

**Outcomes  
First  
Group.**

**OptionsAutism**

**Intimate Care Policy**

**Hillingdon Manor School**

**(Syon Grange, Upton Grange, Yiewsley Grange, The Manor)**

## INTIMATE CARE POLICY

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### 1.0 INTRODUCTION

Hillingdon Manor School (and its sites) provide high-quality care, education and clinical support every day. We create happy places that are safe, friendly and supportive, so that we can be trusted to be doing the best for each learner we support.

**Purpose:** This policy applies to all staff that support learners with personal care in educational settings. It outlines the framework for consent and intimate care.

**Implementation:** It is the responsibility of senior leadership to ensure that staff members are aware of and understand this policy and any subsequent revisions. The Registered Manager or the Head of School must have suitable arrangements in place for obtaining and acting in accordance with the consent of learners in relation to the care and treatment provided for them.

**Compliance:** This policy complies with all relevant regulations and other legislation as detailed in the *Compliance with Regulations & Legislation Statement*.

### 2.0 DEFINITION AND PRINCIPLES

This policy applies to all staff supporting pupils with their personal care. The aim of all staff should be to enable the pupil to be as independent as possible.

#### Definition

Intimate personal care is hands-on physical care or hands-on support in personal hygiene, which may include:

- Bathing the body other than the arms, face and legs below the knee;
- Toileting, wiping and care of the genital and anal areas;
- Continence care, including placement, removal and changing of incontinence pads or nappies;
- Menstrual hygiene;
- Dressing and undressing below the outer layer.

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### Principles

Staff undertaking intimate personal care should always act in accordance with the policy. When in doubt, advice should be sought from a member of senior leadership. All staff members should be aware of procedures and policies for protecting vulnerable learners and adhere to them. Policies and procedures are in place for infection control and followed at all times (see Control of Infection Policy).

Risk assessments should be in place, paying attention to risks associated with any mobility problems, moving/handling and epilepsy. Where a person may lack capacity in relation to a specific support being provided, a member of senior leadership should carry out an assessment of mental capacity and make a Best Interest decision. (See Supporting Choice & Mental Capacity Policy)

If a learner refuses support with intimate care this must be recorded on their file and the matter brought to the attention of senior leadership. If appropriate discussions need to take place with the learner / or on behalf of the learner as to the reasons for their decision and the possible consequences of the failure to meet this identified need, key professionals involved with the pupil must be informed of the situation.

### 3.0 INTIMATE CARE PLAN

Where intimate personal care is carried out on a routine basis, an Intimate Care Plan should be considered as part of the Care / Personal Plan.

In developing the plan, the following should be considered:

- The type of intimate care to be carried out;
- Any specific guidance relevant to the learner;
- Any safeguarding issues;
- How dignity will be maintained;
- Any issues around the sex of staff carrying out the intimate care;
- How staff will promote and work towards independence;
- Arrangements for meeting needs away from the home including the scope of registration of the service e.g. CQC residential vs domiciliary care service

### 4.0 INTIMATE CARE PRACTICES

#### Safeguarding

Staff are aware of Safeguarding protocols around Intimate Care and apply best practice. This ensures staff are never alone or isolated when intimate care is happening with a learner. Staff also follow clear protocols, keeping time stamped, sign off sheets when undertaking intimate care tasks. These records are kept and can be shared with parents upon request. (Please see appendix 1)

- Two members of staff must always be present when attending to intimate care needs
- Each learner has an individual record of intimate care fulfilling requirements of GDPR, noting time and type of care carried out. This is signed by the two members of staff present, and countersigned daily by the class lead/teacher.
- In line with Safeguarding Policy and protocol, staff are trained annually with regards to their

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responsibility around safeguarding of children. (see *Keeping Children Safe in Education* and *Safeguarding Policy*).

