

INTIMATE CARE POLICY

V1

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1.0 Policy Statement

- 1.1 Beckfoot Trust is aware that all learners need open access to clean, well-stocked and safe toileting provision and that some learners may require assistance from members of staff for personal care, including toileting, either due to the age and developmental level of the student, or as a result of disability or medical need including for example, catheterisation.
- 1.2 Beckfoot Trust is committed to ensuring that all staff responsible for intimate care of children and young people will undertake their duties in a professional manner at all times.
- 1.3 Beckfoot Trust takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care.
- 1.4 Beckfoot Trust recognises its duties and responsibilities in relation to the Equality Act 2010 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.
- 1.5 We recognise that there is a need for children and young people to be treated with respect when intimate care is given.
- 1.6 No child shall be attended to in a way that causes distress, embarrassment, or pain.
- 1.7 Staff will work in close partnership with parents and carers to share information and provide continuity of care.

2.0 Scope and Purpose

- 2.1 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. Children with disabilities may be unable to meet their own care needs for a variety of reasons and will require regular support.
- 2.2 The toileting and intimate care policy aims to provide a clear framework for staff to ensure the safety and dignity of all learners when using the toilet and for those who need support with personal care, including toileting and continence management. It will also clarify for learners and their families the support they can expect from school.

2.3 Early years and nappies

Achieving continence is one of the many developmental milestones usually reached within the context of learning before a child transfers to nursery. However, we know this isn't always the case, therefore this policy also applies to more regular nappy changing within a 2, 3 or 4 year old nursery.

2.4 Related documentation

When reading this policy please be aware of and refer to the following related documents:

- Safeguarding policy
- Supporting Medical Needs in Schools Policy (including Asthma)
- Health and safety policy
- SEN and Disability policy
- Safer working practices 2022
- Preventing and Controlling infections 2023
- Managing bladder and bowel issues in nurseries, schools and colleges 2019

2.5 Health and Safety

- When attending to the intimate care of pupils, staff should be aware of the school's Health and Safety policy. Staff should always wear PPE when carrying out intimate care.
- Any soiled waste (urinary or faecal) should be disposed of following the school's waste disposal system.
- Any requests from the parents for use of medical ointments/creams, should be prescribed by the GP and clearly labelled with the child's name. These should not be shared between other children and should be stored in line with the Supporting Medical Needs in Schools Policy (including Asthma).

3.0 Overarching Principles

3.1 Dignity and respect

Beckfoot Trust respects our learners and encourages them to achieve their potential. This includes encouraging them to be as independent as they are able with their personal care. We will ensure that our learners are:

- Treated as individuals
- That their right to safety, dignity and privacy is respected
- Involved with and consulted about upkeep of the toilet facilities and about their personal care as far as they are able
- Provided with consistency of care as far as possible

3.2 Our approach to best practice

- The management of all children with intimate care needs will be carefully planned.
- Staff who provide intimate care are trained to do so (including enhanced DSB checks, safeguarding training and Moving and Handling where appropriate) and 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 assessment by a Physiotherapist and/or Occupational Therapist.
- There is careful communication with any pupil who requires intimate care in line with their preferred means of communication to discuss needs and preferences.
- Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation.
- Pupils will be supported to achieve the highest level of independence possible, according to their individual condition and abilities.
- Intimate care plans/manual handling plans/similar plan will be drawn up for any pupil requiring regular intimate care. If this is a specialist care plan for Catheter Care or Stoma Care then the specialist nurse should provide this plan of care accompanied by training.
- Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. Where possible one pupil will be cared for by one adult unless there is a sound reason for having more adults present. In such a case, the reasons will be documented.

- Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the plan.
- The needs and wishes of children and parents will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation.
- Where a plan is not in place and a child has needed help with intimate care (in the case of a toilet 'accident') then parents/carers will be informed the same day. This information should be treated as confidential and communicated in a confidential way.

3.3 Safeguarding

- 3.3.1 The Governors and staff of Beckfoot Trust recognise that children with disabilities are particularly vulnerable to all forms of abuse.
- 3.3.2 Child Protection and Multi-Agency Child Protection procedures will be adhered to at all times.
- 3.3.3 If a member of staff has any concerns about physical changes in a child's presentation (unexplained marks, bruises or soreness for example) they will immediately report concerns to the Designated Safeguarding Lead (DSL). This is also the case if a child comes in to school in a unhygienic state, where it is obvious the child's toileting needs have not been attended to.
- 3.3.4 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.
- 3.3.5 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.
- 3.3.6 If a child makes an allegation about a member of staff this will be investigated in accordance with agreed procedures.

