

MAYFIELD SCHOOL

INTIMATE CARE POLICY



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1. Introduction

1.1 Mayfield school believes that support should be provided to ensure that pupils who have toileting and intimate care needs receive assistance in a sensitive and appropriate fashion that meets their wishes, needs and preferences. This policy is written to respond to the needs of pupils needs including Autism, Moderate Learning Disabilities, Severe Learning Disabilities, Profound and Multiple Learning Disabilities and pupils with Physical impairments or Health issues. All staff who provide intimate care or toileting should have read this policy.

1.2 Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene, which demand direct or indirect contact with, or exposure of the genitals. Examples of intimate care:

- Dressing and undressing (underwear)
- Helping someone use the toilet
- Changing continence pads (faeces and urine)
- Bathing and showering
- Washing intimate parts of the body
- Changing sanitary wear
- Suppositories/stomas/catheter (if pupils are known to use the these please speak to the school nurse)

1.3 Intimate care may involve touching the private parts of the pupils' body and therefore may leave staff more vulnerable to accusations of abuse. It is unrealistic to eliminate all areas of risk but this vulnerability places an important responsibility on staff to act in accordance with agreed procedures.

Personal care can involve touching people but it is less invasive.

- Skin care
- Feeding
- Administering oral medication
- Dressing and undressing
- Washing non-intimate body parts
- Prompting to go to the toilet

1.4 The following are principles of intimate care and toileting upon which the policy and guidelines are based:

- Every pupil has the right to be safe
- Every pupil has the right to personal privacy
- Every pupil has the right to be valued as an individual
- Every pupil has the right to be treated with dignity and respect
- Every pupil has the right to be involved and consulted about their intimate care to the best of their abilities
- Every pupil has the right to express their views on their own intimate care and to have such views taken into account
- Every pupil has the right to have levels of intimate care that are consistent as possible

(from intimate care policy and guidelines)

2. Assessment of Care Needs

- 2.1 An individual care profile and if appropriate an individual risk assessment and moving and handling plan should be compiled which documents the care needs of pupils. The care profile should clearly state the pupils support needs and how they are to be met, whilst the moving and handling plan and an individualised risk assessment are detail specific issues. All staff who then provide intimate care or toileting support should read and follow the procedures that are set out in the documents. The care profile and other documents should be signed by the parents and if possible the pupil concerned.
- 2.2 Pupils who require support should always be supervised by a staff member until such time it is determined that no support is needed or that your support can be faded. This needs to be determined through the pupils' individual care profile. The level of support is determined by (Toileting: Levels of Support Assessment in appendix 1) that assesses the following areas of support:
- Moving and handling
 - Intimate care
 - Menstrual support (may only require support due to this on a temporary basis)
 - Vulnerability – communication and cognition
 - Vulnerability – physical
 - Intent to make allegations
 - Independence
 - Behaviour
- 2.3 Where intimate care is to be given, it is essential that clear information is recorded and discussions are had that clearly indicate the type and nature of intimate care that needs to be given. Parents and the pupil (if possible and if over the age of sixteen as determined by a mental capacity act assessment) will need to give their consent that they can assist the student with their personal care needs. The process for providing intimate care needs to be accurately recorded in the care profile and signed to confirm that the care is an agreed task.
- 2.4 On an ongoing basis, staff are to clarify the way the person requires support or assistance with being toileted especially where the person requires intimate care, if possible with pupils themselves or with the support of parents/carers. Pupils' needs vary e.g. from requiring verbal prompts as they find the sequence hard to understand, to needing some physical assistance, to who require full physical assistance and intimate care.
- 2.7 Staff must work in accordance with pupils and toileting regimes and toileting programmes. Pupils may be at various stages of toilet training. Staff must ensure that they work in accordance with pupils developing toilet routines by having frequent discussions with parents, carers and relevant professionals and then updating the care profile.

- 2.8 If the pupils physical or health needs have changed (such as due to an operation) consultation should take place with the nurse, physiotherapists and consultants to ensure that the person is not harmed. An individual risk assessment may then need to be completed and the care plan will need to be updated.

3 Classroom management

- 3.1 Classrooms should ensure as much as possible that consistent staffing is in place. Pupils should only be supported by familiar staff who are aware of their toileting needs. Where two staff are needed to support the pupil at least one member of staff should be familiar with meeting their needs.
- 3.2 Pupils are changed at regular times throughout the day and at additional times as necessary. Staffing within in classes should be adequate to meet this need.
- 3.3 Staff should immediately toilet pupils when it is noticed that they need to be toileted or when they alert you that they need to be toileted.
- 3.4 Toileting programs should be promoted and actively supported with pupils
- 3.5 All teaching assistants are able to toilet pupils if required to. Teaching staff will support on school visits or on residential.
- 3.6 At primary age both male and female staff can change both genders. Whenever possible at secondary age staff will change members of the same sex only. If parents or carers have concerns about opposite gender or same-sex gender care teachers can refer them to speak to SMT.
- 3.7 A manual handling plan will need to be in place for any pupil who requires physical gross motor support or hoisting. Teachers need to alert the manual handling co-ordinator to any changes in manual handling that a pupil has. Please see Pupil Manual Handling Policy

4 Toileting and Intimate Care

- 4.1 Staff will ensure as much privacy as possible; however, pupils will be assisted by a staff person/s as needed.
- 4.2 No pupil should be humiliated, punished, or verbally abused for soiling, wetting, or not using the toilet. No student will be forced to remain on the toilet or left in soiled clothing.
- 4.3 Pupils dignity will be preserved and a high level of privacy, choice and control will be provided to them. If the student uses a changing table a screen should be used to ensure dignity.
- 4.4 The setting is committed to ensuring that all staff responsible for the intimate care of students will undertake their duties in a professional manner at all

times. Staff should avoid unnecessary talking over the pupil. All students who require intimate care are treated respectfully at all times; the students' welfare and dignity is of paramount importance.

- 4.5 The setting recognises that there is a need to treat all pupils with respect when intimate care is given. No pupil should be attended to in a way that causes distress or pain.
- 4.4 Staff that provide intimate care are fully aware of best practice. Apparatus will be provided to assist with pupils who need special arrangements following assessment from physiotherapist/occupational therapist/ continence specialists and school nurses as required. Training in intimate care and toileting is available to all staff and is an essential pre-requisite before undertaking personal care.
- 4.5 Staff will be supported to adapt their practice in relation to the needs of individual pupils, taking into account developmental changes.

5 Personal Care and Independence

- 5.1 Staff should clearly communicate and involve the pupil within the routine as much as possible. There should be careful communication with each student who needs help with intimate care, in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the person's needs and preferences and allow them to 'control' the routine as much as possible. The student should be aware of each procedure that is carried out and the reasons for it (as much as possible and if aged 16 and over as determined by the mental capacity assessment) and these should be clearly recorded.
- 5.2 As a basic principal, students 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 they can. Staff should value and enable the process of educating the pupils to be as independent as possible and allow positive routines (rather than rushing tasks) to develop.
- 5.3 Examples of positive practice will include:
 - Asking the pupils permission before clothing is adjusted
 - Keeping the pupil informed of what is happening
 - Be aware of any cultural sensitivities that the pupil may have
 - Using predictable cues such as showing the pupil the nappy or a sponge and flannel for washing
 - Help the pupil to take part in the routine as much as possible, including washing intimate parts
 - Agree language to use for parts of the body
 - Reassure the pupil
 - Encouraging pupils to do as much as possible for themselves
 - Enabling the pupil to have space if they are safe
 - Giving choices where possible
 - Encourage hand washing and hygiene
 - Note and record responses

6 Health & Safety

- 6.1 Staff will wear disposable gloves and aprons when handling soiled clothing.
- 6.2 Soiled clothing will be removed from the student immediately and the student will be changed into clean dry clothing. Please ensure that you place wet or soiled clothing in a yellow bag and include a note to parents/carers detailing the action you have taken in a sensitive fashion.
- 6.3 The pupils' personal soiled clothing will be double bagged and sent home at the end of the day to be laundered or put in the washing machine.
- 6.4 It is the responsibility of workers to ensure that the changing apparatus is fit for purpose before it's use. No equipment should be used if you doubt its suitability or safety. Please report any issues regarding health and safety to the school business manager.
- 6.5 It is the responsibility of workers to ensure that changing apparatus is in clean condition before and after changing students and young people.
- 6.6 Staff must wear disposable gloves and aprons (if necessary) when coming in contact with bodily fluids.
- 6.7 Staff must place soiled nappies in nappy bags which must be placed in yellow dustbin bags to indicate that it is human waste. Some sites will have industrial refuse bins which staff must use. In the case that a site does not have an industrial waste bin, please place nappies / pads in a yellow bag and tie so that there can be no seepage.
- 6.8 Staff must wash hands thoroughly with liquid soap and running water after assisting students with toileting and will use individual paper towels to turn off water and dry hands.
- 6.9 Workers will ensure that pupils wash their hands thoroughly before and after snacks and meals, after toileting, and after playing outdoors, with liquid soap and running water; following correct hand washing procedures
- 6.10 Parents will provide sufficient extra clothing for their students; staff need to ensure that they will provide spare clothing for emergency needs. The school department should have a repository of spare clothes.

7 Safeguarding

- 7.1 Due to the vulnerability of pupils who receive intimate care staff will strictly follow the care profile and only use agreed protocol as stated within the care profile.

- 7.2 As determined by the toileting level of support assessment, where appropriate two members of staff can assist.
- 7.3 To ensure that potential harm of students is minimized, staff are to report concerns to the teacher who will have oversight of the staff member who is undertaking the personal care and toileting tasks.
- 7.4 If a pupils' behavior may be a reason to increase the number of staff involved in toileting the child or young person, however staff should be aware that increasing staff may exacerbate behaviors. Staff should be aware of behaviors that may exacerbate during toileting; some pupils may be uncomfortable with toileting procedures and close proximity which may be expressed through a variety of behaviors. Signs and changes of behavior should be recorded and if applicable the safeguarding should be informed through CPOMS.
- 7.5 If a member of staff has any concerns about physical changes in a student's presentation, e.g. marks, bruises, soreness etc. she/he will immediately report concerns to the appropriate person for safeguarding. A clear record of the concern will be completed and referred on if necessary). Where physical bruising is noticed or an accident occurs during the intimate care that may result in bruising a body chart should be completed. If a staff member accidentally knocks or harms the student they are to notify a senior member of staff
- 7.6 Wherever possible, the same pupil will not be continuously cared for by the same staff. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing and possible signs / signals of abuse are noticed.
- 7.7 If a pupil becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. If the pupil continues to be upset with a particular carer, the care should be undertaken by another person.
- 7.8 Staff should report issues that arise out of providing intimate care to the safeguarding team. Issues that may arise may include accidentally hurting them, she or he seems unusually sore or tender in the genital area, sexual arousal by your actions, or miss-understands or miss-interprets something, or has a very emotional reaction without apparent cause.
- 7.9 During intimate care if staff notice potential signs of Female Genital Mutilation they are to report the matter immediately to the Safeguarding Team

8 Illness / sickness

- 8.1 Diarrhea and vomiting is infectious. Pupils will not be allowed to attend school 48hrs from their last bout and should be sent home immediately. Some pupils will be prescribed laxatives which will cause them to have loose stools. If this is known staff should contact parents to check whether the pupils dose has changed or if they have given an extra dose

9 Sexual rights and Freedom

- 9.1 Whilst it is acknowledged that all pupils have Sexual rights, pupils also have sexual responsibilities. In order to protect pupils from potential harm whilst within our care, within public environments and when they leave school, the school has a responsibility to ensure that pupils, staff and public are safe and that we do not risk pupils engaging in sexually offensive behaviour. For example, if the pupil wishes to engage in their sexual right to masturbate, within the home this can be facilitated by directing the pupil to a personal space such as the bedroom, but if a pupil wants to masturbate at school, the toilets or bathroom areas are whilst containing cubicles are public.

Research has indicated that due to spaces being provided within public areas and difficulties with generalisation of public and private, people with learning disabilities risk engaging in sexually offensive behaviour (directly towards others or in view of others or inappropriately within public places. Sex or sexual acts (lewd behaviour) in public spaces is illegal. However, the complexity of this issue is recognised as pupils will have different levels of capacity to understand and ability to regulate their behaviour and sexual or sensory urges. Therefore, decisions about the pupil, should be made on an individual basis and agreed with clear protocol in place.

- 9.2 In all cases, due to the risk of sexual behaviour escalating, if a pupil is known to regularly exhibit sexual behaviour it should be included within the behaviour management plan/ risk reduction plan. In all cases a CPOMS should be raised in order to ensure that the pupil can be appropriately supported and in some cases (where the sexually offensive behaviour is directed or visible to others) so that pupils and staff are safeguarded.
- 9.3 If learner exhibits sexualised behaviour towards self or others but with verbal prompting can regulate sexualised urges staff should actively discourage it, offer distractions and alternatives. Dependent on the capabilities of the pupil further discussions should take place in liaison with other professionals and parents/carers as appropriate
- 9.4 If learner exhibits sexualised behaviour towards self or others and is *not* aware of personal/private and are *not* able to effectively regulate behaviour through abstaining, a risk reduction plan should be drawn up with the support of SMT, multidisciplinary professionals, parents and carers as necessary. The risk reduction plan should look at factors such as if an appropriate space can be provided (and if this is safe for themselves and others), capacity to keep themselves safe, alternative stimulus or distraction, the impact on behaviour, plan for reducing within school.

- 9.5 If a pupil, despite direction or discouragement to not engage in the behaviour within the environment, does continue to masturbate in the toilet area, staff should ensure the pupil is safe by removing objects and should leave the toileting area. The pupils' dignity should be ensured at all times and cleaning staff should be alerted to if the toileting area needs to be cleaned. The event should be recorded on CPOMS and dependent on the regularity, severity and risk, a behaviour management plan or risk reduction plan should be implemented with the support of SMT, multidisciplinary professionals, parents and carers as necessary.
- 9.6 If you are providing intimate care on a changing bed and the male pupil has an erection, reserve the pupils' dignity and cover using a towel until the penis is flaccid. Similarly, if a female pupil shows sexualised signs reserve the pupils' dignity until you can continue the personal care.
- 9.7 If staff are concerned about any issues in regard to pupils' sexuality and safeguarding issues that may arise they can discuss the matter with SMT and if necessary and appropriate referrals can be made to a learning disability nurse or sex education specialist.

10 Training and monitoring

- 10.1 All staff undertaking intimate care and supporting with toileting should be trained in relation to the policy and practical care approaches in relation to intimate care.
- 10.2 All staff should read and understand the intimate care policy
- 10.3 Coaching to new or less familiar staff should be provided by a lead teaching assistant who can support with manual handling, personal care and intimate care. The coach is to be available to support staff with personal and intimate care and manual handling (in consideration).
- 10.4 Staff should record when intimate and personal care is provided to pupils by using the weekly intimate and personal care form. A copy should be sent home and the original should be filed.