



# **INTIMATE CARE POLICY**

**UPDATED – January 2016**

Governing Body Committee	Achievement
Date Policy Reviewed:	October 2015
Date of Next Review:	October 2017

## **1.0 - Introduction**

Jack Hunt School is committed to ensuring that all staff responsible for the intimate care of learners will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all learners, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child/young person's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every learner is treated as an individual and that care is given gently and sensitively; no child should be attended to in a way that causes distress or pain. The school takes its responsibility to safeguard and promote the welfare of pupils in its care seriously. Meeting a pupil's intimate care needs is one aspect of safeguarding.

### **1.1 - Definition**

Intimate care can be defined as care tasks of an intimate nature involving washing, touching or carrying out a procedure which requires direct or indirect contact with or direct exposure of the genitals. Examples include care associated with continence and menstrual management in addition to tasks such as washing, toileting or dressing.

### **1.2**

Students' dignity will be preserved at all times and a high level of privacy, choice and control will be afforded them. All staff that provide intimate care will be trained accordingly in Child Protection procedures, Health and Safety and Moving and Handling, to ensure the optimum levels of safety for learners.

### **1.3**

Relevant staff, students with physical access needs and their parents/carers work together to plan and deliver continuity of care as far as possible and all contribute to creating and agreeing on an Individual Health Care Plan.

### **1.4**

Students are educated in personal safety as part of the curriculum.

## **2.0 - Our approach to best practice**

### **2.1**

All students who require intimate care are treated respectfully at all times; the students' dignity and welfare is paramount before, throughout and after any intimate care procedure.

### **2.2**

Equipment will be provided to assist students who require special arrangements, following assessment by the relevant medical practitioners. Staff must have appropriate Moving and Handling training before any equipment can be used to assist students in this way.

### **2.3**

Staff will be supported to adapt their practice in relation to needs of individual students, taking into account developmental changes such as the onset of puberty and menstruation or a change in the student's physical condition or circumstances.

## **2.4**

Staff will take into account a student's wishes and feelings when planning intimate care. Students will have an Individual Health Care Plan which has been agreed with the students and their parents/carers. Students will be made aware of all procedures and the reasons for them.

## **2.5**

As a basic principle all students will be supported and encouraged to achieve the highest level of independence possible. Student care plans will include intimate care programmes and risk assessments to address independence issues. Wherever possible, learners will conduct any procedure independently and staff will support where this is required.

## **2.6**

The Students' rights to privacy will be respected. Careful consideration will be given to determine how many staff should be present to meet the particular needs of specific students. This information will be documented in the care plan and agreed with the parents/carers and student. When a hoist is used, a minimum of two staff members will be present.

## **2.7**

When possible staff should only give intimate care to a student of the same sex, however in certain circumstances this principle may need to be waived (learner choice) where failure to provide appropriate care would result in negligence.

## **2.8**

Wherever possible the same student will not be cared for by the same adult on a daily basis. This is to ensure that, as far as possible, over-familiar relationships are discouraged. Where possible however, within the limitations of timetables, intimate care will be provided by the fewest members of staff possible, ensuring consistency of care and maximum confidentiality.

## **2.9**

Each student will have a Keyworker with whom they can communicate any issues or concerns they may have regarding their care or treatment. They may also communicate any concerns directly to the Higher Level Teaching Assistant for students with Physical Access needs or the SENCo/Deputy SENCo.

## **3.0 - The Protection of the Student**

### **3.1**

Jack Hunt School Child Protection procedures are accessible to all staff and should be adhered to in all cases.

### **3.2**

Students will be taught personal safety skills as part of the curriculum.

### **3.3**

Staff should pass on any concerns they may have regarding physical changes in a student's presentation to the schools' Safeguarding/Child Protection officer e.g. marks / bruising / soreness. If a student becomes distressed or unhappy about being cared for by a particular member of staff then this should be reported and, where feasible, ceased.

### **3.4**

If a student makes an allegation against a member of staff then this must be reported immediately.

### **3.5**

Within the scope of their understanding and ability, learners will be involved in any decision regarding their own Intimate Personal Care and procedures will also be established within any framework of guidance received from medical professionals.

## **4.0 – Equipment and Stock of Care Supplies**

### **4.1**

The equipment used by members of staff at Jack Hunt School fall within three categories:

- Equipment owned by Jack Hunt School
- Equipment owned by the Learner
- Equipment owned by the Local Authority/Health Services

### **4.2**

According to the above, replenishment of consumables falls to each of those responsible and the appropriate funding should be allocated to ensure stock is maintained accordingly.

## **5.0 – Medical Procedures**

### **5.1**

Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers and documented in the Individual Health Care Plan. These procedures will only be carried out by specifically trained staff members. Training will meet statutory need, such as annual updating, delivery by appropriately qualified staff etc and delivered by Health Professionals to ensure correctness and consistency of procedure.

### **5.2**

It is particularly important that staff follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly. To this end, appropriate disposal equipment is provided to the school and maintained by external providers; these arrangements fall under the responsibility of the Facilities Manager.

### **5.3**

Any members of staff who administer first aid should be appropriately trained in accordance with Local Authority guidance. If an examination of a student is required in an emergency situation it is advisable to have an additional adult present, with due regard to the student's privacy and dignity.