

**TREGONWELL ACADEMY
GUIDANCE ON PROVIDING INTIMATE CARE
FOR CHILDREN AND YOUNG PEOPLE**

Adopted by AAC:

Autumn 2015

High Expectations, Support, Challenge
Part of Ambitions Academies Trust



This guidance has been written to set out a framework within which staff who provide intimate care to our pupils can offer a service and an approach which acknowledges the responsibilities and protects the rights of everyone involved.

Staff are involved occasionally in providing personal and intimate care to some of our pupils. In doing so, staff are placed in a position of great trust and responsibility. They are required to attend to the safety and comfort of the children and to ensure that they are treated with dignity and respect.

1. Definition of Intimate Care

Intimate care is any physical care that involved an invasion of bodily privacy, and which may be a potential source of exposure or embarrassment to the child or their carer. Intimate care is any care which involves bodily contact during procedures such as washing or carrying out an invasive procedure such as cleaning up a pupil after they have soiled themselves, to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care.

2. Partnership and Participation

Partnership with parents/carers is important and especially so in the consideration of intimate care. Details of intimate care arrangements should be discussed and agreed at the admission meeting. This will involve the preparation of a pupil care plan. (*See Appendix 1*).

Intimate care should be a positive experience. It is essential that every child / young person is treated as an individual and that care is given as sensitively and gently as possible. As far as possible, the child / young person should be allowed to exercise choice and should be encouraged to have a positive image of his/her own body. It is important for staff to bear in mind how they would feel in the child / young person's position. Care to be delivered should be explained to the child / young person according to their age and understanding, and when possible their permission sought.

3. Hygiene

All staff must follow suitable hygiene procedures and be familiar with normal precautions for avoiding infection. Staff must have access to protective disposable gloves and aprons and take the necessary care when dealing with spillage of blood or other bodily fluids and disposing of dressings or other equipment.

4. Care Plans

The main purpose of the care plan is to identify the support that is needed for the pupil at school. It is written in consultation with the parents and where relevant, appropriate

medical professionals. This plan clarifies for staff, parents and the pupil the help that the school can provide (*See Appendix 2*). Any special requirements or concerns relating to the intimate care should be identified and documented. Individual care plans should be reviewed on a regular basis – at least annually. This will be done as part of the annual review process, but changes must be made as they occur. Any changes to the care arrangements will result in the completion of a revised Health Care Plan, including the required training and agreement form, if appropriate.

5. Staff Training

All staff involved in intimate care should undertake appropriate Infection Control Training. Where specific procedures relating to the management of catheters or other medical appliances/equipment are to be carried out, appropriate training must be undertaken, with completion of the safe practice/verification form (*See Appendix 3*). This training will be provided by the most appropriate Health Care Professional and must be completed prior to the medical procedure being carried out.

6. Principles

Under appropriate circumstances, intimate care can provide opportunities to teach children about the value of their own bodies, to develop their safety skills and to enhance their self esteem.

- a) Allow the child / young person, wherever possible, to express a preference regarding the choice of his/her carer and encourage them to say if they find a carer to be unacceptable.
- b) Allow the child / young person a choice in the sequence of care.
- c) Ensure privacy appropriate to the child / young person's age and the situation.
- d) Allow the child / young person to care for him/herself as far as possible, providing the necessary support and encouragement to enable them to do this.
- e) Be aware of and responsive to the child / young person's reactions.
- f) When carrying out intimate care away from the school, remember the main issues of privacy and safety.
- g) Respond as soon as possible to meet the child / young person's needs, e.g., toileting, hygiene.

Wherever children can become more independent in carrying out aspects of intimate care, e.g. learning to assist, they should be encouraged to do so.

7. Minimising Risk

Intimate care involves risks to both children / young people and adults, as it may involve an adult touching the private parts of a child's body. For staff involved in intimate care it can be difficult to achieve a balance between ensuring the child / young person's privacy on the one hand, and the safety and protection of both child / young person and worker. It may be unrealistic to expect to eliminate these risks completely. However, if the risks are acknowledged, an awareness is created of the importance of maximising safety for all concerned and promoting the best interests of the child / young person. There are concerns that actions, no matter how well intentioned, might be misrepresented in a damaging way.

