



# PURPLE OAKS ACADEMY

# Intimate Care Policy

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## **Introduction**

Intimate care is any care which involves washing or changing of students where clothing is removed. This includes toileting support and continence management. All staff have a duty of care to provide this kind of support for students.

## **Fundamental Principles**

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 considered.
- Every child has the right to have levels of intimate care that are as consistent as possible

## **Aims and Objectives**

This policy aims to provide a clear framework for staff to ensure the safety and dignity of all students when using the toilet and for those who require additional support with toileting and continence management. No student should be attended to in a way that causes distress or pain.

## **Our Approach to Best Practice**

The management of all pupils with intimate care needs will be carefully planned. Any student with intimate care needs will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each student to do as much for themselves as possible. This may mean, for example, giving the student responsibility for washing themselves.

Wherever possible, the same student will not be cared for by the same adult on a regular basis; ideally there will be a rota of staff known to the student who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers.

## **Intimate Care Plans**

Individual intimate care plans will be drawn up for particular student as appropriate to suit the circumstances of the student. This will be completed by the class teacher and agreed with the parent/carer. Families must consent to intimate care being undertaken – teachers are responsible for gaining consent and note on CPOMS where consent has been sought.

Each student's right to privacy will be respected. Careful consideration will be given to each student's situation to determine how many carers might need to be present when a student is toileted, this will be clearly documented on the intimate care plan.

## **Recording**

### Checklist for Intimate Care Folder and Recording

- Individual Red files include **all** intimate care plans for all students who require them,
- Intimate Care plans need reviewing or writing annually and sending home/signing by parent/carers,
- Some students will need physical support or verbal prompts- they require an intimate care plan which has been shared with home but do not need daily records completing,
- Daily records are completed for those students who require changing e.g. changing of incontinence pads (using weekly recording sheet),
- Complete name, times and highlight or circle relevant toilet activity (code shown at bottom of form),
- Class teams upload record sheets to CPOMS every Friday, (recording all changes/support)
- Completed record sheets are then destroyed following being recorded on CPOMS.
- Folders to be stored discreetly in classrooms.

*See Appendices for templates.*

## **Health & Safety Guidance**

Staff should always wear appropriate personal protective equipment, including apron and gloves. Any soiled waste should be placed in a polythene waste disposal bag and sealed. The bag should then be placed in a bin, (with a liner) specifically designed for such waste. This bin should be collected on a weekly basis as part of the usual refuse. It is not classed as clinical waste.

## **Special Needs**

Students with special needs have the same rights to privacy and safety when receiving intimate care. Additional vulnerabilities (any physical disability or learning difficulty) must be considered when drawing up care plans for individual pupil. Regardless of age and ability, the views and emotional responses of students with special needs should be actively sought when drawing up or reviewing a care plan.

## **Physical Contact**

All staff engaged in the care and education of students need to exercise caution in the use of physical contact. Staff must be aware that even well-intentioned contact might be misconstrued by the student 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 pupils 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 student's needs at the time

Arrangements must be understood and agreed by all concerned, justified in terms of the student's needs and consistently applied and open to scrutiny. Where possible, consultation with colleagues should take place where any deviation from arrangements is anticipated. Any deviation from the agreed plan must be documented and reported.

Extra caution may be needed where a student has previously suffered abuse or neglect. This may lead to staff being vulnerable to allegations of abuse. Many such students may seek out inappropriate physical contact. In such circumstances staff should deter the student, seek witnesses and document and report the incident.

#### **Changing procedures followed by staff:**

1. Prepare the changing mat/bed by cleaning it with antibacterial spray.
2. Ensure the following items are ready before changing a child's continence product; clean continence product, wipes and cream if required. (NB – where cream is used, the child should have their own named cream and written permission obtained from the parent).
3. Approach the child and say or sign that it is time for a change. Sometimes the child will tell you when their continence product needs changing. Each child will have a drawstring bag which contains their changing resources. This will be shown to the child to support their understanding and reinforce the routine.
4. Put on a pair of disposal gloves and a disposal apron (NB – staff must put on a fresh pair of gloves and fresh apron for every child that has had a continence product changed).
5. Support the child on to the changing bed by moving the bed down to an appropriate height making sure the safety bar is put into position once the student is on the bed.
6. Remove the child's clothing to access the continence product. Try to encourage the child to help as much as possible.
7. The staff member will then remove the child's continence product and clean the area, always from front to back using wipes and cream provided by parents/carers. The staff member must ensure the child is clean and comfortable by putting on a clean continence product and, if required, a clean set of clothes.

8. If the child's clothes are soiled, they should be bagged separately and sent home. They should not be rinsed by hand. If appropriate, staff will access the school washing machines to provide an initial clean but it is always suggested that parents/carers re-wash the clothes when they receive them.

9. Changing beds should then be lowered to an appropriate height before taking the safety rail down and allowing the student to disembark or adult leaving the side of the bed.

9. All continence products, whether wet or soiled, should be placed into a continence product bag and disposed of in the designated units in the hygiene room.

10. The staff member must then place the used gloves and used apron in the bin provided and wash their hands with liquid antibacterial soap and running water and dry them on a disposable paper towel.

11. Clean the changing mat, surrounding area and underneath the mat with antibacterial spray before leaving to dry.

### **Medical Procedures**

Students who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing or stoma/colostomy bags. These procedures will be discussed with parents/carers, documented in the health care plan and will only be carried out by staff who have been trained to do so.

It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

Any members of staff who administers first aid should be appropriately trained. 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.

### **Complaints**

Any concerns or complaints regarding this policy, or its implementation, should be brought to the attention of the Academy in accordance with the Academy's Complaints Procedure. This can be found on the Academy's website or is available from the office.

