



**OUR LADY OF PITY PRIMARY SCHOOL POLICY OF
GUIDANCE FOR PERSONAL AND INTIMATE CARE
OF CHILDREN WITH MEDICAL/PHYSICAL NEEDS IN
MAINSTREAM SCHOOLS**

*Reviewed by the Finance Committee on 16/11/11
Ratified by full governors on 25/1/12*

SIGNED BY THE CHAIR OF GOVERNORS
DATED

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Our Lady of Pity Primary School Policy of **Guidance for Personal and Intimate Care of Children with Medical/Physical Needs in Mainstream Schools**

Introduction

An increasing number of children and young people with disabilities and/or medical conditions are being included in mainstream settings. A significant number of these pupils require adult assistance for their personal and intimate care needs.

This guidance is based on information contained in:

- **'The Dignity of Risk'**, Council for Disabled Children, National Children's Bureau and Shared Care Network.
- **'Including Me – Managing Complex Health Needs in Schools and Early Years Settings'**, Council for Disabled Children, DCSF.

Personal Care

Personal care tasks include help with feeding, prompting to go to the toilet, washing non-intimate body parts or support with dressing and undressing.

Intimate Care

Intimate care is defined as any care which involves washing, touching or carrying out an invasive procedure that most children and young people carry out for themselves. Disabled pupils in mainstream schools may be unable to meet their own care needs for a variety of reasons and will require regular or occasional support.

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. Examples include support with dressing and undressing (underwear), changing incontinence pads and nappies, helping someone use the toilet or washing intimate parts of the body.

Help may also be needed with changing colostomy bags, catheters and other such equipment. It may also require the administration of rectal medication. Guidance on these medical interventions should be sought from relevant Health professionals. Guidance on administration of medicines can also be found in the document **'Managing Medicines in Schools and Early Year Settings'** (Ref: 1448-2005DCL-EN).

Disability Discrimination Legislation

The Disability Discrimination Act provides protection for anyone who has a 'physical or mental impairment that has a substantial, long term and adverse effect on his/her ability to carry out normal day to day activities'.

In order to meet their responsibilities under Disability Discrimination legislation, schools must make 'reasonable adjustments' to avoid disabled pupils being put at a substantial disadvantage to their non-disabled peers. These adjustments may include the provision of personal and intimate care.

Schools have a responsibility to meet the needs of pupils with delayed personal development in the same way that they would meet the needs of children with delayed development in any other area. **Disabled children should not be excluded from any activity due to**

incontinence, sent home to change, or parents expected to attend school to deal with toileting needs.

The Disability Equality Duty requires schools to promote positive attitudes towards, and eliminate harassment of disabled people. Establishing good practice in intimate care procedures will help a school meet its duties in these and other areas of the Duty.

An admission policy that sets a blanket requirement for continence, or any other aspect of development, for all children is discriminatory. Schools should be reviewing all policies and practices to ensure compliance with the law.

Aims of this Guidance

1. To safeguard the dignity, rights and well being of children and young people with medical and/or physical needs;
2. To support children and young people to achieve their individual maximum level of continence, allowing for as much independence and control as possible;
3. To provide guidance and reassurance to school staff who feel that the provision of intimate care for pupils can place staff in a potentially vulnerable position i.e. open to accusation.

Many schools will have a policy in place that has worked well to date in matters of intimate care. It is important that this policy is reviewed to ensure that it is non-discriminatory. For example, a common policy for schools has been to request parents to attend school to deal with toilet accidents. However, where a child with physical/medical needs is incontinent as a result of her/his needs then the child's welfare needs must be met by the school.

Vulnerability to Abuse

Disabled children and young people are particularly vulnerable to abuse and discrimination. It is important that all staff members are familiar with Safeguarding Procedures.

Disabled children can be more vulnerable to abuse because:

- They often have less control over their lives than their peers;
- They do not always receive appropriate sex and relationships education, or they may not understand it, so are less able to recognise abuse;
- They may have multiple carers through residential, foster or hospital placements;
- Changes in appearance, mood or behaviour may be attributed to the child's disability rather than abuse;
- They may not be able to communicate what is happening to them;
- The nature of their needs and subsequent care can place them in situations, which provide increased opportunity for abuse.

Intimate care that involves touching the private parts of a pupil may leave staff more vulnerable to accusations of abuse. It is unrealistic to eliminate all risk, but the vulnerability places an important responsibility on staff to work within agreed procedures detailed in the child's Individual Health Care Plan or Intimate Care Plan produced by school in liaison with relevant professionals.

Where there have been accusations or incidents of abuse in the past, or the risk of such is assessed as high, then two staff members should be present at all times during intimate care procedures. School should carry out a risk assessment and decide if two members of staff are required based on the outcome of that assessment.