Appropriate support, guidance and training for staff is important, so that they feel confident in their practice. Where intimate care is planned, copies of generic risk assessments can be found for reference in each of the designated bathroom areas. Each member of staff will also have a copy as part of an intimate care guidance pack (*Appendices 4a, 4b*), as part of their Induction process. Monitoring of these risk assessments will take place annually by the SLT.

8. Good Practice in Intimate Care

Across AAT there are a few children who may require assistance with toileting and it is therefore recognised and agreed that on many occasions there will only be one adult present.

It is considered preferable, especially for older and more physically mature children / young people to receive intimate care from a member of staff of the same gender. However, as there are usually more female than male staff employed for these tasks, it may be more likely for boys to receive intimate care from a female member of staff. This is usually acceptable to parents, although some religious views and cultural values may preclude female staff from providing intimate care to boys, particularly those in their teenage years. It is vital that schools seek to engage with children / young people and parents, to discuss the normal routines of the school and staff most likely to be involved in delivering aspects of intimate care. This allows for the religious views and cultural values of families to be taken into account. Staff should be mindful of and respect the personal dignity of the children at all times. The views of staff themselves should also be taken into account, since they may have reservations about carrying out aspects of intimate care with older children of the opposite gender.

Where possible staff involved in aspects of intimate care should be accompanied by another adult. However, this may not be practicable from the point of view of staffing resources, unless for health and safety reasons, for example, with a child who is ill or difficult to move or handle. The best interests of the child need to be considered in making such decisions on staffing. Whilst the presence of two people may be seen as providing protection against a possible allegation of abuse against a member of staff, it further erodes the privacy of the child. Ensuring that members of staff make their intention and purpose known to others before commencing intimate care with a child is

a sensible precaution. It is also advisable to make arrangements to ensure that there is always another staff member nearby when intimate care is being undertaken on a one to one basis.

Signed and dated records of personal care should be kept (*See Appendix 5*).

9. Retention and Destruction of Documents

Health Care plans and records should be held by the class teacher and added to the pupils' red files at the end of each year. Documents should be kept and retained for seven years after the pupil leaves school.

10. Positive approaches to intimate care:

- a) Refer to good practice guidelines displayed in bathrooms / changing areas.
- b) Get to know the child / young person beforehand in other contexts to gain an appreciation of his/her moods and verbal and non-verbal communication.
- c) Have a knowledge and understanding of any religious and/or cultural sensitivity regarding aspects of intimate care related to the individual child / young person and take full account of these.
- d) Speak to the child / young person personally by name so that he/she is aware of being the focus of the activity.
- e) Give explanations of what is happening in a straightforward and reassuring way.
- f) Enable the child / young person to be prepared for and to anticipate events whilst demonstrating respect for his/her body, for example, by giving a strong sensory clue such as the cloth or pad to signal intention to wash or change.
- g) When washing, always use a disposable cloth and where possible encourage the child / young person to attempt to wash private parts of the body him/herself; (females should be washed front to back).
- h) Provide facilities which afford privacy and modesty.
- i) Respect a child / young person's preference for a particular carer and sequence of care.
- j) Keep records which note responses to intimate care and any changes in behavior.

- k) Agree appropriate terminology for private parts of the body and functions to be used by staff and encourage children / young people to use these terms as appropriate.
- l) Speak to older children / young people in a way that reflects their age.
- m) Undertake intimate care with tact, sensitivity and in an unhurried manner.

During the delivery of intimate care, should the member of staff have cause for concern regarding possible child abuse, the recognised child protection procedures should be followed, notifying the designated member of staff with responsibility for child protection.

