

Intimate Care **Policy**

This policy applies to all NCLT education settings.



















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1.0 Policy Statement

- 1.1 New Collaborative Learning 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 New Collaborative Learning 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 New Collaborative Learning Trust takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care.
- 1.4 New Collaborative Learning 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 or college.
- 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 that this isn't always the case, therefore this policy also applies to more regular nappy changing within a nursery setting.

2.4 Related documentation

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

- Safeguarding and Child Protection Policy
- Health and Safety policy
- Special Educational Needs and Disability Policy
- Control of Infection Policy

2.5 Health and Safety

- When attending to the intimate care of pupils, staff should be aware of the Trust's Health and Safety policy. Staff should always wear PPE when carrying out intimate care.
- Any soiled waste (urinary, blood or faecal) should be disposed of following the Trust's waste disposal process.

3.0 Overarching Principles

3.1 Dignity and respect

New Collaborative Learning 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 the 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 are fully aware of best practice.
- Where specialist equipment and facilities, above that currently available in the school/college 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/student 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/manual handling plans 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 a medical professional should provide the plan of care accompanied by training.
- Within secondary and college settings, there will be two members of staff present during
 intimate care processes. The additional person will not necessarily have to be directly
 involved and their presence will be managed discreetly. The additional person should be
 available if assistance is required to ensure the safety of the student is managed
 effectively.
- Within primary settings, staff will ensure that they are within sight or hearing of other members of staff wherever possible. Other members of staff may support a colleague who is providing intimate care without being directly involved themselves and their presence will be managed discreetly.
- Intimate care arrangements will be discussed with parents/carers and recorded on the plan.
- The needs and wishes of children, young people, and parents will be considered wherever possible, within the constraints of staffing and equal opportunities legislation.

 Where a plan is not in place and a child or young person 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 Board of Directors and staff of New Collaborative Learning Trust recognise that children and young people 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 or young person'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 or young person comes in to school or college in an unhygienic state, where it is obvious the child or young person's toileting needs have not been attended to.
- 3.3.4 If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated at an appropriate level, parents/carers informed and outcomes recorded.
- 3.3.5 If a child makes an allegation about a member of staff this will be investigated in accordance with the Trust safeguarding 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 child or young person'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 Board or Director's 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 responsibilities

- 4.2.1 The Trust will ensure access to clean, well-stocked, private, safe toilet and hygienic facilities for all. These facilities must also be friendly hygienic spaces, where children and young people feel comfortable.
- 4.2.2 The Trust 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 The Trust will ensure that anyone who undertakes intimate care is an employee of the Trust 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. The Trust will ensure that sufficient staff are trained and available to provide the required support in all foreseeable circumstances. If, in exceptional circumstances, no trained staff members for an individual are available, the Trust 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 member of the Senior Leadership Team 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, or the Designated Safeguarding Lead in line with the safeguarding policy. Written records will be regularly checked by a named person within school or college.
- 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 The Trust 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 The Trust 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 The Trust 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 The Trust will act according to the safeguarding policy and procedures if there are any concerns for the learner's wellbeing.
- 4.2.12 The Trust will arrange moving and handling training for any staff involved with the moving and handling of children or young people for their intimate care. These records must be kept by the school or college.
- 4.2.13 The Trust will ensure that any members of staff who are carrying out delegated medical tasks, related to intimate care, have received the appropriate training by a healthcare professional. These records must be kept by the school or college 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 the school or college, as soon as possible, so that the needs of their child or young person can be met. This includes the nature of their child or young person'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 the Trust to develop and agree an intimate care plan/manual handling plan or other plan.
- 4.3.4 Parents/carers must work with the school or college to ensure that the setting always has the required products available for their child's intimate care or toileting needs.
- 4.3.5 Parents/carers must ensure that school or college 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 staff or parents/carers 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 staff know when they are aware that they need assistance.
- To let their parent/carer or a trusted member of 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 Leadership Team.



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

Name of Child/YP:		
Date of Birth:		
Class / Teacher Name:		
Care required, frequency and r	atio of staff:	
Member(s) of staff who will ca	rry out the tasks	
member(s) or starr who will sa	Try out the tusks	
Name:		
Signature:		
Location where the intimate c	are he carried out and what e	nuinment/resources will be
required to safely carry out th	e procedures:	duibilient/resources will be
Any religious or cultural sensiti	ivities related to aspects of intir	nate care? If yes, please give
details:		
Infection Control and Disposa	l Procedures in place:	
Actions that will be taken if an	y concerns arise:	
Parent's responsibility to prov	ide:	

Г	
Any home/school or college ag	reement of care/management plan or communication:
Other Professionals in involved	in care/advisory role:
What is your shild's lovel of a	hilitu? i a what taaka thay are able to do by themselves
and what opportunities for dev	ability? i.e. what tasks they are able to do by themselves, eloping independence are taken.
	1 0 1
I/Mo have road the Intimate Ca	pro/Toilating Policy provided by New Collaborative Learning
Trust. I/We give permission for	are/Toileting Policy provided by New Collaborative Learning the named member(s) of staff to attend to the care needs of
my/our child/YP and agree with	the procedures proposed
Name of Parent / Carer:	
Signature:	
Head Teacher (or other	
designated member of staff):	
Signature:	
Date:	
Review by date:	



Appendix 2: Intimate Care and Toileting Log

Date:	Time:	Type of intimate care task conducted e.g. toileting, nappy change, other intimate/personal care task:	Print name:	Signature:



Appendix 3: Example manual handling plan Manual Handling Plan

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

I need you to have extra training:	u to h	ave e	extra tra	aining		- Delete	YES/No - Delete as appropriate.					
Name:			D.O.B.									
These are the things I can do myself e.g. distances, sometimes I can get up off the and down steps with support:	he thing someting teps wi	gs I can nes I c ith sup	can do myself e.g. s I can get up off the support:	elf e.g	g. I can walk short ne floor. I can go up	hort go up						
40 40								71				
r am able to move myself	шоле			l really	ly like:			l don't like:	IIKe:			
I need some help	e help											
I am very dependent	ebende	nt		ı								
	Ine	dns pe	port with	: Plea	ase tick all that	apply a	I need support with: Please tick all that apply and comment below	~				
Mobility		My body shape	dy		Behaviour		Understanding		Communication	ation		Fear
Skin		Contin	Continence		Pain		History of falls		My Size			Attachments
Write comments about any boxes where	nents al	bout a	ny boxes	wher	e there is a tick.	k. Rel	Relevant Medical conditions in red or <mark>highlighted</mark>	ndition	s in red or h	ighlighte	.: <mark>'Q</mark>	
I use this/these piece(s) of equipment:	ese pie	ce(s)	of equipn	nent:			There are these risks in the areas I use in school:	risks ir	the areas	l use in	schoc	
Assessed by:							Signature:		_	Date:		



on:	
Re-assessment due	
Countersigned:	

Staff members who have any issues that could affect their ability to move or transfer a student according to the plan should contact Health and Safety for an individual risk assessment to be conducted.

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 or college				
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?	Shoulde Long/Medit	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

te:	
Assessor: Da	
Date of birth:	
Name of student:	

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:	ate:

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 line manager.

Staff members who have any issues that could affect their ability to move or transfer a student according to the plan should contact Health and Safety for an individual risk assessment to be conducted.

Date:			
			Date:
Reviewed & Re-sign:			
Date: F			
Reviewed & Re-sign:			Signature:
Date: Re			<u>iS</u>
Signature:			
Name:			Assessed by: