



The purpose of this Intimate Care Policy is to ensure that all pupils at Boston Endeavour School receive appropriate and respectful care in relation to their intimate care needs.

This policy aims to promote dignity, privacy, and respect while protecting both pupils and staff. This policy provides information to parents/carers about the school's arrangements for intimate care and ensures that the high standards of intimate care within these guidelines are maintained by all staff.

Intimate Care is defined as enabling pupils to carry out or be involved in personal life functions with dignity and respect, meeting individual needs

**Intimate care can include the following:**

- Toileting
- First Aid
- Changing pupils for swimming / PE
- Dressing
- Feeding
- Moving pupils including physiotherapy/standing
- Administering medication & or emergency medication
- Changing Stoma bags / Catheterization
- Personal hygiene e.g. menstruation, showering, nail cutting
- Care tasks of an intimate nature associated bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of genitals

**The purpose of this policy is:**

- to safeguard both pupils and staff
- to provide information to parents/carers about the schools arrangements for intimate care
- to ensure that the high standards of intimate care within these guidelines are maintained by all staff

**Appendices**

- Intimate Care Plan Example
- Hygiene Suites Example

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## **Roles and responsibilities:**

### **Governing body:**

- To see seek assurance that the policy is kept up to date and is followed correctly both in terms of the practice and the philosophy.

### **Leadership Team:**

- To ensure that all staff understand the intimate care policy and that it is implemented with respect, dignity and in a professional manner.
- To ensure that the policy is reviewed annually and any new guidance or legislation is updated within the policy.
- To ensure that only staff who have the relevant safeguarding training and DBS clearance carry out intimate care.

### **Inclusion Mentors:**

- To ensure that any student who requires an intimate care plan has one completed prior to arrival and this is shared with the relevant staff.
- To ensure that staff review and update intimate care policies as the student requires it.

### **Teachers:**

- To ensure that all students who require intimate care have an up to date and detailed care plan which is written, recorded and stored confidentially electronically in pupil files.
- Intimate care plans to be reviewed ideally termly but at least annually
- To ensure that the class team understand what is needed to support a student with care needs.
- To ensure that any amendments to a care plan are shared with parents/carers and where possible students.
- To ensure that the class team are confident in supporting with intimate care and have the correct resources to achieve this
- To model good intimate care practice to new staff and to ensure that practice is of high quality and is carried out with respect and dignity.

### **All Staff:**

- To provide intimate care support with respect, dignity and in a professional manner and as much as possible encourage independence and choice. Ensuring that students intimate care is only discussed with those that support the particular student.
- To ensure that intimate care is carried out in a hygienic and appropriate way ensuring that the correct equipment is used to support a student (**Acheeva Beds must NOT be used for changing**)
- To ensure that the intimate care plan is followed correctly and to feedback to the teacher and element of the care plan that may need reviewing.
- To record intimate care support via DoJo to ensure that parents are kept up to date with necessary information.
- In line with the safeguarding policy, staff should be vigilant to any indicators of possible harm and this should be reported as per the safeguarding policy.

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### **Principles of intimate care**

- It is important that privacy, dignity and confidentiality are maintained at all times. Adults should be sensitive to pupils' feelings and wishes, introducing age-appropriate strategies in consultation with home and outside agencies.
- Intimate care tasks should be seen as a very important part of the individual's curriculum. It may be that Individual Education Plans are linked to aspects of intimate care.
- This should be seen as quality time with individuals, focusing on communication, increasing independence and raising self-esteem.
- Pupils with communication difficulties must be made aware of forthcoming intervention using appropriate communication e.g. Makaton/body signing/objects of reference. All pupils should be informed about what is going to happen, seeking their consent for procedures.
- Equipment and reasonable adjustments will be provided to assist with children who need special arrangements following assessment from physiotherapist/occupational/incontinence team therapist as required.
- Conjunction with a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health

### **Location and resources**

- Intimate care procedures should take place in designated areas ensuring total privacy where required.
- The environment should be clean, pleasant, hygienic and relaxing. Appropriate resources should be available. (See appendices)
- Health and hygiene procedures should always be followed, e.g. use of gloves, aprons, hand washing, safe disposal of waste, wiping down of surfaces and bed every change, etc and disposing of worn nappies in nappy bags in clinical waste bins provided.
- For offsite situations, staff must ensure that appropriate facilities are available, prior to the visit. A risk assessment of all needs will be completed e.g. whether a mobile hoist is required or any other equipment needs. Moving and handling Coordinator to be made aware of the trip destination and date so a Moving and Handling Off-Site Risk Assessment can be made.