11. Practical considerations

- a) Staff should receive training in good working practices which comply with health and safety regulations such as the wearing of disposable gloves for certain procedures and methods for dealing with body fluid spillages and manual handling.
- b) There should be sufficient space, heating and ventilation to ensure the child / young person's safety and comfort.
- c) Suitable equipment should be provided, for example, an appropriate changing table.
- d) There should be an accessible toilet and/or appropriate toilet seats and/or hand rails for children / young people who require them.
- e) Items of protective clothing, such as gloves and disposable aprons, should be provided and readily accessible.
- f) Special bins should be provided for the disposal of wet or soiled pads.
- g) There should be special arrangements for the disposal of any contaminated waste/clinical materials.
- h) Supplies of suitable cleaning materials should be provided for cleaning and disinfecting changing surfaces.
- i) Supplies of fresh clothes should be easily to hand so that the child / young person is not left unattended whilst they are found.
- j) Checks should be made beforehand to ensure that there are suitable facilities for intimate care available on excursions and residential experiences.

12. The use of toilets

Staff should promote appropriate use of toilets and associated skills in private and public settings. This may become part of a child / young person's EH+C Plan. Parents should be encouraged to train their children at home as part of their daily routine, and these routines should be reinforced at school whilst avoiding any unnecessary physical contact. Where possible, staff should work with children / young people of the same gender and be mindful of and respect the personal dignity of the pupils when supervising, teaching or reinforcing toileting skills.

13. Indicators to Good Practice

- a) Parents are consulted and informed about arrangements for intimate care. Their agreement to these arrangements is obtained.
- b) Staff are familiar with child protection guidelines and procedures.
- c) Staff know who to ask for advice if unsure or uncomfortable about a particular situation.
- d) Any allegations which a child / young person may make are not left unchallenged or unrecorded.
- e) No inappropriate touching of any kind by staff or children is allowed in games e.g., tickling.
- f) Regular supervision sessions for staff involved in intimate care

14. Confidentiality

Matters concerning intimate care should be dealt with confidentially and sensitively, ensuring that the young person's right to privacy and dignity is maintained at all times.

15. Flexible Approaches

The provision of intimate care to children / young people raises common issues and dilemmas for schools. There are often no universally correct answers since circumstances will vary. What is important is the opportunity for staff to be able to discuss such issues with senior managers and to reach decisions based on skilled professional judgment calling on specialist advice where necessary, good communication with parents and, most importantly, the best interests of the child.

Care Plan

APPENDIX 1

Attach detailed plan if appropriate

Name D.O.B

Medical Needs (Medical information from medical information form and statement.

Include medication)

Daily Care/ Interventions requiring support

Requirement	Frequency	Whom	Additional Advice

I agree to this programme being used in school with my child

PRINT NAME.....Parent/Carer or person holding Parental

Responsibility*(please delete as appropriate)

Signature..... Date

PRINT NAME Class Teacher Signature

..... Date

This plan will be implemented as agreed by the school and reviewed annually or sooner if changes are required.

Please attach all reviews and copies of training certificates if appropriate.

Reviewed

Date School Staff Parent/Guardian

.....

.....

.....

Records kept. Please tick; Provision of personal care

Administration of feeds

Medication records

When records are updated or amended outdated copies must be kept in the pupil's individual record file (red file)

Care Plan

APPENDIX 2

Attach detailed plan if appropriate

Name

D.O.B

Medical Needs (Medical information from medical information form and statement.
Include medication)

Daily Care / interventions requiring support

Requirement	Frequency	Whom	Addition Advice

I agree to this programme being used in school with my child

PRINT NAME.....

Parent/Carer or person holding Parental Responsibility*(please delete as appropriate)

Signature..... Date.....

PRINT NAME Class Teacher

Signature Date

This plan will be implemented as agreed by the school and reviewed annually or sooner if changes are required.

Please attach all reviews and copies of training certificates if appropriate.

Reviewed
Date

School
Staff

Parent /
Guardian

.....
.....

Records kept. Please tick;

Provision of personal care
Administration of feeds
Medication records

When records are updated or amended outdated copies must be kept in the pupil's individual record file (Red File)

Training for Medical Interventions / Procedures

Child / Young Person's Name

Health Worker

I confirm that has been provided with adequate training to execute the attached programme and that his / her practice has been assessed as safe.

Print Name Designation
.....

Signature Date
..

