

Aireborough Supported Activities Scheme

Registered Charity: 1167044



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| Author (s) | Liam Sanders Assistant Project Manager Scheme Nurse |
| Lead | Liam Sanders Assistant Project Manager Scheme Nurse |
| Ratified by | Chris Parapia Charity Chairperson Sarah Lee Charity Vice-chairperson |
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| 1 | 01/06/2019 | First version, no changes. | Standardisation of policy format |

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1 Introduction

- 1.1 The Intimate Care Policy and Guidelines regarding children have been developed to safeguard children and staff. They apply to everyone involved in the intimate care of children.
- 1.2 This guidance is based on good practice and practical experience of those working with children and young people requiring intimate care.
- 1.3 If staff are not comfortable with any aspect of the agreed guidelines, they should seek advice from the Project Manager.

2 Definition of intimate care

- 2.1 Intimate care is any care which involves washing, touching or carrying out an invasive procedure that most children carry out for themselves but which some are unable to do due to physical disability, special educational needs associated with learning disabilities, medical needs or needs arising from the child's stage of development.

Care may involve help with drinking, eating, dressing and toileting. Help may also be needed with changing colostomy bags and other such equipment.

3 Aims

- 3.1 The aims of this policy and associated guidance are;
 - To provide guidance and reassurance to staff
 - To safeguard the dignity, rights and well-being of children and young people
 - To assure parents that staff are knowledgeable about intimate care and that their individual needs and concerns are taken into account

4 Principles

- 4.1 This document embraces tenets of Every Child Matters.
 - Every child has the right to feel safe and secure
 - Every child has the right to be treated as an individual
 - Every child has the right to remain healthy
 - Every child has the right to privacy, dignity and a professional approach from all staff when meeting his or her needs
 - Every child has the right to information and support that will enable him or her to make informed and appropriate choices
 - Every child has the right to be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs
 - Every child has the right to information and procedures for any complaint or queries he or she may have regarding intimate care

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5 Working with parents

- 5.1** Partnership with parent / carers is an important principle in our setting and is particularly necessary in relation to children needing intimate care. Much of the information required to make the process of intimate care as comfortable as possible is available from parents, including knowledge and understanding of any religious/cultural sensitivities.
- 5.2** Prior permission must be obtained from parent / carers before Intimate care procedures are carried out. This forms part of our general consent form which I discussed with parent / carers before a child attends our provisions.
- 5.3** Parent / carers should be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met. This will include involvement with care plans and any other plans that identify the support of intimate care.

6 Writing an intimate care plan

- 6.1** Where a routine procedure is required an intimate care plan should be agreed in discussion with the child, staff, parents and relevant health professional. The plan should be reviewed on an annual basis.
- 6.2** In developing the plan, the following should be considered;
- The importance of working towards independence
 - The level of support the child needs with a task
 - Arrangements for transport
 - Trips, swimming, etc.
- 6.3** All plans must be clearly recorded to ensure clarity of expectation, roles and responsibilities.
- 6.4** All staff who will be assisting a child with intimate care are aware of ASAS safeguarding policy and the procedure for raising concerns arising from the intimate care process.

7 Staffing

- 7.1** Parent / carers must feel confident that relevant staff have been carefully vetted and trained helping to avoid potentially stressful areas of anxiety and conflict.
- 7.2** Recruitment and selection of staff for posts involving intimate care should be made following the usual Disclosure and barring service checks.
- 7.3** Trained staff should be available to substitute and undertake specific intimate care tasks in the absence of the appointed person.
- 7.4** No employee can be required to provide intimate care. Intimate care can only be provided by those who have specifically indicated a willingness to do so.

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7.5 Each child will have a care plan that states how many staff are required to support them with personal care. This will be based on the level of support needed.

7.6 Staff who provide personal care must do so in a caring way. Every child has the right to be treated with respect and dignity.

8 Staff Development

8.1 Staff should receive training in good working practices.

8.2 Staff must receive safeguarding training every 3 years.

8.3 Staff must be trained in the specific types of intimate care that they carry out and fully understand the intimate care policy and guidelines within the context of their work.

8.4 Where appropriate staff must receive Moving and Handling training at least every year.

9 Environmental considerations

- 9.1**
- Facilities are to be easily accessed by the child and designed with the appropriate advice from relevant professionals where necessary, for example, Occupational Therapist, Physiotherapist, School Nurse, or appropriately trained professionals.
 - Hand washing facilities are to be provided within the room for the child/young person and staff. Liquid soap and paper hand towels are to be available.
 - Toilet facilities should be separate from bathrooms/showers. This is particularly important for disabled facilities with a shower tray, as water may spread over the whole floor area and become contaminated from around the shower.
 - All waste bins are to be fitted with a lid to be foot operated.
 - A secure area for clinical waste awaiting collection must be available.
 - The importance of privacy is maintained by ensuring the room can be seen to be in use and be secured from intrusion.
 - All equipment is to be stored safely but easily accessible to the child where this is necessary. It is important to take into consideration the privacy of the individual children/young people and the safety of others.
 - Facilities must be regularly inspected and maintained.
 - All notices must be laminated.
 - Any spare clothing must be stored in sealed containers.

10 Equipment

10.1 The list of equipment detailed below is not exhaustive but gives examples of types of equipment available for use.

- Rise and fall bed, with suitable sides.
- Changing mat, suitable for younger child, covered with intact waterproof material.
- Moving and handling equipment.

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- Gloves – if direct contact with blood or body fluids is anticipated, staff to wear seamless, non-sterile gloves (e.g. latex and non-latex which are powder free)
- Aprons – disposable plastic aprons. The use of cotton is not allowed.
- Disposable paper towels.
- Disposable wipes – the product as agreed in the 'Care Plan'.
- Cleansing agent – appropriate for use and as agreed on the 'Care Plan'.
- Continence care products.
- Yellow Clinical Waste Bags for waste that has come into contact with body fluids. Large amount of waste to be disposed of using yellow plastic bags. All bags should be labelled, secured with self-locking tie and stored in an appropriate secure area awaiting collection for incineration.