



MEDI NA HOUSE SCHOOL

I ntimate Care Policy

Adopted by Govenors on

Signed by Chair of Govenors

Review Date: November 2018

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Statement of intent

Medina House School takes the health and wellbeing of its pupils very seriously. As described in the Supporting Pupils with Medical Conditions Policy, the school aims to support pupils with physical disabilities and illnesses to enable them to have a full and rich academic life whilst at school.

The governing body recognises its duties and responsibilities in relation to the Equality Act 2010, which states that any pupil with an impairment affecting his/her ability to carry out normal day-to-day activities must not be discriminated against.

Pupils will always be treated with care and respect when intimate care is given, and no pupil will be left feeling embarrassed.

Signed by:

Headteacher _____ Date _____

Chair of Governors _____ Date _____

1. Legal framework

1.1. This policy has due regard to relevant legislation and guidance, including, but not limited to, the following:

- Keeping Children Safe in Education 2016
- The Children and Families Act 2014
- The Education Act 2011
- The Health Act 2006
- The Equality Act 2010

1.2. This policy should read in conjunction with the following at Medina House School

- Child Protection policy
- Health and Safety policy and procedures
- Policy for the administration of medicines
- Moving and handling policy
- Policy on care and control of pupils
- Safe working practice policy
- Safeguarding policy
- Allegations of abuse against staff policy
- Whistleblowing policy

2. Definitions

2.1. For the purpose of this policy, intimate care is defined as any care which may involve the following which most people carry out themselves, but some pupils are unable to do because of their young age, physical difficulties or other special needs:

- Washing
- Touching
- Carrying out an invasive procedure
- Changing a child who has soiled themselves
- Providing oral care
- Feeding
- Dressing
- Assisting in toilet issues
- Supervision of children involved in intimate self-care
- Providing comfort to an upset or distressed pupil

- 2.2. Intimate care tasks are associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with, or exposure of, the genitals.
- 2.3. Examples of intimate care include support with dressing and undressing (underwear), changing incontinence pads, nappies or medical bags such as colostomy bags, menstrual hygiene, helping someone use the toilet, or washing intimate parts of the body.

3. Health and safety

- 3.1. **Medina House School's Health and Safety Policy** lays out specific requirements for cleaning and hygiene, including how to deal with spillages.
- 3.2. Any member of staff that is required to assist a pupil with changing a medical bag will be trained to do so and will carry out the procedure in accordance with the Supporting Pupils with Medical Conditions Policy.
- 3.3. Staff will wear disposable aprons and gloves while assisting a pupil in the toilet or while changing a nappy, incontinence pad or medical bag.
- 3.4. Soiled nappies, incontinence pads and medical bags will be securely wrapped and disposed of appropriately, in line with the school protocols i.e. using yellow bins.
- 3.5. The changing area or toilet will be left clean. Staff will ensure that they use anti-bacterial spray to clean beds and toilet aids.
- 3.6. Hot water and soap are available to wash hands.
- 3.7. Paper towels are available to dry hands.

4. Staff and facilities

- 4.1. Staff members who provide intimate care are trained to do so, and are fully aware of best practice. Suitable equipment and facilities will be provided to assist pupils who need special arrangements following assessment from a physiotherapist or occupational therapist. This may include the following:
 - Adjustable bed
 - Changing mat
 - Non-slip step

- Cupboard
- Adapted toilet seat or commode seat
- Hoist - ceiling or mobile
- Swivel mat
- Disposable gloves/aprons
- Nappies, pads and medical bags
- Tissue rolls (for changing mat/cleansing)
- Supply of hot water
- Soap
- Barrier creams
- Antiseptic cleanser for staff
- Antiseptic cleanser for the changing bed/mat
- Clinical waste bag

4.2. Medina House School has extensive disabled toilet facilities with washbasins and extensive changing areas within the main school. Medina Cottage has one exemplary disabled toilet for visitors, as well as a fully adapted disabled toilet facility with wash basin and changing area.

4.3. Mobile pupils will be changed while standing up.

4.4. Pupils who are not mobile will be changed on a purpose-built changing bed.

4.5. Staff will be supported to adapt their practice in relation to the needs of individual pupils, taking into account developmental changes such as the onset of puberty or menstruation.

5. School responsibilities

5.1. Staff who provide intimate care at Medina House School are trained to do so including child protection and health and safety training in moving and handling and are fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate.

5.2. As an additional safeguard, wherever possible, staff involved in meeting intimate care needs will not usually be involved with the delivery of sex education to the same pupils.