3.4 Physical Contact

- 3.4.1 All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact. Staff must be aware that even well-intentioned contact might be misconstrued by the child or an observer. Staff must always be prepared to justify actions and accept that all physical contact is open to scrutiny. The expectation is that when staff make physical contact with children it will be:
- For the least amount of time necessary (limited touch)
 - Appropriate, given their age, stage of development and background
 - In response to the pupil's needs at the time
- 3.4.2 Arrangements must be understood and agreed by all concerned, justified in terms of the child's needs and consistently applied and open to scrutiny. Where possible, consultation with colleagues should take place where any deviation from arrangements is anticipated.
- 3.4.3 Any deviation from the agreed plan must be documented and reported.

4.0 Responsibilities and Arrangements

4.1 Trust Board responsibilities

- 4.1.1 To ensure there are appropriate toileting facilities to meet the needs of all their learners, including those with bladder and bowel health issues.
- 4.1.2 To ensure that sufficient staff are trained to meet the needs of their learners.

4.2 Trust School responsibilities

- 4.2.1 We will work with the whole Trust School community to ensure access to clean, well-stocked, private and safe toilet and hygiene facilities for all. These facilities must also be friendly hygiene spaces, where children feel comfortable.
- 4.2.2 We will work with learners, parents/carers and health care professionals to promote bladder and bowel health and maximum possible continence.
- 4.2.3 Where learners are not able to be fully continent, we will ensure that an intimate care plan/manual handling plan or similar is written to ensure their needs are clarified and met. The learner and parents/carer will be included in discussions about the plan, unless this is clearly inappropriate, as will their family. Relevant healthcare professionals may also be consulted. The plan will be reviewed at least annually or sooner if the learner's needs change.
- 4.2.4 Trust Schools will ensure that anyone who undertakes intimate care is an employee of the Trust Schools and has had appropriate safeguarding checks. Only those staff trained in intimate care will be involved in providing support with intimate care to a learner. Trust Schools will ensure that sufficient staff are trained and available to provide the required support in all foreseeable circumstances. If, in exceptional circumstances, if no trained staff members for an individual are available, Trust Schools will contact the family for consent to involve a different member of staff.
- 4.2.5 Only in an emergency would staff undertake intimate care that has not been agreed with the parents/carers. This act of care would be reported to a senior member of Trust Schools staff and to the parents/carers as soon as possible after the event. The reasons for this and the care undertaken would be documented by the staff member who had delivered the care.
- 4.2.6 A written record will be kept of all support with intimate care. This will include the date and time of the care, who was present, and any care given that has differed from the plan, together with the reason for this. Any changes in the learner's behaviour or appearance will be documented and reported to a senior member of staff, in line with the safeguarding policy. Written records will be regularly checked by a Named Person within school.
- 4.2.7 Staff will communicate carefully with learners, using their usual communication method, to discuss their needs and preferences. Wherever possible the learner's wishes and preferences will be taken into account.
- 4.2.8 Trust Schools will take into account the religious views, beliefs and cultural values of the learner and their family, as well as the learners gender identification and individual physical needs (e.g. periods, catheterisation, stoma care etc) as far as possible in provision of appropriate toileting facilities and when undertaking or supporting required individual personal care.
- 4.2.9 Trust Schools will work with all learners to promote positive self-esteem and body image and independence with self-care as far as is appropriate and practical.

- 4.2.10 Trust Schools will ensure that all staff are aware of the need for confidentiality. Personal and sensitive information will only be shared with those who need to know.
- 4.2.11 Trust Schools will act according to the safeguarding policy and procedures if there are any concerns for the learner's wellbeing.
- 4.2.12 Trust Schools will arrange moving and handling training for any staff involved with the moving and handling of pupils for their intimate care. These records must be kept by the school.
- 4.2.13 Trust Schools will ensure that any members of staff who are carrying out delegated medical tasks, related to intimate care, have received the appropriate training and have been deemed competent by a healthcare professional. These records must be kept by the school and a named member of staff must regularly check these logs.

4.3 Parent/carer responsibilities

- 4.3.1 Parents/carers must ensure that they provide all relevant information to Trust Schools, as soon as possible, so that the needs of their child can be met. This includes the nature of their child's needs, details of any healthcare professionals involved including specialist nurses, as well as any changes in their medication, care or condition.
- 4.3.2 Parents/carers must ensure that they work towards their child achieving the maximum possible level of independence at home.
- 4.3.3 Parents/carers should work with Trust Schools to develop and agree an intimate care plan/manual handling plan or other plan.
- 4.3.4 Parents/carers must make sure that Trust Schools always has required products available for their child's intimate care or toileting needs.
- 4.3.5 Parents/carers must ensure that Trust Schools always has their emergency contact details.

4.4 Learner responsibilities

- To respect the toileting space and others use of that space and right to privacy.
- To let Trust Schools staff know if there is a problem with respect to the toileting/intimate care spaces
- To be as involved as possible in their intimate care and with their plan.
- To let Trust Schools staff know when they are aware that they need assistance.
- To let their parent/carer or a trusted member of Trust Schools staff know if they have any concerns or feel uncomfortable at any time.