### Communication Considerations

Staff should seek to explain what they are doing to ensure consent is 'informed' (see Supporting Choice & Mental Capacity Policy) and, wherever possible, verbal or non-verbal consent should be obtained each time the procedure is carried out.

Pupils should be encouraged and supported to be as independent as possible in all their care tasks. Staff should never undertake the tasks to speed up the process or for the sake of convenience.

Pupils should be offered as much consistency of care as possible so that they can develop a rapport with the care staff. This should also be provided through written procedures and protocols.

- Staff should be culturally sensitive and aware of different concepts of privacy, nudity and in/appropriate touch and ways of meeting intimate personal care needs;
- Intimate care issues should be discussed by staff in private;
- Avoid drawing attention to a pupil's intimate care and refrain from speaking about it unnecessarily or in front of people who do not need to know;
- Staff should ensure that the pupil has a means of requesting support for intimate care that is discrete and appropriate to the individual and environment. Learners should be supported to make choices as much as possible, and staff need to be aware that non-verbal behaviour may be a meaningful way of communicating preferences and wishes.

### Washing, Dressing and Toileting

Staff must respect the personal religious beliefs and customs of the pupil with regards to the actions, as long as it is within Health and Safety guidelines. If in doubt, advice should be sought from the Head of School.

Pupils must be offered maximum privacy within the constraints of needing to be assisted, supported and safeguarded.

Staff should make a written report of any changes to the pupil's appearance that may require attention or monitoring, e.g. rashes, blisters, sores etc.

### Shaving (secondary site)

Staff may assist individuals to shave facial hair using an electric razor, if this is part of the Care/Personal Plan. Staff should only assist people to wet shave if they feel competent to do so and must be mindful of safety considerations and risks involved.

Staff will not normally shave body hair unless there is a hygiene or medical reason for doing so. Advice and permission should be sought from the Head of School and Risk Assessments completed.

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### Sanitary / Incontinence Protection

Staff may be involved in changing both sanitary towels and incontinence pads and must follow the hygiene principles identified in the Control of Infection Policy. Staff should always aim to maintain dignity and develop independence of personal care with learners as much as possible.

### Tasks that fall outside of this guidance

From time to time staff may be requested to carry out intimate care tasks that fall outside of the scope of this policy; when this happens, advice should be sought from the Head of School.

## 5.0 INTIMATE CARE FOR MEMBERS OF THE OPPOSITE SEX

Managers should try to ensure that both male and female staff are available to carry out intimate care for pupils of the same sex. Wherever possible and appropriate, the pupil's wishes must be listened to and respected. It is recognised that this may not always be possible and written guidance should be provided in the care plan by the home reflecting their circumstances and client group. Where pupils may receive intimate care from a staff member of the opposite sex on a regular basis this should be recorded in the individual's Intimate Care Plan with appropriate measures for the protection of staff and the pupil. Staff need to be particularly sensitive to cultural and beliefs in terms of receiving care from members of the opposite sex and reflect this in their planning and individual Care/ Personal plans.

## 6.0 STAFF TRAINING

Staff must have received training in the following areas before carrying out intimate care tasks:

- Maintaining and promoting dignity;
- Safeguarding issues when undertaking intimate care tasks;
- Practical advice and strategies appropriate to the tasks carried out.

**7.0 APPENDIX – INTIMATE CARE LOG**

<b><u>Intimate Care Log</u></b> <b>Child Initials: _____</b> Please ensure all boxes are used (no gaps) Staff to initial each box to sign.		
<b><u>Date</u></b>	<b><u>Time</u></b>	<b>Nappy change: <u>D-Dry</u>    <u>W-Wet</u>    <u>S-Soiled</u></b> <b>Any other intimate care – please detail in the box</b> To be signed by staff member and countersigned daily by class teacher
11/9/24	10.30am	W MN
11/9/24	11.30am	S MN
11/9/24	2.30pm	D MN
11/9/24		Countersignature: Class Teacher XXXXXXXX
12/9/24		

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