### **Training**

- The induction given to new staff covers child protection policy and arrangements, general health, safety and security information, moving and handling training, intimate care and personal hygiene arrangements.
- It is important that for certain pupils, their intimate care is provided by familiar staff on a daily basis where possible. (i.e. feeding pupils with dysphagia difficulties /gastrostomies/suctioning – this can only be carried out by staff with up to date training)
- Intimate care tasks must not be attempted unless the member of staff feels confident and sure about how to proceed. If in doubt, ask a colleague.
- First Aid, including the administration of rectal Diazepam, buccal Midazolam or Epipen's must follow the appropriate guidelines and only staff trained in these areas will complete these tasks.

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### **Working with parents/carers and other professionals**

- Links with the home are essential to maintain continuity and consistency of practice.
- Contact with outside agencies, such as speech & language therapy, occupational therapy and physiotherapy, needs to be maintained where appropriate
- Creams/lotions/sprays for use on sore areas relating to any part of the body cannot be used unless permission has been gained from parents.

### **Safeguarding**

- Risk assessments should highlight the potential for abuse / accusation of abuse during intimate care procedures. Appropriate staffing will be determined by risk assessment. Staff must be familiar with and follow the Child Protection policy and guidelines.
- Evidence of soreness, irritation, bruising, scratches, discharge, etc need to be recorded via CPOMS and reported to the parents and class teachers. It may be necessary to share this information with the Designated Safeguarding Lead if there is a new, persistent or unexplained occurrence of such things.
- Where signs or symptoms of a suspicious nature concern staff, it should be reported immediately to a Designated Safeguarding Lead

### **Supporting sexualised or other behaviours**

- In cases where pupils become sexually aroused or pupils have emotional reactions during intimate care procedures, this must be identified on their intimate care plans and strategies/arrangements should be agreed with parents/carers and leaders and safeguarding team.
- If staff feel that a pupil is using a caring situation inappropriately, all those involved need to discuss the situation to determine an outcome in consultation with parents/carers
- As young people develop they will explore their understanding of their own bodies which is a natural development stage however, it is our duty along with parents and carers to ensure that all students are taught about appropriateness in public and private situations.
- In all areas of the school and at all times staff are trained to respond in all cases to the following incidents in a way that ensures the dignity and privacy of students whilst ensuring there is limited impact on the student and others around them.
- If student's exhibit behaviours in crisis or in curiosity that include removing clothing, exposing private areas, engaging in self-soothing strategies, attempting touch of self or others, staff will respond in the following ways depending on the level of understanding of the students and a Behaviour Management/Crisis Plan will be created in consultation with families.

For those with a higher level of understanding:

- Remind students of personal boundaries
- Remind students that these behaviours are not appropriate in a public place

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- Remind students about appropriate touch and personal space
- Provide verbal or visual cues to stop the students in their current presentation.
- If a student does not respond to the verbal cues then the remaining students will be removed from the area until the situation is resolved
- Parents/carers will be informed by phone and where necessary further intervention will be provided such as using resources such as social stories.
- Responsive teaching sessions as issues are identified
- The use of SoSafe in the curriculum and the PHSE/RSE sessions

For those with lower cognitive functioning and more complex needs

- Clear and concise visual and verbal request to stop.
- Transition to a more appropriate space such as toilets/black out tents or secluded safe space reinforcing the message of private behaviour in a private space /removal of other students from the area if possible or screen the student being supported.
- Provide strategies such as distraction and clear communication systems.
- Where necessary adults who know the student best will also support with any care needs.
- Providing motivating activities and or objects to redirect students back into the classroom environment where necessary. Parents/carers will be informed by phone and where necessary further intervention will be provided such as using resources such as social stories and exploration of sensory needs. In all cases school will work with parents to ensure that a consistent language and approach is used so that students are provided with clear information and responses
- Responsive teaching sessions as issues are identified
- The use of Sex Factor and explicit teaching and language will be shared with families

### **Tracking and monitoring**

- Intimate care plans are written on CPOMS and should be updated if there is a change in presentation of the pupil or if the pupil changes class.
- All staff have a responsibility to familiarise themselves with pupils' individual needs, follow these and review/update them at least annually (see individual students' care/feeding/moving and handling plans)
- Individual care plans are in place for all pupils needing care. Review of the care plans will be required (annually) and some recording may be necessary via CPOMS or Class Dojo.

### **Moving and Handling**

- All pupils that need moving and handling have an individual Moving and Handling plan in line with the LCC policy guidelines.
- Plans must be followed at all times and are reviewed annually by Moving and Handling Coordinators.

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**Related Documents School policies:**

- Safeguarding policy
- Whistleblowing policy
- Sex and Relationships policy
- Health and Safety policy
- Relationships policy
- Teaching and Learning policy
- Moving and Handling policy
- Administration of medication policy.
- First aid policy
- Staff code of conduct.
- Lone Working Policy
- KCISE

Further Guidance The Lincolnshire Safeguarding Children Board have several small leaflets regarding indicators of possible 'Child Harm' and can be contacted if you are worried about a child

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**Pupil Name:**

**Class:**

**Pupil dignity and development of independence is critical in any intimate care**

| Reason              | Tick | Long term target |
|---------------------|------|------------------|
| Physical disability |      |                  |
| Complex behaviour   |      |                  |
| Menstruation        |      |                  |
| Incontinence        |      |                  |
| Medical condition   |      |                  |

**Communication preference to request/ask if toilet is needed**

|  |
|--|
|  |
|--|

|  | Describe type of support<br>e.g. verbal, picture, gesture, physical |        |      |
|--|---|--------|------|
| Level of independence                                | Low   | Medium | High |
| Transition to toilet/changing room                   |   |        |      |
| Removal of clothes                                   |   |        |      |
| Self-care routine e.g. wiping/changing sanitary wear |   |        |      |
| Redressing   |   |        |      |
| Hygiene routine                                      |   |        |      |

**Other information**

|   |  |
|---|--|
| Frequency                                       |  |
| Number of staff needed                          |  |
| Any considerations for specific adults changing |  |
| Product type (including sanitary wear)          |  |
| Additional treatment (e.g. nappy cream)         |  |
| Risk assessment for allegations                 |  |
| Contingency grab bag item's (change of clothes) |  |
| Contingency grab bag location                   |  |

| Triggers | Challenges | Minimise challenge |
|----------|------------|--------------------|
|          |            |                    |
|          |            |                    |

**Step by step instruction**

|    |
|----|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |
| 7. |
| 8. |

|                          |       |
|--------------------------|-------|
| Signed (parent / carer): | Date: |
|--------------------------|-------|

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## Appendix 2



### Appendix 1

### Intimate Care Plan

**Pupil Name:**

**Class:**

#### Pupil dignity and development of independence is critical in any intimate care

| Reason              | Tick | Long term target   |
|---------------------|------|--|
| Physical disability | Yes  | To increase mobility and retain as much independence as possible |
| Complex behaviour   |      | Accept support when having personal care                         |
| Menstruation        |      |  |
| Incontinence        | Yes  |  |
| Medical condition   | Yes  | retts, epilepsy  |

#### Communication preference to request/ask if toilet is needed

Say it is time for personal care; Sign toilet, say Toilet time, Show her a pad and support her in the bathroom following moving and handling plans

Talk me through what is happening eg –

'we are moving onto the changing bed now'

'trousers are coming down'

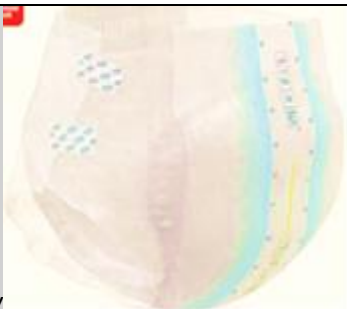
'cold wipe'

'toilet finished'

|  | Describe type of support<br>e.g. verbal, picture, gesture, physical |        |   |
|--|---|--------|---|
| Level of independence                                | Low   | Medium | High  |
| Transition to toilet/changing room                   | Yes – Verbal<br>Object of reference                                 |        |   |
| Removal of clothes                                   | Yes – Verbal &<br>Gesture   |        | If dysregulation physical support may be required see BMP |
| Self-care routine e.g. wiping/changing sanitary wear |   |        | physical support required                                 |
| Redressing   | Yes – Verbal &<br>Gesture   |        |   |
| Hygiene routine                                      | Yes – Verbal  |        |   |
| Other information                                    |   |        |   |
| Frequency  | 3 x a day   |        |   |
| Number of staff needed                               | 2 staff needed  |        |   |

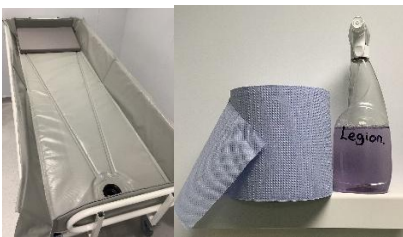


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|   |   |  |
|---|---|--|
| Any considerations for specific adults changing   | At families request not to be changed by male staff members without a female staff present      |  |
| Product type (including sanitary wear)  |  <p>Nappy</p> |  |
| Additional treatment (e.g. nappy cream)   | Nappy cream may be needed- please dojo and cpoms when application has taken place               |  |
| Risk assessment for allegations   | None  |  |
| Contingency grab bag item's (change of clothes)   | In school bag   |  |
| Contingency grab bag location   | On wheelchair   |  |
| <b>Triggers</b>   | <b>Challenges</b>   | <b>Minimise challenge</b>  |
| I can get anxious when I am unsure what is happening  | I require physical support and reassurance  | Narrate the process and cue me in using visuals and objects of reference                               |
| If I have soiled I can become cross and embarrassed by this   | When I am being cleaned I can start to smear  | Make me aware I have soiled and explain the process that is going to take place and talk me through it |
|   |   |  |
| <b>Step by step instruction</b>   |   |  |
| 1. Communicate that it is time for personal care/toilet   |   |  |
| 2. 2. Transfer me onto the changing bed   |   |  |
| 3. 2. Take my pad Trousers and pad off  |   |  |
| 4. 3. Clean up and talk through the process of what is happening I get anxious when I am unsure what is happening |   |  |
| 5. 4. Clean pad on  |   |  |
| 6. 5. Trousers back on  |   |  |
| 7. 6. Hoist back into my chair ( this may dependent on what activity I am doing work chair or home chair)         |   |  |
| 8.  |   |  |
| Signed (parent / carer):  | Date:   |  |
| Signed (School Leader):   | Date:   |  |

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## Appendix 3



### **Clean changing bed**

Changing beds must be cleaned before every use and after every use. Staff must wear appropriate PPE to clean the changing beds: gloves and apron. Cleaning spray has been provided, and will be used with blue roll to clean the surface of the bed; all the grooves around the edges; and the sides of the changing bed mat. Used blue roll must be disposed of in the clinic waste bin, along with used gloves and used aprons. When the cleaning supplies are not being used, they must be locked away in the hygiene suite's wall cabinet



### **Set up of toileting resources**

Toileting resources include gloves, aprons, wipes and nappy bags. This will be stored on the wall mounted units in each hygiene suite. Masks and hand sanitiser should be available too, in case additional measures are required. Staff must check there are sufficient stock of each item available, before the Intimate Care routine takes place. Staff must ensure there are sufficient resources left at the end of the Intimate Care routine. Additional stock of resources are available in the Laundry Room cupboard, or by speaking to, BEA Site Manager. All toileting resources (wipes, gloves, nappies, aprons) must be disposed of in a tied up nappy bag, and then the nappy bag disposed of in the clinical waste bin

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### **Incontinence Wear storage**

Suitable storage to be available. This will be labelled/named for each pupil who uses incontinence wear. Staff must ensure each pupil has a sufficient stock of incontinence wear available. If parents/carers/guardians send their own wipes for their child, these will be stored in the pupils' drawer. The wipes must be used for each Intimate Care routine, and used only for the intended pupil. Parents/carers/guardians may also send topical creams in, for use during Intimate Care routines. These must be stored appropriately and used as prescribed in line with our Medication Policy; used only when required; and for the pupil it has been prescribed for.