5.3. There is careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the pupil is

of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

- 5.4. All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each pupil to do as much for his/herself as possible.
- 5.5. All pupils at Medina House School needing Intimate care will have manual handling/risk assessments/ individual risk assessments/medical care plans, as appropriate, agreed by staff, parents/carers and any other professionals actively involved.
- 5.6. Where a pupil does not have a relevant plan in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g.: has had an 'accident' and soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person, by telephone or by sealed letter, not through the home/school diary.
- 5.7. Every pupil's right to privacy will be respected. Careful consideration will be given to each pupil's situation to determine how many carers might need to be present when a pupil needs help with intimate care. Adults who assist pupils on a one-to-one basis must be employees of the school and be DBS checked at the appropriate level.
- 5.8. It is recommended that two members of staff are present to assist with intimate procedures, however, it is not always practical for two members of staff to be present and also this does not take account of the pupil's privacy. It is necessary, however, for a member of staff to inform another adult when they are going to assist a pupil alone with intimate care and that they do not lock the cubicle door. [Also see Code of Conduct and Safeguarding Policy.](#)
- 5.9. Wherever possible the same pupil will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the pupil who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.

- 5.10. Wherever possible staff should care for a pupil of the same gender. However, in some circumstances this principle may need to be waived; for **example, female staff's supporting boys in a primary school as no male staff are available**. Male members of staff will NEVER provide routine intimate care (such as toileting or changing) for girls. This is safe working practice to protect pupils and to protect staff from allegations of abuse.
- 5.11. The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.
- 5.12. All staff will be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.
- 5.13. A qualified member of staff will change the pupil, or assist them in changing themselves if they become wet, or soil themselves.
- 5.14. Any pupil with wet or soiled clothing will be assisted in cleaning themselves and will be given spare clothing, nappies, pads, etc., as provided by the parents/carers.
- 5.15. All staff will react to accidents in a calm and sympathetic manner.

6. Parental responsibilities

- 6.1. Parents/carers will provide spare nappies, incontinence pads, medical bags, wet wipes and a change of clothing in case of accidents.
- 6.2. Parents/carers will inform the school should their child have any marks/rashes.

7. Safeguarding/Child Protection

- 7.1. The Governors and staff at Medina House School recognise that pupils with special needs and disabilities are particularly vulnerable to all types of abuse.
- 7.2. The school's child protection policy and inter-agency child protection procedures will be accessible to staff and adhered to.
- 7.3. 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 child's body. It may be unrealistic to expect to eliminate

these risks completely but in this school best practice will be promoted and all adults will be encouraged to be vigilant at all times.

- 7.4. Where appropriate, all pupils will be taught personal safety skills carefully matched to their level of development and understanding.
- 7.5. If a member of staff has any concerns about physical changes in a pupil's presentation when carrying out a care procedure, e.g. unexplained marks, bruises, soreness, **etc....** she/he will immediately report concerns to the Headteacher or other designated senior person for child protection who will then follow safeguarding procedures and protocols.
- 7.6. If a pupil becomes distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the pupil's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- 7.7. If a pupil makes an allegation against an adult working at the school, this will be investigated by the Headteacher (or by the Chair of Governors if the concern is about the Headteacher) in accordance with the agreed procedures.
- 7.8. Any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors if the concern is about the Headteacher.

8. Physiotherapy

- 8.1. At Medina House School, any pupils who require physiotherapy whilst at school are assessed by a trained physiotherapist who then trains the physio assistant and appropriate members of the class team. A written programme and guidance is provided and shared with parents. This is updated regularly
- 8.2. If staff feel at any point that a programme is no longer suitable/or is causing discomfort to the pupil, they will not carry it out until the physiotherapist has re-assessed that child.
- 8.3. If a member of staff has any concerns about physical changes in a pupil's presentation when carrying out a physiotherapy programme, e.g.

unexplained marks, bruises, soreness etc. she/he will immediately report concerns to the Headteacher or other designated senior person for child protection who will then follow safeguarding procedures and protocols.

9. Medical Procedures

- 9.1. Sometimes at Medina House, pupils might require assistance with invasive or non-invasive medical procedures such as the administration of emergency or daily medication/ insulin injections and enteral feeding. These procedures are overseen by the school nurse/community nurses, who provides written guidelines and training to appropriate members of staff. Such procedures will only be carried out by those staff trained to do so. If at any point, a member of staff felt concern about carrying out a procedure, they would stop and summon assistance from the school nurse/**children's ward/ community nurse.**
- 9.2. Any members of staff at Medina House School who administer first aid will be appropriately trained. If an examination of a child is required in an emergency aid situation another adult will be present, with due regard to the pupil's privacy and dignity.
- 9.3. Records are kept of any medical/enteral feeding procedures and first aid interventions.

10. Massage

- 10.1. Massage is now commonly used at Medina House with some pupils in order to develop sensory awareness, tolerance to touch and as a means of relaxation.
- 10.2. Massage undertaken by school staff will be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and children.

11. Swimming and PE

- 11.1. Many of the pupils at Medina House School require physical support with dressing, drying themselves which will be carried out with regard to this policy.

All pupils have an individual risk assessment completed in which the level of support needed for personal care is outlined.

12. Policy review

- 12.1. This policy is reviewed every year by the headteacher and governors.
- 12.2. The scheduled review date for this policy is November 2018.