Partnership with Parents

Partnership is important in all aspects of a child's education and is especially vital in relation to intimate care. Parents and carers have key information to make the process as comfortable as possible and knowledge of religious/cultural sensitivities.

Prior permission must always be obtained from parents/carers before intimate care procedures are carried out. School should ensure that parents/carers sign the child's Individual Health Care Plan or Intimate Care Plan which will detail agreed procedures..

Exchanging information with parents is essential via telephone, personal contact or correspondence, though no information about intimate care should be recorded in home/school books.

Safer Recruitment

The School's senior management team should have received safe guarding children and safer recruitment training.

Multi-Agency Working

Pupils with disabilities and or medical conditions will be known to a number of other agencies and it is important that positive links are made with all those involved in the child's care. This will enable school to take account of the skills, knowledge and expertise of other professionals and will ensure that the pupil's well-being and development remain the focus of concern.

Achieving continence is a milestone usually reached before a child starts school but for many children it is delayed or never possible. Assistance with the management of toileting needs should be provided sensitively to allow maximum access to the curriculum, the whole life of the school and dignity in front of staff and peers. Wirral schools have good links with partner agencies in particular the Paediatric Continence Service, which can be contacted at the Child Development Centre at Clatterbridge Hospital (Tel: 334 4000).

Designated Staff

Recruitment and selection of staff to be involved in intimate care should be made following the usual Criminal Records Bureau checks, equal opportunities and employment rights legislation. Personnel providing intimate care are in a position of great trust and responsibility and the importance of their role in promoting personal development of pupils is invaluable.

Where intimate care is not detailed in a job description, then only staff members who have indicated a willingness to do so should be required to perform such tasks. All staff carrying out these tasks should be properly trained and supported.

Wherever possible, staff should work with pupils of the same sex in providing intimate care, respecting their personal dignity at all times. It is recognised that there are more female than male support staff in schools meaning that boys will often be supported by a female adult. Male adults should not normally be involved in providing intimate care for girls. Religious and cultural values must always be taken into account.

The number of adults required to carry out procedures will depend upon individual circumstances and should be discussed with all concerned. To preserve the child's privacy and dignity one adult will normally be in attendance. Where there are concerns around Child Protection, previous allegations or moving and handling issues then two adults should provide

care. Knowledge of the child should be used to help assess the risk. It is essential that all staff are familiar with Safeguarding Procedures and if there are any concerns they should be recorded and discussed with the school's Designated Person for Safeguarding.

Any adults assisting with intimate care should be employees of the school

Trained staff should be available to cover for absences.

Where appropriate staff should receive Moving and Handling training.

A Suitable Environment

Most schools will now have an accessible toilet but not all will have room for a changing bed or hoist. All schools should be planning to have a fully accessible changing area (detailed in the School's Access Plan) if one is not already available.

Schools admitting a disabled pupil with intimate care needs should liaise with appropriate Health Professionals and The Service for Pupils with Medical/Physical Needs.

In addition to suitable facilities schools should also consider:

- The availability of hot and cold running water.
- Protective clothing including apron and gloves
- Nappy disposal bags.
- Supplies of nappies (provided by family – often from the Health Authority).
- Wipes and cleaning cloths.
- Labelled bins for the disposal of wet and soiled nappies (soiled items should be double-bagged).
- Special arrangement for the disposal of any contaminated or clinical materials including sharps and catheters.
- Supplies of suitable cleaning materials e.g. anti bacterial sprays, hand wash.
- Appropriate clean clothing (preferably the child's own).
- Effective staff alert system for help in an emergency.
- Arrangements for menstruation when working with adolescent girls.

Individual Health Care Plans (IHCP)/Intimate Care Plans

An Individual Health Care Plan looks at a child's non-educational needs in order that school can provide an appropriate support package. Where a routine procedure needs to be established an IHCP should be prepared in consultation with all relevant parties. The plan should be signed by parents/carers and reviewed on a regular basis.

When writing a plan, whole school and classroom management considerations should be taken into account, for example:

- The importance of working towards independence
- Arrangements for home/school transport, sports days, schools visits, swimming etc
- Substitutes in case of staff absence
- Strategies for dealing with bullying/harassment (if the child has an odour for example)
- Seating arrangements in class (ease of exit)
- A system to leave class with minimum disruption
- Avoiding missing the same lesson for medical reasons
- Awareness of discomfort that may disrupt learning

- Implications for PE (changing, discreet clothing etc.)
- Ensuring another adult is aware of the task to be undertaken

An Individual Health Care Plan should clarify roles, responsibilities and expectations. If a child makes any disclosures or expresses any concerns the information should be dealt with seriously by the headteacher and reference made to the school's Safeguarding Policy.

