

# HALESBURY SCHOOL



## PERSONAL INTIMATE CARE POLICY

Policy for the attention of			
Audience	Key Audience	Optional Audience	Additional/Notes
Senior Leadership Team	✓		
Teachers	✓		
Teaching Assistants	✓		
Administrative Staff		✓	
Curriculum support	✓		
Lunchtime Supervisors	✓		
Site Manager		✓	
Cleaners		✓	
Governors	✓		
Parents	✓		
Website	✓		
Local Authority		✓	

Responsibility of	Headteacher
Review frequency	3 years
This version agreed	12.05.2021
Next review date	12.05.2024

# Physical Contact, Intimate Care and Toileting.

Physical contact constitutes a necessary and integral part of the education of pupils at Halesbury School. It may be used to facilitate growth or to meet needs within the following areas:

- Emotional development
- Educational development
- Physical development
- Personal/social development
- Behavioural development
- Personal care

## Physical support to access the curriculum

Physical support to engage appropriately in speech therapy, occupational therapy, swimming, physiotherapy, swimming, peer massage and support.

Support may involve gentle physical prompting to ensure curriculum/environmental access. For pupils with behavioural difficulties, touch may be required to prevent personal injury, injury to others, or damage to the environment.

Adults in school use the following types of acceptable physical contact:

- Moving pupil's head to gain eye contact, or to ensure that a pupil is able to listen.
- Physical prompting.
- A small hug for comfort and reassurance when a pupil is distressed.
- Co-active feeding.
- Removing objects from a pupil's mouth.
- Choking – removal of an obstruction by trained first aider.
- Wiping or cleaning a pupil when they have finished (or during) a meal.
- Swimming
  - o Changing pupils.
  - o Safety and support in the water – holding/supporting a pupil when entering the pool, and to maintain a safe body position.
  - o Teaching techniques in the pool – may involve splashing water at pupils, or holding to support them above the water.
- Oral skills (for example teeth cleaning) as part of PSHE. Holding hands when walking.
- In P.E. and on outside equipment
  - o Co-active support to access equipment.
  - o Saving pupil from falling.
  - o Holding a pupil on moving and static apparatus.
  - o Playtimes Supporting Chasing
  - o Catching games.
- Personal care
  - o Wiping noses
  - o Washing faces
  - o Applying suntan lotion.
- Strapping children into vehicles.
- Administration of drugs.
- Physical restraint – only in line with the behaviour policy.
- Tube Feeding

All staff at Halesbury School are TEAM TEACH trained (MAPPA trained in July) and promote de-escalation, with physical restraint used as a last resort.

Some pupils may require intimate care for their comfort and dignity.

Intimate care is defined as any care which involves washing, touching or carrying out a procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care.

The issue of intimate care is a sensitive one and requires staff to be respectful of the child's needs. The child's dignity will always be preserved with a high level of privacy, choice and control and an intimate care plan agreed and signed by parents/carers.

Halesbury School is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. Intimate care aims to provide guidance and reassurance to staff. It safeguards the rights and well-being of pupils and assures parents/ carers that all staff are knowledgeable about intimate care.

Staff who provide intimate care are taught to be aware of best practice, and the need to comply with school policies including:

- Safeguarding/Child Protection Health and Safety
- Health care plans, risk assessments and medical details.

Staff will have regard to confidentiality of this information. Sensitive information about a child will only be shared with those who need to know.

The skill of independent toileting may not have been achieved by pupils entering Halesbury School and with support this may be achieved as pupils progress through school. For a small minority of pupils their physical and/or cognitive challenges may result in them remaining incontinent. This needs to be dealt with sensitively and discreetly.

Children entering the school that have not achieved continence or developed independent toileting skills will:

- not be discriminated against in relation to their admission to school
- be supported with their toileting needs to help develop concern for their own personal hygiene, independence and well-being

Halesbury School specialist equipment including a rise and fall changing bed to promote dignity, comfort and independence.

Within phases staff have responsibility for effective organization of hygiene resources in care rooms. Staff always wear protective gloves and aprons during intimate care routines and disinfect changing beds after use. Pupils provide their own intimate care hygienic materials. Apparatus may need to be provided for pupils who need special arrangements following assessment from a physiotherapist/ occupational therapist as required.

Staff will be responsive to any apprehensions, discomfort or disapproval shown by a pupil. Photographs, symbols, Makaton and words will be used as a communication tool with pupils who require this additional support.

Staff will work in partnership with parents to ensure consistency of approach. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation. Provision may be amended in the light of individual needs, but we promote each person's right to equality of opportunity in all aspects of school life, including the provision of intimate care.

Staff will be supported and encouraged to adapt their practice in relation to the needs of individual pupils, taking into account developmental changes such as the onset of puberty and menstruation. The child will be supported to achieve the highest level of autonomy possible, given their age and abilities.

Communication relating to intimate care will be made through a sealed letter, personal contact or a telephone call between a staff member and parent/ carer.

There will be a high awareness of child protection issues where intimate care is provided. Halesbury School follow the procedures set out by the Dudley Safeguarding Children's Board and take account of guidance issued by the document 'Keeping Children Safe in Education' September 2019 and Guidance for Safer Working Practice 2019. All staff are trained in Child Protection awareness, and training takes place throughout the year. If staff has any concerns about physical changes in a child's presentation (examples include marks, bruises, soreness), she/he will immediately report concerns to the designated person for child protection, DSL, (Mr J Kulyk). The deputy DSLs are Mrs Appleby Payne, Mrs Byrne and Miss Barker. All staff appointed at Halesbury have enhanced, rigorous DBS checks which are carried out to ensure the safety of children and staff.

Checklist for use of physical contact in work with people who have SEND and or learning difficulties:

1. Know why you do it
2. Have consent from the person/parent
3. Be prepared to discuss and explain your practices
4. Document – acknowledge it in planning, the curriculum and in policy
5. Document – use care plans, IEPs to explain usage
6. Work as a team with your colleagues and the person involved
7. Use of physical contact should be openly discussed
8. Have others present where practically possible

## **Partnership Working – We work closely with parents and carers.**

### **The Parents/Carers**

Agreeing to change the child at the latest possible time before coming to school;

Providing spare nappies and a change of clothes;

Understanding and agreeing the school procedures followed during changing.

Agreeing to inform the school should the child have any marks/rash;

Agreeing how often the child should be routinely changed if the child is in school for the full day and who will be doing the changing, outlined in the intimate care plan.

Agreeing to review the arrangements, in discussion with the school, should this be necessary.

### **The School:**

Agreeing to change the child should they soil themselves or become wet;

Agreeing how often the child should be routinely changed if the child is in school for the full day and who will be changing them and completing an intimate care plan.

Agreeing to report to the HT and/or the designated child protection member of staff if marks and rashes are seen that cause concern.

Agreeing to review arrangements, in discussion with parents/carers.

### **Procedure for Personal Care in School**

Agreed changing area to allow child privacy/dignity.

Designated members of staff identified to change child including another named person in case of illness/ absence.

All named practitioners changing the child to agree on a consistent approach.

Staff to be provided with disposable gloves (not latex); a disposable apron, disposable cloths to wash the child and nappy bags.

Child to be encouraged to participate in the changing process as/if appropriate e.g. wiping themselves, pulling up their pants etc.

Child to be washed (water only) if necessary and changed. Nappy to be placed in a nappy bag and disposed of safely. Other clothing, if wet and soiled dealt with as agreed.

Changing area to be thoroughly cleaned.