

	<b>Intimate Care Policy</b>	<b>Author:</b>	<b>Nicola Eccersley/ Louise Harling</b>
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It is our intention to develop independence in each child, but we recognise that there will be times when help is required. Any member of staff carrying out any personal or intimate care tasks must do so in accordance with these guidelines and policy. Our Intimate Care Policy has been developed with the following aims:

- To safeguard the rights of children and young people and staff who are involved in providing intimate and personal care;
- To ensure inclusion for all children and young people;
- To ensure continuity of care between parents/carers and involved professionals;
- To ensure that all staff involved in personal care and intimate care are appropriately skilled and have access to training.

### **PERSONAL CARE**

Personal care is defined as those tasks which involve touching and are non-personal and intimate, and usually have the function of helping with personal presentation and enhancing social functioning. This includes shaving, skin care, applying external medication, feeding, administering oral medication, hair care, brushing teeth, applying deodorant, dressing and undressing, washing non-personal body parts and prompting to go to the toilet.

### **INTIMATE CARE**

Intimate care is defined as those care tasks associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure to the genitals, including such tasks as for example dressing and undressing (underwear), helping with the use of the toilet, changing continence pads/nappies (faeces and/or urine), bathing/showering, washing personal and intimate parts of the body, changing sanitary towels or tampons, inserting suppositories, giving enemas.

In general Intimate Care tasks will be planned and carried out as part of a care plan for pupils who have a disability or a defined medical need and are unable to carry out these functions without support.

### **PRINCIPLES OF INTIMATE CARE**

The following are the fundamental principles of intimate care upon which our policy guidelines are based. Every child has the right to:

- Feel safe and secure
- Be healthy
- personal privacy
- be valued as an individual
- Information, in an appropriate format, about how to ask a question or make a complaint about personal or intimate care
- be involved and consulted on their own intimate care to the best of their abilities
- express their views on their own intimate care and to have such views taken into account
- have levels of intimate care that are appropriate and consistent
- be treated with dignity and respect
- have decisions and plans made in partnership with the parents/carers.

### **ACADEMY RESPONSIBILITIES**

- Staff should be informed during the recruitment process about the types of intimate and personal care they may be required to carry out.
- All staff working with children and young people must have been through an appropriate safer recruitment process.

- Only the members of staff who are familiar with the intimate care policy and are familiar with the needs of the child are involved in the intimate care of children.
- Teaching staff are not required to and should not be asked in any circumstances to carry out personal or intimate care, or to supervise or accompany support staff who are carrying out these roles.
- The Academy will provide adequate levels of staffing to fulfil all personal and intimate care requirements, including supervision, and allowing for emergencies such as staff absences.
- Staff roles are assessed and tasks are suitably reflected in job descriptions and role profiles.
- Staff are given appropriate initial and on-going instruction/training in how to carry out intimate and personal care activities. This may include both generic training and specific instruction in how to assist particular children, from both within Academy or by appropriate outside agencies.
- Staff should have access to a set of procedures which give detailed guidance on how to carry out specific activities related to personal and intimate care and any individual care plan which is in place for a young person.
- Staff attend other relevant training, including safeguarding disabled children, moving and handling (where appropriate), and administration of medication.
- Intimate care arrangements should be reviewed at least every 6 months. The views of all relevant parties should be sought, including the child.
- Planning for outings and trips take into account how the child's intimate and personal care needs will be met when away from the setting.
- Personal and intimate care plans include opportunities to promote independence skills, in consultation with parents and outside agencies.

### **SAFEGUARDING THE DIGNITY OF CHILDREN WHEN PROVIDING INTIMATE CARE**

- The number of carers involved with giving intimate and personal care should be indicated in the care plan and should be based on individual need. Under normal circumstances, the child's need for privacy would indicate that one carer is sufficient. However, two or more carers may be required on occasion, for example where this is necessary to support children with behavioural needs, or where more than one carer is needed to assist with moving and handling. Where more than one carer is present the reasons must be clearly documented.
- There is a need to strike a balance between protecting the child's dignity by not drawing on too large a pool of carers, and on the other hand, protecting the child from over-dependence on one carer.
- The child's preferences about gender of carer should be respected wherever possible.
- Adults should not provide intimate care in an isolated part of a building and doors to changing areas should never be locked.
- If a staff member has concerns about a colleague's intimate care practice he/she must report it to the child protection officer.

### **GUIDANCE FOR PERSONAL AND INTIMATE CARE PROCEDURES**

- Involve the child in the intimate care: try to encourage a child's independence as far as possible in his or her intimate care. Where a situation renders a child fully dependent, talk about what is going to be done and, where possible, give choices. Use appropriate language when referring to care routines or body parts.
- Check the intimate and personal care plan before assistance is given. For individuals who require assistance with moving and handling, information regarding appropriate transfer methods used during care routines should be sought and adhered to.
- Treat every child with dignity and respect and ensure privacy: carers should keep body and genital area covered as much as possible.
- Make sure practice in intimate care is consistent: as a child may have multiple carers a consistent approach to care is essential. Effective communication between all parties ensures that the practice is consistent.
- Be aware of your own limitations: only carry out activities you understand and feel competent with. If in doubt ask. Some procedures must only be carried out by members of staff who have been formally trained.
- Promote positive self-esteem and body image: confident, self-assured children who feel their bodies belong to them are less vulnerable to sexual abuse. The approach you take with intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important.
- If you have any concerns you must report them: if the child appears to be distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to

ascertain why the child is distressed and provide reassurance. Report incident to child protection officer and parents/carers. If you observe any unusual markings, discolouration or swelling report it immediately to the child protection officer. If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident to the child protection officer. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's personal file.

### **DEVELOPING, DOCUMENTING AND COMMUNICATING INTIMATE AND PERSONAL CARE PLANS**

- Children and young people should be involved as far as possible in the development of their personal and intimate care plans.
- Parents/carers must be consulted and their views respected regarding personal and intimate care needs.
- Parents/carers are expected to provide Academy with information about their child/young person's personal and intimate care needs. This information will be requested as part of the assessment process and form the basis of the care plan.
- Relevant members of the multi-professional team must be consulted on the development of the care plan; this may include nurses and therapists
- Information about how to meet the individual's personal and intimate care needs must be documented as part of the care plan and accessible to the staff providing assistance.
- Parents/carers are expected to provide Academy with a sufficient supply of equipment including nappies/pull ups/ wipes and clean clothing according to the needs identified on the care plan. Parent/carers should also supply an emergency contact who can bring supplies into Academy if required, for example, if supplies run out and the child/young person needs changing.
- All care plans should include reference to cleaning bodily fluids guidance and detail the universal precautions required to deal with the task in terms of infection control and protecting staff from contamination. The care plan should detail how to dispose of any bodily fluids and contaminated items and the safe storage of any contaminated clothes.
- Personal and intimate care plans should be shared with relevant services when requested.
- Care plans should be regularly reviewed and amended according to any changes in the child/young persons/need and at least annually.

### **HYGIENE**

All staff must be familiar with normal precautions for avoiding infection and should ensure the use of appropriate protective equipment when necessary, for example, protective, disposable latex/vinyl gloves. All soiled waste and protective equipment used should be bagged as clinical waste and disposed of appropriately in yellow bin.

### **LINKS WITH OTHER POLICIES/GUIDANCE**

This policy should be considered in conjunction with other relevant policies and/ or guidance, relating to the following aspects:

- Safeguarding
- Health and safety
- Moving and Handling
- Administration of medication
- Inclusion
- Equality and Diversity
- Complaints Procedure
- Cleaning of Bodily Fluid Spillages