Training

The requirement for training and advice will be influenced by the needs of the individual pupils. The school nurse and specialist health professionals will offer support for intimate care needs.

Designated staff may require training in safe moving and handling.

Where basic care is required (similar to that normally provided by any parent or carer) then little or no training may be necessary.

Medical procedures such as, intermittent catheterisation, colostomy, ACE, supra pubic catheter, mitrofanoff will require specialist training. This is vital before any procedure is undertaken. If necessary an induction training programme will be planned.

Training should include:

- Getting to know the pupil before working with him/her
- Being aware of any cultural or religious sensitivities related to aspects of intimate care
- Speaking to the pupil by name and ensuring that they are aware of what intimate care is to take place
- Addressing the pupil in an age appropriate manner
- Agreeing terminology for parts of the body and bodily functions that will be used by all
- Respecting a pupil's preference for a particular sequence of care
- Give clear prompts in an appropriate way to allow the pupil to anticipate and prepare for event e.g. show a clean nappy to indicate the intention to change, or a sponge for washing
- Encouraging the pupils to do as much as possible for themselves
- Always seeking the child's permission to carry out a task
- Providing facilities that allow dignity and privacy
- Keeping records as required

Intimate Care Guidance

Appendix 1 - Model policy for schools

(A Wirral) School Intimate Care Policy

Introduction

Our Lady of Pity Primary School is committed to ensuring that all staff responsible for intimate care of children and young people will undertake their duties in a professional manner at all times.

This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care.

The Governing Body recognises its duties and responsibilities in relation to the Disability Discrimination Act which requires that any child with an impairment that affects his/her ability to carry out normal day-to-day activities must not be discriminated against.

We recognise that there is a need for children and young people to be treated with respect when intimate care is given.

No child shall be attended to in a way that causes distress, embarrassment or pain.

Staff will work in close partnership with parents and carers to share information and provide continuity of care.

Definition:

Intimate care is defined as any care which involves washing, touching or carrying out an invasive procedure that most children and young people carry out for themselves, but which some are unable to do. Disabled pupils may be unable to meet their own care needs for a variety of reasons and will require regular support.

Our approach to best practice:

- The management of all children with intimate care needs will be carefully planned.
- Staff who provide intimate care are trained to do so (including Child Protection, and Moving and Handling where appropriate) and fully aware of best practice.
- Where specialist equipment and facilities above that currently available in the school are required, every effort will be made to provide appropriate facilities in a timely fashion, following assessment by an Occupational Therapist and/or Physiotherapist.
- There is careful communication with any pupil who requires intimate care in line with their preferred means of communication to discuss needs and preferences.
- Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation.
- Pupils will be supported to achieve the highest level of independence possible, according to their individual condition and abilities
- Individual care plans will be drawn up for any pupil requiring regular intimate care
- Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. Where possible one pupil will be cared for by one adult unless there is a sound reason for having more adults present. In such a case, the reasons will be documented and supported by a risk assessment.
- Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the care plan
- The needs and wishes of children and parents will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation
- Where an Individual Health Care Plan is not in place and a child has needed help with intimate care (in the case of a toilet 'accident') then parents/carers will be informed the same day. This information should be treated as confidential and communicated in person, via telephone or by sealed letter (not via the home school diary)

Safe Guarding:

The Governors and staff of Our Lady of Pity School recognise that disabled children are particularly vulnerable to all forms of abuse.

Child Protection and Multi-Agency Child Protection procedures will be adhered to at all times.

If a member of staff has any concerns about physical changes in a child's presentation (unexplained marks, bruises or soreness for example) s/he will immediately report concerns to the Designated Person for Child Protection.

If a child becomes distressed or unhappy about being cared for a particular member of staff, the matter will be investigated at an appropriate level and outcomes recorded.

Parents/carers will be contacted at the earliest opportunity as part of the process of reaching a resolution. Further advice will be taken from partner agencies.

If a child makes an allegation about a member of staff this will be investigated in accordance with agreed procedures.

This policy was adopted by the Governing Body on 30th November 2011 (to be confirmed)

Intimate Care Guidance

Appendix 2 - Intimate care checklist (can be used as preparation for plan)

Resources for intimate care

Pupil's name:..... DoB.....

Admission date

Facilities

Suitable toilet identified?

Adaptations required?

