

# Impact Education MAT

## Intimate Care Needs Policy



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### Intimate Care Needs Policy

## **Intimate Care**

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal care of an individual pupil.

### **Rationale**

As a Trust, we recognise the importance of ensuring that policies and procedures are effective in promoting safety, equality, cohesion and tackling discrimination and we are strongly committed to safeguarding pupils. These principles underpin all we do, including routines for intimate care.

No pupil shall be discriminated against because of their needs. We support the inclusion of pupils with diverse needs in relation to the Disability Discrimination Act (DDA) and the Equal Opportunities Act, where all pupils are treated with equal concern and professionals have regard to relevant anti-discriminatory practice.

We recognise that the needs of our pupils are best met when the school works in close partnership with parents, carers and other agencies. This is particularly the case to ensure that a pupil's personal care needs are appropriately met.

### **Inclusion Statement**

As a Trust, we will ensure that the needs of pupils with delayed personal development are met in the same way as any other needs are met. Pupils will not be excluded from normal educational activities because of incontinence. The intimate care needs of the individuals are addressed both during the ordinary school day, and when planning arrangements for day trips and residential visits.

All staff are aware that intimate care is a sensitive issue, and all staff are required to be respectful of the pupil's needs. The pupil's dignity should always be preserved with a high level of privacy, choice and control. At all times, there should be awareness of safeguarding the pupil, especially acknowledging the possible increased vulnerability of pupils with additional needs.

### **Continence**

Pupils achieve bladder and bowel control when they are physically ready and want to engage in the process. The time varies from pupil to pupil but by the age of three most pupils achieve bladder control on most days.

As part of the admission routines for pupils, all parents and carers are asked to complete a health questionnaire. This will include information regarding the pupil's ability to manage their own personal hygiene. Any health and development issues raised will be discussed with the parent/carer. In some cases, there will need to be referral to other services for further advice.

For most pupils Early Years, the 'Policy for Nappy Changing and Intimate Care in Early Years' contains appropriate practices which are adopted for those pupils. This can be extended to include those pupils beyond Early Years where appropriate.

## **Provision for Personalised Intimate Care**

However, there are some pupils both in Early Years and beyond that require specialist routines for managing their intimate care. For some pupils delayed continence or permanent incontinence may be linked with other aspects of the pupil's needs.

For all pupils requiring intimate care procedures to be undertaken, the Procedure for Nappy Changing in the 'Policy for Nappy Changing and Intimate Care in Early Years' provides appropriate step by step instructions for basic care procedures, unless staff have been advised differently for individual pupils by medical professionals involved with that pupil.

Some pupils need additional support to be toilet trained. Any program initiated should be in conjunction with parents. Other agencies involved with the pupil, such as the Health Visitor, School Nurse, Early Years Support Service or Physiotherapist may also assist in developing an individualised program. In these instances, a health care plan could be used effectively to ensure that a program and strategies are safely in place.

Some pupils with complex medical needs may never achieve continence. It is advisable that in these instances a health care plan is put in place. However, it is likely that individualised, specific routines will be advised by physiotherapists, and, that a Moving and Handling Plan will have been advised by the Local Authority setting out how intimate care procedures should be carried out.

Equipment such as toilet frames, hoists and slings may have been issued for pupils with incontinence needs. Staff using specialist equipment will need to be appropriately trained to operate it safely.

## **Health and Safety**

The health and safety of the pupil and staff is paramount. The procedures followed for changing nappies and incontinence pads for pupils will follow the guidelines set out in the 'Schools Health and Safety' and 'First Aid Policies'. These principles are in keeping with the Public Health England guidance on hygiene and cleaning up of bodily fluid spills.

Staff will be trained to move and handle pupils appropriately when carrying out personal care routines and will use appropriate equipment for as advised in order to facilitate the program of care.

## **Facilities**

Pupils should be changed in designated changing areas on changing mats or the changing bed in accordance with the guidance of Public Health England advice for Health Protection in Schools.

If judged as appropriate by physiotherapists, a pupil's personal care may be more appropriately carried out in toilets adapted for the use of disabled persons instead of using the changing bed. Staff will follow the specific guidance given for the procedures.

Equipment such as toilet frames, hoists and slings may have been issued for specific pupils' use and should only be used by staff trained to use them with the pupil they have been issued to.

Where rooms are designated for carrying out intimate care for pupils, the facilities should be kept clean and tidy, and ready for use at all times. All hoists and slings should be insured for use, serviced and kept in working order according to the manufacturers' directions

## **Parents**

Parents have a responsibility to advise staff of the intimate care needs of their pupil, and staff have a responsibility to work in partnership with pupils and parents to ensure those needs are met.

Intimate care arrangements for pupils with specific needs will be discussed with parents/carers on a regular basis and recorded on the pupil's care plan. The needs and wishes of pupils and parents will be considered wherever possible within the constraints of staffing and equal opportunities legislation.

Parents will be informed when a pupil's nappy or incontinence pad has been changed. If there are any concerns noted, for example soreness, nappy rash or marks, parents should be informed. These concerns should also be noted on CPOMS, and if safeguarding issues are suspected, then the DSL should be informed.

If a pupil regularly wears nappies or incontinent pads, the parent should provide these, disposal bags, and suitable wipes for their pupil. Parents will be made aware of this responsibility.

### **Privacy**

Pupils should be encouraged to do as much as possible for themselves with regard to cleaning and dressing. Each pupil's right to privacy will be respected regardless of their age or needs.

Every pupil has the right to have levels of intimate care that are as consistent as possible. Whenever possible, the pupil's needs will be addressed by one member of staff that the pupil is comfortable with.

Every pupil has the right to be involved and consulted in their own intimate care to the best of their abilities. Every pupil has the right to express their views on their own intimate care and to have such views considered when those needs are being met. A pupil's intimate care routine should be a joint procedure completed with ongoing agreement between the pupil and the person changing them.

The safety of pupils is our key priority. Physical contact will be kept at a minimum level necessary for the intimate care needs to be met. Everyone will remain highly vigilant for any signs improper practice or harm and will report any concerns to the Designated Safeguarding Lead immediately.