students.
- 1.10 All staff undertaking intimate care must be given appropriate training.
- 1.11 This Intimate care policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.
- 1.12 **COVID 19** - Staff should be provided with the necessary equipment, including PPE, to provide intimate care in a safe manner, taking all reasonable steps to mitigate risk.

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.
- 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.

3. Definition

- 3.1 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 students 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.
- 3.2 It also includes supervision of students involved in intimate self-care.



4. **Best Practice**

- 4.1 Students who require regular assistance with intimate care have Individual Education Plans (IEP), Health and Care Plans (EHCP), or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as academy nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the student 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 or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.
- 4.2 Where relevant, it is good practice to agree with the student and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.
- 4.3 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). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter, not through the home/academy diary.
- 4.4 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).
- 4.5 Accurate signed 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.
- 4.6 These records will be kept in the child's file and available to parents/carers on request.
- 4.7 All students will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual student to do as much for his/herself as possible.
- 4.8 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 student.



Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

- 4.9 Staff will be supported to adapt their practice in relation to the needs of individual students taking into account developmental changes such as the onset of puberty and menstruation.
- 4.10 There must be careful communication with each student 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 student is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.
- 4.11 Staff who provide intimate care should speak to the student personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.
- 4.12 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each student's situation to determine who and how many carers might need to be present when he/she needs help with intimate care. Ideally it should not involve more than one member of staff unless the student's care plan specifies the reason for this i.e. child protection or staff safety. Wherever possible, the student's wishes and feelings should be sought and taken into account.
- 4.13 No member of staff should assist a student with intimate care on their own. This should always be carried out by two members of staff.
- 4.14 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.
- 4.15 Whilst safer working practice is important, such as in relation to staff caring for a student of the same gender, there is research² which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every student 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 student. 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.

² National Children's Bureau (2004) *The Dignity of Risk*



- 4.16 Adults who assist students with intimate care should be employees of the academy, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.
- 4.17 All staff should be aware of the academy's confidentiality policy. Sensitive information will be shared only with those who need to know.
- 4.18 Health and Safety guidelines should be adhered to regarding waste products, if necessary, advice should be taken from the DCC Procurement Department regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.
- 4.19 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.
- 4.20 **COVID 19** – Students' intimate care plans should be reviewed in the light of COVID-19 in order to ensure they follow the best possible guidance and give advice on appropriate PPE.
- 4.21 **COVID 19** - Parents will be fully briefed and asked to agree any changes made to their child's intimate care plan during times of high COVID-19 incidence. If a parent does not agree a particular change which is seen as vital for staff protection (for example the use of enhanced PPE), and no acceptable compromise can be found, the academy will consider it has endeavored to make available the reasonable adjustments required by the Equality Act 2010, and reserves the right to refuse to provide intimate care for that child.
- 4.22 **COVID 19** - As with all aspects of intimate care, moving and handling must be carefully planned during times of high COVID-19 incidence and appropriate steps taken to minimise any identified risk. This includes the identification of the appropriate PPE to be used while these processes are carried out and careful planning to minimise physical contact where possible.

5. Child Protection

- 5.1 The Governors and staff at this academy recognise that students with special needs and who are disabled are particularly vulnerable to all types of abuse.
- 5.2 The academy's child protection procedures will be adhered to.
- 5.3 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 student'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.

- 5.4 Where appropriate, students will be taught personal safety skills carefully matched to their level of development and understanding.
- 5.5 If a member of staff has any concerns about physical changes in a student's presentation, e.g. unexplained marks, bruises, etc. he/she will immediately report concerns to the Designated Safeguarding Lead (DSL), Deputy DSL or the Principal. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if appropriate, in accordance with the academy's child protection procedures. Parents/carers will be asked for their consent or informed that a 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.
- 5.6 If a student becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the SENDCO or Principal. The matter will be investigated at an appropriate level (usually the Principal or DSL) 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.
- 5.7 If a student, or any other person, makes an allegation against an adult working at the academy this should be reported to the Principal (or to the Chair of Governors if the concern is about the Principal) who will consult the Local Authority Designated Officer in accordance with the academy's policy. It should not be discussed with any other members of staff or the member of staff the allegation relates to.
- 5.8 Similarly, any adult who has concerns about the conduct of a colleague at the academy or about any improper practice will report this to the Principal or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

6. Physiotherapy

- 6.1 Students who require physiotherapy whilst at academy should have this carried out by a trained physiotherapist. If it is agreed in the IEP or care plan that a member of the academy 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.



- 6.2 Under no circumstances should academy staff devise and carry out their own exercises or physiotherapy programs.
- 6.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

7. **Medical Procedures**

- 7.1 Students 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.
- 7.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.
- 7.3 Any members of staff who administer first aid should be appropriately trained in accordance with L.A. 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.
- 7.4 **COVID 19** - Where medical procedures are involved, for example students with stomach pegs or tracheostomies, it is vital that specialist advice and support is accessed when reviewing the plan or considering the PPE required.