

FRED LONGWORTH

HIGH SCHOOL



Intimate/Personal Care Policy & Procedures

March 2024

This Policy was approved by:

The Pastoral Committee of the Board of Trustees 4th March 2024

Date for Review: March 2027

Principles

This policy should be read in conjunction with the Safeguarding and Child Protection Policy, Special Educational Needs and Disability Policy and First Aid Policy. It sets out procedures for dealing with toileting and personal/intimate care tasks. The aim being to safeguard students, parents, staff and school by providing clear and relevant guidelines.

The Board of Trustees will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Safeguarding Children and Safer Recruitment in Education' (2006) as well as Keeping Children Safe in Education 2021 to safeguard and promote the welfare of students at this school.

The Board of Trustees recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any student with an impairment that affects their ability to carry out day-to-day activities must not be discriminated against.

Fred Longworth High School takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a student's intimate or personal care needs is one aspect of safeguarding.

Aims

The aims of this policy are to;

- safeguard the dignity, rights and well-being of children and young people who attend Fred Longworth High School and may require assistance with intimate/personal care.
- safeguard staff and provide guidance and reassurance.
- assure parents that staff are knowledgeable about intimate care and that the individual needs of their child are taken into account.
- provide a consistent approach within a framework which recognises the rights and responsibilities of everyone involved.

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure usually involving intimate personal areas which most people usually carry out themselves, but some students are unable to do because of their physical difficulties or barriers. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing. It also includes supervision of students involved in intimate self-care.

Best Practice

1. Students who require regular assistance with intimate care will have a written health care plan agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. This will be written by J Gannon (Inclusion Manager). The plan will be agreed at a meeting at which all key staff, parent/carers and the student are present. Health care plans are kept with the Lead First Aid. They are shared with staff who will work closely with the individual student. Health Care Plans involving intimate care will be held by the Inclusion Manager.

2. The plan should be reviewed as necessary but at least every three years, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). It will also take into account procedures for educational visits/day trips.

3. Where relevant we will agree with the student and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

4. Information on intimate care should be treated as confidential and communicated in person by telephone or agreed method.

5. A signed register will be kept when a child requires assistance with intimate care. It should be clear who was present in every case. This register will be kept with the child's care plan and will be available to parents/carers on request.

6. All students will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual student to do as much for themselves as possible.

7. Staff providing intimate care are trained in personal care (e.g. health and safety training in moving and handling) according to the needs of the student. Staff will be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate. This training will be specific to the needs of each individual child. Records of the training will be held by the Inclusion Manager.

8. Staff will be supported to adapt their practice in relation to the needs of individual students taking into account developmental changes such as the onset of puberty and menstruation.

9. Staff providing intimate care should speak to the student personally by name and explain what they are doing.

10. Every child's right to privacy and modesty will be respected. Careful consideration will be given to each student's situation to determine who and how many carers might need to be present when the student needs help with intimate care privacy and dignity. Wherever possible, the student's wishes and feelings will be taken into account. Two members of staff are present when intimate care is being provided. A screen will be provided to ensure maximum privacy.

11. The religious views, beliefs and cultural values of children and their families will be taken into account, particularly as they might affect certain practices or determine the gender of the member/s of staff providing intimate/personal care. The gender of the student will also be a factor in determining the gender of the member of staff providing intimate care.

12. Adults who assist students with intimate care must be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

13. Sensitive information will be shared on a need to know basis.

14. Health & Safety guidelines regarding waste products should be adhered to and all soiled items will be disposed of correctly. Bags are available for soiled clothes. These will be double bagged and given to parents/carers in accordance with the Health Care Plan at the end of the school day. A safe area is made available for students to store a change of clothes.

15. Members of staff will not carry a mobile phone, camera or similar device whilst performing duties associated with intimate care.

Child Protection

The guidelines set out in the Safeguarding and Child Protection policy should be followed here, however, with specific reference to personal care;

1. The trustees and staff at Fred Longworth recognise that students with special needs and who are disabled are particularly vulnerable to all types of abuse.
2. From a child protection perspective, it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a student's body. At Fred Longworth best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.
3. If a member of staff has any concerns about physical changes in a student's presentation, e.g. unexplained marks, bruises, etc. They will immediately verbally report concerns to the Designated Safeguarding Lead (DSL), Deputy DSL or Safeguarding Officer. A clear written record of the concern will be completed, and a referral made to Children's Services Social Care if appropriate, in accordance with the school's child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

Physiotherapy

1. Students who require physiotherapy whilst at school should have this carried out by a physiotherapist or trained member of staff. If it is agreed in the care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.
2. Under no circumstances should school staff devise and carry out their own exercises or Physiotherapy programmes
3. Any concerns about the regime or any failure in equipment should be reported to the Physiotherapist and Mrs J. Gannon.

Medical Procedures

1. Students who are disabled may require assistance with invasive or non-invasive medical procedures such as managing catheters or 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. This needs to be carried out by specialist medical staff – not by school staff.
2. It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.
3. Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. 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.

Massage

1. Massage is now commonly used with students who have complex needs and/or medical needs for example cystic fibrosis, in order to develop sensory awareness, tolerance to touch and as a means of relaxation.
2. It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face, unless medically required, in order to safeguard the interest of both adults and students.
3. Written parental permission must be given before massage takes place. Verbal consent from the student is also required.
4. Any adult undertaking massage for students must be suitably qualified and/or demonstrate an appropriate level of competence.
5. Care plans should include specific information for those supporting children with bespoke medical needs.

Specialist Equipment

The hoist, medical bed and specialist seating will be serviced yearly or in accordance with guidance of equipment.

This policy endeavours to determine that any student who requires assistance with intimate/personal care will at all times be safe, treated with dignity and be comfortable throughout any personal care procedures.