5.0 Review of Policy

This policy will be reviewed annually and as guidance from the local authority or DfE is updated. At every review, the policy will be approved by the Trust Board.

Appendix 1: Intimate Care and Toileting Parental Consent Form - Example

Name of Child:		
Date of Birth:		
Class / Teacher Name:		
Care required and how often during the day (oversight/prompt/1:1 adult/2:1 adult)		
Member(s) of staff who will carry out the tasks		
Name:		
Signature:		
Where will the tasks be carried out and what equipment/resources will be required to safely carry out the procedures:		
Any religious or cultural sensitivities related to aspects of intimate care? If yes, please give details		
Infection Control and Disposal Procedures in place:		
Actions that will be taken if any concerns arise:		
Parent's responsibility to provide:		

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Any School /Home agreement of care/management plan or communication via school home diary (if required):

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Other Professionals in involved in care/advisory role: (School Nurse, Health Visitor, etc.)

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What is your child's level of ability? i.e. what tasks they are able to do by themselves, and what opportunities for developing independence are taken.

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I/We have read the Intimate Care/Toileting Policy provided by Beckfoot Trust. I/We give permission for the named member(s) of staff to attend to the care needs of my/our child and are in agreement with the procedures proposed

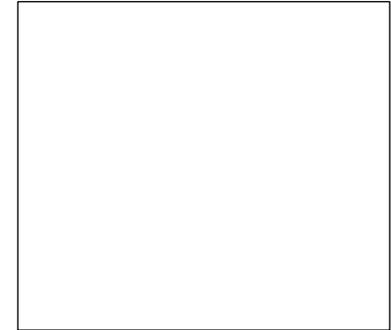
Name of Parent / Carer:	
Signature:	
Head Teacher:	
Signature:	
Date:	
Review by date:	



Appendix 3: Example manual handling plan

Manual Handling Plan

This is my handling plan. Please read it, follow it and keep me safe. Here is my photo:



I need you to have extra training: YES/No - Delete as appropriate.

Name:	Base:	D.O.B.

These are the things I can do myself: I can walk short distances, sometimes I can get up off the floor. I can go up and down steps with support.	
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I am able to move myself	<input type="checkbox"/>	I really like:	I don't like:
I need some help	<input type="checkbox"/>		
I am very dependent	<input type="checkbox"/>		

I need support with: Please tick all that apply and comment below

Mobility	<input type="checkbox"/>	My body shape	<input type="checkbox"/>	Behaviour	<input type="checkbox"/>	Understanding	<input type="checkbox"/>	Communication	<input type="checkbox"/>	Fear	<input type="checkbox"/>
Skin	<input type="checkbox"/>	Contenance	<input type="checkbox"/>	Pain	<input type="checkbox"/>	History of falls	<input type="checkbox"/>	My Size	<input type="checkbox"/>	Attachments	<input type="checkbox"/>

Write comments about any boxes where there is a tick. Relevant Medical conditions in **RED**

I use this/these piece(s) of equipment:	There are these risks in the areas I use in school:	
Assessed by:	Signature:	Date:

Countersigned: (Key Trainer):	Re-assessment due on:
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Staff members who have any issues that could affect their ability to move or transfer a student according to the plan should contact their M&H Key trainer for an individual risk assessment.

Method of Moving & Handling

Name of student:				
Task	No. of staff	Equipment	Method	Level of risk Low, Med, High & Need for additional training
Personal hygiene				
On and off floor				
Into standing frame				
Into walking frame				
Movement around school				
Rebound				
Hydro				
Other				

Student Hoisting Plan

Name of student:		Date of birth:		Assessor:		Date:	
Task	No. of staff	Sling Type/Size	Leg pieces: Cross over/thread through pommel? Loops: Colour Long/Medium/Short?	Middle loops: Colour Long/Medium/Short?	Shoulder loops: Colour Long/Medium/Short?	Comments/ Techniques	
Personal hygiene & onto changing bed							
Chair to floor							
Floor to chair (if different)							
Hydro							
PEEP and PIEP							
Other							

Designated 'competent' handlers

Name of student:	Date of birth:	Assessor:	Date:

Only the following designated 'competent' handlers should perform the 'named' task as it is complex and requires additional training

Task in handling plan:	Name(s) of designated staff:	Date:

To be signed by ALL staff caring for this student

I have read the Handling plan and will follow it. If there are any changes, I will report this to my M&H Key Trainer.

Staff members who have any issues that could affect their ability to move or transfer a student according to the plan should contact their M&H Key trainer for an individual risk assessment.

Name:	Signature:	Date:	Reviewed & Re-sign:	Date:	Reviewed & Re-sign:	Date:
Assessed by:			Signature:			Date: