



Oaklands School

Intimate Care Policy and Guidance



RATIONALE

Oaklands School is committed to ensuring that all staff responsible for the intimate care of children and young people in this establishment will undertake their duties in a professional manner at all times.

We recognise that there is a need to treat all children with respect when intimate care is given. No child or young person should be attended to in a way that causes distress or pain. The child's welfare and dignity is of paramount importance. Every child's right to privacy will be respected.

Parents'/Carers' views will be sought and listened to with regard to every part of this policy.

The purpose of these guidelines is to set out procedures that safeguard children and young people and staff by providing a consistent approach within a framework, and that recognise the rights and responsibilities of all those involved in providing intimate care for children and young people.

We believe that all children and young people should be able to participate in all aspects of community life so that intimate care procedures will be carried out in various settings. It is therefore important that appropriate facilities and equipment are available wherever possible.

We recognise that intimate care raises complex issues. Whilst it may not be possible to eliminate all risks, the balance should be on the side of dignity, privacy, parental (and where appropriate pupil), choice and safety.



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Definition of Intimate Care

Intimate care involves helping pupils at with aspects of personal care which they are not able to undertake for themselves, either because of their age and maturity or because of developmental delay or disability. Children and young people with disabilities may require help with moving and handling, eating and drinking and all aspects of care including:

- Washing
- Dressing and undressing (including swimming)
- Support eating (including tube feeding)
- Administering medication (e.g. rectal diazepam)
- Toileting and menstruation
- Therapy exercise programme/manual handling
- Massage/intensive interaction
- Dental hygiene
- Care of tracheostomy
- Applying topical medicines (e.g. sun creams, eczema creams)

Aims

- Safeguard the rights and well-being of children and young people with regard to dignity, privacy, choice and safety.
- To ensure that children and young people are treated consistently when they experience intimate personal care in two or more settings.
- Assure parent/carers that all staff are knowledgeable about intimate care and that individual concerns are taken into account and when possible are acted upon.
- Parent/carers to be involved in decisions about the Intimate Care of their children.
- To provide appropriate guidance, training, supervision and reassurance to staff, and to ensure safe practice.
- The school will ensure that details of individual's Intimate Care are shared with other agencies that support the pupil.
- Provide staff with information and appropriate training in Intimate care.



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Approach to and Principles of Best Practice

The management of all children and young people with intimate care needs must be carefully planned. All staff who provide intimate care need to be trained in Child Protection. Staff will also require training in Moving & Handling. There needs to be facilities and equipment for intimate care to take place in a manner that is suitable for our pupils' dignity and safety to be secured at all times.

We will

- allow the child or young person to care for him/herself as far as possible, to encourage independence and to encourage him/her to carry out aspects of intimate care as part of his/her personal and social development. Targets may be set in developing these life skills.
- provide facilities appropriate to the child or young person's age and individual needs.
- show awareness of and be responsive to the child or young person's reactions, their verbal and non-verbal communication and signifiers.
- use the opportunities during intimate personal care to teach children and young people about the value of their own bodies, to develop their personal safety skills and to enhance their self-esteem.

Daily Home/School Communication

It is good practice to maintain a regular diary system to pass information between the school or centre and home. This diary may include information such as:

- how well a child or young person has eaten/or what s/he ate
- particular achievements
- seizures or other medical or physical incidents of note

Communication of Intimate Care information to Parent/Carer

Information on sensitive issues such as Intimate Care will be communicated by telephone, sealed letter or personal contact as appropriate.



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Staff Communication with the Child or Young Person

Relevant use of language, signs, symbols, photographs or objects should be used as appropriate at all times.

Staff should work in a reassuring, supportive and focused manner with the child or young person when involved in intimate care.

Staff Communication with Parents

Staff should have an understanding of parental and cultural preferences and take account of these.

It is important to continue to maintain confidentiality and dignity for the parent/carer and to be compliant with regard to Equalities legislation in the dissemination of information.

Responsibilities

Management responsibilities:

- To ensure that staff will receive on-going training in good working practices which comply with health and safety regulations such as hygiene procedures; manual handling; awareness of medical conditions and associated first aid/ child protection procedures; and other aspects of Intimate Care.
- To keep a record of training undertaken by staff and to ensure that refresh and updating training is provided where required. For PSAs, this training record can be maintained within the PSA Handbook.
- To provide an Induction programmes for all new staff and to ensure that they are made fully aware of the individual Intimate Care protocols for the children and young people they are supporting.
- To ensure that all new staff are familiar with the school or centre's Intimate Care policy and relevant individual Intimate Care protocols and that they receive the appropriate assistance from experienced staff to provide the children and young people they are supporting with the Intimate Care as outlined in their individual protocols.



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Staff Responsibilities:

- Staff must be familiar with the Intimate Care policy/procedures. This means that the protocol MUST be shared with and followed by ALL staff involved in supporting the child/young person.
- Staff must adhere to health and safety and intimate personal care policies and procedures and must report any health and safety concerns to management within their establishment.
- Designated staff will liaise with parents/carers and other appropriate services over the development and implementation of the agreed Intimate Care protocol.
- Designated staff will liaise with other professionals regarding specific aspects of Intimate Care (e.g. physiotherapy) and their advice will be included in the child or young person's individual Intimate Care protocol.
- Staff in schools will work in consultation with the School Nurse in the development of individual Intimate Care protocols. Staff in Early Years Centres will work in consultation with the Link Health Visitor for the Centre in the development of individual Intimate Care protocols for children with Additional Support Needs.
- Designated staff will take part in training for any aspect of Intimate Care Support.



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GUIDANCE ON PROVIDING SPECIFIC TYPES OF INTIMATE CARE

- 1 Hand Hygiene
- 2 Dressing (Including Swimming)
- 3 Supported Eating
- 4 Spoon Feeding
- 5 Policy on Administration of Medicines
- 6 Dental Hygiene
- 7 Toileting and Menstruation
- 8 Physiotherapy /Exercise and Manual Handling Procedures and Programmes
- 9 (a) Massage, (b) Intensive Interaction, and (c) On-body Signing



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Hand Hygiene

Good hand washing is the single most effective way of stopping germs from getting into our bodies and causing infection.

Liquid soap is better than solid soap because it is less likely to become contaminated.

In some circumstances it may be necessary to disinfect with an alcohol disinfectant solution e.g. when a child has an infectious disease.

Disposable paper towels are the best option for drying hands because damp towels can harbour germs.

Don't assume children know how to wash their hands. Hand

washing procedure

1. Wet hands under warm running water.
2. Apply a small amount of liquid soap.
3. Rub hands together vigorously ensuring soap and water is applied to all surfaces of the hands. Be sure to rub between fingers, the palms and the back of the hands.
4. Rinse hands under running water.
5. Dry hands, preferably using paper towels.

Never allow children to eat without washing hands.



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Dressing (Including swimming)

Ensure facilities provide privacy and modesty e.g. separate toileting and changing for boys and girls or at least adequate screening. Separate changing cubicles should be available for swimming sessions.

Pupils should be encouraged to dress/undress themselves independently.

There should be a clear plan, appropriate to each individual for (un)dressing for those who require supervision.

When using Public Facilities e.g. staff should be aware in advance of the nature of the facilities, and to ensure the dignity of each participant in the activity.

Procedure for undressing and dressing pupils who require full support: (swimming or when soiled)

Ensure privacy before procedure

1. Remove clothing from lower body first
2. Put on swimming costume/or wash as required
3. Ensure lower regions are covered before removing garments from upper body
4. Encourage pupil to assist whatever way possible
5. Refer to moving and handling procedure for safe movement of pupil and safety of staff
6. Refer to swimming pool procedures for further information.



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Eating and Drinking

Individuals are given the appropriate level of support and supervision to ensure they can

- Eat and drink safely through good positioning; appropriate consistency of food and drink; referring to the pupil's eating and drinking profile.
- Get adequate nutrition and hydration through a balanced diet; giving the pupil appropriate sized portions; ensuring adequate fluid intake.
- Experience effective and active communication through knowing the pupil's communication method; using appropriate methods; being familiar with the pupil's signals.
- Enjoy the experience through a calm environment; good communication between the pupil and the person assisting; giving the pupil plenty of time to eat and drink; avoiding excessively mopping food or drink from around the pupil's mouth.
- Eat and drink effectively using the recommended utensils, cups and equipment.

At Oaklands school, all members of staff must undergo training in eating, drinking and swallowing before they are able to assist a pupil with eating and drinking. This training is provided in-house by Speech and Language Therapy.

At Oaklands School each learner has an eating and drinking profile, detailing specific strategies for that individual. Anyone supporting that pupil must read the profile beforehand and follow the strategies given. If there are any queries or concerns they must contact speech and Language therapy.

If strategies are not followed the pupil can be put at risk of weight loss or dehydration; loss of an enjoyable social time of the day; aspiration or choking – which can lead to chest infection or even death.



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Dental Hygiene

The Child Smile tooth brushing programme has developed National Standards for Tooth brushing during Early Years and Childhood.

Information can be found at <http://www.child-smile.org>

Toothbrushing will be difficult in most case but with routine and encouragement it will become easier. For our Oaklands' pupils we follow a brushing routine

- Use a correct sized brush and correct strength of toothpaste
1450ppm fluoride for pupils over 6 years of age
1000ppm fluoride for pupils under 6 years of age
Sensodyne pronamel for PEG/high risk pupils
- Brush by quadrant to ensure that all teeth are reached as well as possible (4 quadrants, 2 teeth at a time)
- Rinse don't spit
- Use the toothbrushing song signifier.

With many of the pupils who are gastrostomy fed a slightly different approach to mouth care needs to be taken to avoid any aspiration risks. Although pupils who are gastrostomy fed may be taking little, or no food by mouth, they still need their teeth brushed to prevent the build up of plaque. Some plaque bacteria have the potential to cause chest infections.

Brushing teeth of a GF pupil.

- Sit child tilted forward (as SALT for advice on positioning)
- Use a small headed, dry toothbrush with a smear of Sensodyne Pronamel (a low foaming toothbrush that is SLS free).
- Wipe/dry brush frequently with a paper towel.
- Try to brush both the teeth and gums using small circular motions.
- The pupils may find the sensation of the toothbrush and the taste of toothpaste unpleasant so go slowly and introduce sensations on hands, lips, cheek, working up to front teeth, back teeth etc.
- If the pupil bites/clamps down on the toothbrush leave it there as a mouth prop and use a second toothbrush if possible to clean the other areas that you can reach. Toothbrushing, especially this way, is often made easier if there are two people to help.
- Use gauze squares to collect any pooling saliva in the mouth.



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Guidance on Administration of Medicines in Schools

Oaklands School aims to meet the needs of, and provide equal opportunities for all its children and young people. In trying to fulfil this aim it is accepted that some children and young people may require to take medication while attending school.

The school is bound by the joint NHS Lothian The Handbook of Procedures for the Management of Pupils with Healthcare Needs in Educational Establishments. This policy includes that:

- No child should take any form of medication in school without the written permission of the parent/guardian
- Only medication supplied by the parent/guardian, or in an emergency situation by a doctor, should be administered to a child..
- Parents should be asked to inform the school of any known allergy their child has.
- At Oaklands, the nursing team adhere to the Medication Policy of the Complex Needs School Nursing Service, whereby the nurses are responsible for the storage, administration and recording of medications.
- School staff should discuss the medical needs of pupils in the first instance with the head teacher. It is also likely that it will be necessary to liaise with the school nurse, school doctor and the parents on specific issues.
- All medication will be stored securely in the school. Arrangements are made so as to ensure that is readily accessible at all times of the school day. Specific arrangements will be made where inhalers or any medication may require to be administered quickly.
- Parents must ensure that medication is delivered to the school by an agreed safe method.
- Where a pupil has long term or complex medical needs all the teaching staff including visiting and supply teachers, relevant classroom assistant/auxiliary and playground supervisor should be informed (staff will be reminded about the need for confidentiality).
- In an emergency situation the emergency services must be contacted immediately. A nominated adult will ensure that the emergency vehicle has ready access to the school.



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Toileting and Menstruation

Guidelines

- Provide facilities, which afford privacy and modesty, with a separate toilet for girls and boys. These should be clearly marked. Screening should be provided where necessary e.g. when an individual requires nappy changing.
- There should be sufficient space, heating and ventilation to ensure the individual's safety and comfort.
- There should be appropriate and specialised toilet seats provided for the size and physical needs of the child or young person. A step may be necessary for younger children.
- Staff must receive training in good working practices, which comply with health and safety regulation, such as wearing of appropriate disposable gloves for certain procedures and methods of dealing with body fluids.
- Ensure that adequate facilities are provided. Such as toilet paper, liquid soap, paper towels, "potties" bin for disposal of soiled pads.
- Supplies of suitable cleaning materials must be provided for cleaning and disinfecting areas.
- Items of protective clothing such as disposable gloves and aprons must be provided and readily accessible.
- Supplies of fresh clothes should be available when required.
- Some children and young people may prefer to be changed by a single member of staff for reasons of privacy and dignity. Where an individual expresses a clear preference this must be respected if possible. It is acceptable for a single member of staff to change a child providing they ensure that:
 - another member of staff is aware of what is happening.
 - the event is recorded and initialled by the member of staff who changes the child. Any issue or problem, such as bad nappy rash, which may have arisen or been noticed should also be recorded.

It may be necessary, however, to have more than one member of staff to help while toileting a child or young person because of health and safety or other considerations. Children who are heavier and with physical disabilities may require hoists and a hydraulic changing table and these should be provided. Staff must be trained in the use of these aids and equipment.

- All staff must be made aware of good fluid spills kit if appropriate.



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Physiotherapy/Exercise Programmes/Manual Handling Procedures

For some children and young people physiotherapy/exercise and therapeutic handling procedures are advised by qualified therapists and regularly delivered by school staff. Parents/carers and Health and Education personnel involved should agree all aspects of the programme. Many exercises involve touch and should be carried out in line with the professional advice. It is recommended that the therapy is demonstrated and cascaded within the team around the child.

Manual handling procedures should be discussed with and agreed on by the team, involving health and education staff, and a manual handling advisor where appropriate. It is recommended that a manual handling plan is written and available to all staff working with the pupil.

Regular consultation with all parties is recommended, in order to identify any changes required and on-going training to be given as and when required. Any agreed moving and handling procedures should be followed at all times. It is the responsibility of individual staff to monitor his/her own safety at all times and continually assess the risks involved.



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Massage and Intensive Interaction

Massage

Massage is often used with children and young people who are uncertain about touching and exploring objects and about being touched by others. If the individual's main route to communicating will be signing, and he or she dislikes being touched or touching, then awareness and tolerance of touch will be an important step towards learning to communicate.

In these circumstances massage is often considered as a means of relaxation and of experiencing touch in a positive context. When using massage staff need to understand that the child or young person becomes more vulnerable. Massage should therefore be carried out within a relationship of trust, built up gradually with staff who already know the child or young person and who can interpret his/her behaviour and respond appropriately. Oaklands School recommends that massage be restricted to areas of the body such as the hands, feet and face.

Intensive Interaction

Intensive Interaction is an approach to helping people with very severe learning difficulties to learn more about communicating and relating.

In carrying out Intensive Interaction activities the member of staff attempts to create enjoyable and understandable interactions with the other person.

When using Intensive Interaction staff need to understand that the child or young person becomes more vulnerable. Intensive Interaction should therefore be carried out within a relationship of trust, built up gradually with staff who already know the child or young person and who can interpret his/her behaviour and respond appropriately.

On-Body Signing

For some individuals with complex needs and/or severe and multiple sensory impairment Body Signing, involving repeated touching, may be the recommended means of communication. The usual procedures for involving parents/carers in planning, recording consent, and reviewing methods and progress should be followed.

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Massage, Intensive Interaction or on-body Signing should only be used with a child or young person where it is an agreed approach and is included within the planning for that pupil.

Reviewed Sept 24

Next review Sept 25



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