- Changing table/bed
- Grab rails
- Step
- Locker for supplies
- Hot and cold water
- Lever taps
- Mirror at suitable height
- Disposal unit/bin
- Hoist
- Other moving and handling equipment
- Emergency alarm

Other

Family provided supplies

- Nappies/pads
- Catheters
- Wipes
- Spare clothes
- Other

School provided supplies

- Toilet rolls
- Antiseptic cleanser
- Cloths/paper towels
- Soap
- Disposable gloves/aprons/sacks
- Urine bottles
- Bowl/bucket
- Milton/sterilising fluid
- Other

Good practice

- Advice sought from Health professionals?
- Moving and Handling Co-ordinator?
- Parent/carer views
- Pupil's views
- How does child communicate?
- Agree use of language to be used
- Preferences for gender of carer
- Training required for staff?
- Awareness raising for all staff
- Other

PE issues

- Discreet clothing required?
- Privacy for changing?
- Other

Specific advice for swimming

- From parents/carers
- From Health professionals

Moving and Handling Co-ordinator**Support**

- Designated staff
- Back-up staff
- Training for back-up staff
- Transport
- School visits
- After school clubs

Toilet management/intimate care plan to be prepared

- By whom
- When

To be reviewed when

Intimate Care Guidance

Appendix 4 – Frequently asked questions

Is it OK to leave a child until parents arrive to change them?

Ask yourself if you would leave an injured child until the parents arrived. Leaving a child in a soiled nappy, or wet or soiled clothing for any length of time is a form of abuse. Asking the parents of a disabled child to attend school to change them is likely to be in breach of the Disability Discrimination Act.

What if we have nowhere to change children?

If your school has no accessible toilet with a changing bed then it may be necessary to change the child in an alternative private and hygienic area. This should be a temporary arrangement (reasonable adjustment) and you should contact The Service for Pupils with Medical/Physical Needs on 0160151 643 7102/7103 to discuss provision of suitable facilities.

All schools should be planning to improve access for disabled pupils in their Access Plan as required by the Special Educational Needs and Disability Act 2001.

Won't that mean that adults will be taken out of the classroom?

Yes, but changing a child is unlikely to take more than ten minutes or so – not dissimilar to the amount of time that might be allocated to work with a child on an individual learning target. The time spent changing the child can be a positive and learning time. If a child needs changing on a regular basis, then preparing a care plan will clarify whether additional adult support, above that usually provided in the classroom, will be necessary to meet an individual pupil's needs.

Who provides the nappies?

Parents are responsible for the provision of nappies. Families will usually receive nappies from the Continence Service.

Do we have to dispose of nappies?

Nappies should be disposed of in a nappy bin. Wet nappies should be single bagged and soiled nappies double bagged.

Is it OK to lift the child?

If an individual child needs help to get onto the toilet or onto the changing bed for example, then you should seek advice from the child's occupational therapist. To ensure the safety of both staff and pupils a risk assessment must be carried out and appropriate equipment will be provided on the recommendation of an occupational therapist. Some disabled children will need hoisting for intimate care and that should only be carried out by trained staff.

What if a member of staff refuses to change a child who has soiled?

The Disability Discrimination Act is clear that children should be protected from discrimination and so a child who has soiled should be changed and enabled to return to the classroom as soon as possible to resume learning. The issue should not arise if designated support staff have been advised on appointment and induction and existing support staff trained in relation to the school's duties under DDA.

Is it true that men cannot be involved in intimate care procedures?

No. There is a positive value in both male and female staff being involved in intimate care tasks. All designated staff of whatever gender are CRB checked and given training in good practice. Male staff members will not usually be involved in the intimate care of girls. Where cultural or family reasons make a carer of the opposite sex unacceptable this must be respected.

Why does the child keep soiling when the family has told us that she is constipated?

Medication to resolve constipation difficulties will often result in leakage. The medication can take some time to resolve problems and the child may need more frequent care during this time. Health professionals involved with the child's treatment will be able to advise.

How do we stop the other children teasing him?

The Disability Equality Duty means that schools have a duty to eliminate the harassment of disabled people. Changing a child promptly and discretely will minimise the attention drawn to him. Reasonable adjustments might include allowing privacy when changing for PE, appropriate clothing to avoid drawing attention to a nappy and systems for leaving class without fuss. The school should consider whether its anti-bullying policy addresses bullying of disabled pupils and if the curriculum celebrates difference and promotes positive attitudes towards disabled people.

What if a child seems upset or anxious about his personal care?

If it is new or changed behaviour then it is important to ask the family whether anything has happened that may have led to the change. If you remain concerned you should follow normal Safeguarding procedures.

What should I do if I am uncomfortable with what I have been asked to do?

Any intimate care procedures should be agreed by all concerned and you should feel able to request a review at any time. Speak to senior staff at school immediately expressing your concerns.