Refresher training will be needed on (date)

Trainee

I confirm that I have been taught the attached programme and feel it is within my ability to carry this out.

Print Name Designation
.....

Signature Date
...

Parent/Carer or person holding Parental Responsibility

I agree to this programme being used in school with my child.

Print Name Parent/Guardian * (please delete as appropriate)

Signature Date

Reviewed

Date	Trainer	Trainee
.....
.....

**BOURNEMOUTH BOROUGH COUNCIL
MANAGEMENT OF HEALTH AND SAFETY AT WORK
RISK ASSESSMENT RECORD**

NAME OF EDUCATION ESTABLISHMENT: Tregonwell Academy

Location of activity to be assessed: Designated bathroom/changing areas

Activity to be assessed: Disposal of soiled waste.

What hazards exist to Health & Safety? (what can go wrong)	Exposure to body fluids through giving first aid treatment.
What harm do the hazards present to employees or other persons?	Risk of contracting infections from bodily fluids or blood borne viruses e.g. Hep A Hep B Hep C HIV
Name the person or groups of persons that will be affected	Members of staff involved in the intimate care of pupils / students.
What precautions have already been taken to control the risk?	Members of staff have been issued with gloves for toileting etc.
Hazard Min, low, mod, high, critical (with number category)	High 4
Probability Min, low, mod, high, critical (with number category)	High 2
Risk Hazard X Probability Number Rating	8
What additional control measures (what can be done) will be required to be implemented to reduce the risk to an acceptable level?	Provide suitable training for staff in infection control. Provide suitable and adequate personal protective equipment. Organise a contract with clinical waste disposal through Southcote Road Depot. Ensure the school has a copy of the Bournemouth Borough Council's blood-borne virus policy. Disposal of soiled dressings etc in approved yellow clinical waste plastic bags. Staff should be offered Hep B vaccinations.
Date additional control measures to be implemented by	

Date completed

Signed

Review Date

Signed

Review Date

Signed

Review Date

Signed

Review Date

Signed

**BOURNEMOUTH BOROUGH COUNCIL
MANAGEMENT OF HEALTH AND SAFETY AT WORK
RISK ASSESSMENT RECORD**

NAME OF EDUCATION ESTABLISHMENT: Tregonwell Academy

Location of activity to be assessed: Designated bathroom/changing areas

Activity to be assessed: Toileting, washing and dressing

What hazards exist to Health & Safety? (what can go wrong)	Contact with bodily fluids Manual Handling Verbal accusations Personal abuse to pupil / student Invasion of personal privacy of pupil / student
What harm do the hazards present to employees or other persons? Name the person or groups of persons that will be affected	Potential for infection Potential for skin allergy to staff Potential for injury to member(s) of staff Potential for injury to pupil / student by actions of staff Potential for litigation against member(s) of staff by parent / guardian Potential for mental, physical and psychological effects
What precautions have already been taken to control the risk?	Appropriate training in infection control Provision of suitable personal protective equipment, Gloves, eye protection etc. Suitable training for the safe moving and transferring pupils Criminal Record Bureau Checks No inappropriate touching & consideration of pupils privacy needs Only agreed and suitably trained staff to undertake the care.
Hazard Min, low, mod, high, critical (with number category)	High 4
Probability Min, low, mod, high, critical (with number category)	Low 0.5
Risk Hazard X Probability Number Rating	2
What additional control measures (what can be done) will be required to be implemented to reduce the risk to an acceptable level?	Review risk assessment termly of if change in the level of care Regular update training in infection control review etc.
Date additional control measures to be implemented by	TBA:-

Date completed	Signed
Review Date	Signed
Review Date	Signed
Review Date	Signed
Review Date	Signed
Review Date	Signed

APPENDIX 6

Provision of Person Care

Child / Young Person's Name

Date	Time	Action / Comments	Staff Signature	Witnessing Member of Staff (if applicable)

Key:-
AAC – Academy Advisory Committee
SLT – Senior Leadership Team
AAT – Ambitions Academies Trust
EHCP – Education, Health Care Plan
DOB – Date of Birth

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Part of Ambitions Academies Trust

