



INTIMATE AND INVASIVE CARE PRACTICE GUIDANCE

Tees Valley Education Trust

Version:	3.0
Next review date:	October 2023
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Operational lead:	Emma Lowe
Document reviewer:	Emma Lowe
Statutory (Y/N):	N
Published on website (Y/N):	N
Type of document:	Policy
Approved by:	Trust Board

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1) **Principles**

- 1.1 Tees Valley Education Trust (TVEd) Senior Leadership Team and Trust Board ('the Board') will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Keeping children Safe in Education' (September 2021) to safeguard and promote the welfare of all pupils and employees within Tees Valley Education Trust.
- 1.2 TVEd takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs (including invasive care) is one aspect of safeguarding.
- 1.3 The TVEd Trust Board recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.
- 1.4 This intimate and invasive care policy should be read in conjunction with the TVEd and Local Authority policies referenced below:
 - TVEd Safeguarding policy and child protection procedures
 - TVEd Staff code of conduct and guidance on safer working practice
 - TVEd whistle-blowing and allegations management policies
 - TVEd Health and safety policy and procedures
 - TVEd Special Educational Needs policy
 - TVEd Policy for the administration of medicines
 - TVEd First Aid policy
 - DfE Keeping Children Safe in Education
 - Local Authority Safeguarding Children's Board (LSCB) Child Protection guidelines
- 1.5 TVEd Trust is committed to ensuring that all staff responsible for the intimate and/or invasive care of its pupils will undertake their duties in a professional manner, at all times. It is acknowledged that these adults are in a position of great trust.
- 1.6 TVEd recognises that all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation should be treated with respect and dignity when intimate and/or invasive care is given. The child's welfare is of paramount importance and his/her experience of intimate and/or invasive care should be a positive one. It is essential that every pupil is treated as an individual, and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.
- 1.7 Staff will work in close partnership with parent/carers and lead professionals to share information, best practice and provide continuity of care.
- 1.8 Where pupils with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate and invasive care policy.

- 1.9 Some TVEd employees, such as trained care staff, undertake more complex intimate and invasive health care procedures, both on-site and for educational visits.
- 1.10 All staff undertaking intimate and/or invasive care must be given appropriate training and signed off as fully competent in each procedure, for each pupil, in order to undertake any role involving invasive, intimate and personal care.
- 1.11 This Intimate and Invasive Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

2) **Child focused principles of intimate care**

The following are the fundamental principles upon which this Policy and Guidelines are based:

- Every child has the right to be heard and to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

3) **Definition**

- 3.1 **Intimate care** can be defined as any care which involves washing, touching or carrying out a procedure to intimate, personal areas of the body which most people usually carry out themselves, but some pupils are unable to do because of their young age, physical difficulties, disability or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing. It also includes **invasive care** procedures, which is described as a medical procedure that invades (enters) the body, usually by cutting or puncturing the skin or by inserting instruments into the body. Examples of this care are catheterisation and tube feeding.
- 3.2 It also includes supervision of, and promoting pupils to be involved in the development of their own intimate care.
- 3.3 Intimate or invasive care will normally be undertaken on Academy premises, in a designated area. However, there will be occasions (trips and residential visits) where intimate or invasive care is required to take place off-site. In these circumstances, all necessary precautions should be taken, including a detailed risk assessment, to ensure that the level of care is not compromised and the child's dignity is maintained at all times.

4) **Best Practice**

- 4.1 Pupils who require regular assistance with intimate or invasive care have written health care plans agreed by staff, parents/carers and other identified professionals actively involved, such as school nurses, Consultants or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff, parents and the pupil should also be present, wherever possible/appropriate. Any historical concerns should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.
- 4.2 Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.
- 4.3 Where a care plan is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting one-off intimate care needs (eg has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter, not through a home/school diary.
- 4.4 In relation to record keeping, a written staff record should be kept using a consistent format, every time a child has an invasive medical procedure, e.g. support with catheter usage (refer to multi-agency guidance for the management of long term health conditions for children and young people).
- 4.5 Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case and initialled by staff.
- 4.6 These records will be kept in the child's care file and available to parents/carers on request.
- 4.7 All pupils will be supported to achieve the highest level of autonomy that is possible, given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible to promote greater independence and self-esteem.
- 4.8 Staff who provide intimate care are trained in personal care and according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate, and safe disposal of bodily fluids and sharps in designated waste bins.
- 4.9 Staff will be supported 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.

- 4.10 There must be careful communication with each pupil who needs help with intimate care in line with their age and preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where the pupil is of an appropriate age and has a good level of cognition, permission should be sought before starting an intimate procedure. Pupils who present with impaired cognition and/or interaction must have intimate care procedures explained to them, but in a method that they will fully understand i.e in writing, visual aids or using sign/gesture.
- 4.11 Every child's right to privacy and modesty will be respected, to preserve their dignity. One member of staff will usually be sufficient when supporting a fully ambulant child with personal care (two must be present to assist a non-ambulant child). Whilst the pupil's wishes and feelings should be sought and taken into account for the safety of both the child and staff, if there are safeguarding concerns, it is TVEd policy that at least two adults must be present during all intimate/invasive care procedures.
- 4.12 The religious views, beliefs and cultural values of children and their families should be made known prior to any intimate care procedures being undertaken. In circumstances where a parent or child's preferences would affect or determine the gender of the carer(s) undertaking the intimate care procedure, TVEd will make every effort to accommodate parental wishes, but certain workforce restrictions may prevent this.
- 4.13 It is preferable for male and female care staff to be involved with intimate care procedures with children of the same gender, however, working with children of the opposite gender is permitted for the following provisions:
(a) Keyworking and liaising with families, (b) Co-ordinating of and contribution to a child's Review, (c) Meeting the developmental, emotional and recreational needs of the children, (d) Escorting the children between sites, on outings and to clinics unless intimate care is needed, (e) When intimate care is being 'supervised' only, and the child is appropriately covered by a door or closed screens / curtain and is able to manage their own intimate care.
- 4.14 Only TVEd employees who assist pupils with intimate care will undertake this role; they will not be students or volunteers. The standard range of safer recruitment checks, including enhanced DBS checks will always be made prior to employment commencing. Staff will be fully trained and competent before undertaking any procedure.
- 4.15 All staff should be aware of the Academy confidentiality policy. Sensitive information will be shared only with those who need to know.
- 4.16 Health & Safety guidelines should be adhered to regarding waste products, and protocols for the safe disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste should be made.
- 4.17 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate or invasive care.

5) **Safeguarding & Child Protection**

- 5.1 TVEd and Local Safeguarding Children's Board child protection procedures will always be adhered to and all staff will receive annual training from the nominated person with responsibility for Safeguarding.
- 5.2 From a child protection perspective, it is acknowledged that intimate or invasive care involves risks for children and adults, as it is likely to involve staff touching or seeing private parts of a pupil's body. Across the TVEd Trust, best practice will be promoted and all adults (including those who are involved in intimate and invasive care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.
- 5.3 Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.
- 5.4 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Safeguarding Lead (DSL) or Headteacher. Local procedures will then be followed. A clear written record of the concern will be completed and recorded on CPOMS.
- 5.5 The Board and TVEd employees recognise that pupils with special educational needs and/or who are disabled may be particularly vulnerable to abuse.
- 5.6 If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to a member of the SLT immediately. The matter will be investigated at an appropriate level (usually the DSL, DHT or HT) and outcomes recorded. Parents/carers will be contacted immediately in order to reach a satisfactory outcome. Staffing schedules will be altered until the issue is resolved to enable continuity of care. Further advice will be taken from outside agencies if necessary.
- 5.7 If a pupil, or any other person acting on their behalf, makes an allegation against an adult working at the Academy this should be reported immediately to the DSL, HT or DHT (or to the CEO and Trust Board if the concern is about the Headteacher), who will consult the Local Authority Designated Officer (LADO) in accordance with LSCB and TVEd policy on dealing with allegations against members of Staff and Volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to. It should not be recorded on CPOMS.
- 5.8 Similarly, any adult who has concerns about the conduct of a colleague at the Academy or about any improper practice will report this to the DSL, HT or DHT, in accordance with TVEd Safeguarding procedures and TVED whistle-blowing policy.
- 5.9 Any allegations of improper child conduct in an academy, against a professional employed by an external organisation (e.g therapist) then the reporting procedures described above would still apply, and the employer for that organisation or agency would also be informed an allegation has been made.

6) Therapies

- 6.1 Pupils who require any therapies whilst at the Academy, which involve close bodily contact between adult and child, should have this carried out by a trained therapist, therapy assistant or a TVEd employee who has received training from a therapist. If it is agreed in the care plan that a TVEd employee should undertake part of the therapy regime (such as assisting children with exercises and movement), then the required technique must be demonstrated by the therapist personally, written guidance given to staff and updated regularly. The therapist should observe the member of staff applying the technique and sign them off as competent.
- 6.2 Under no circumstances should TVEd employees devise and carry out their own exercises or physiotherapy programmes.
- 6.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.
- 6.4 Any allegations made against therapist in their conduct whilst working with a child would follow the procedures outlined in the Section 6.

7) Care procedures & Training

- 7.1 Some pupils may require assistance with invasive or non-invasive care procedures such as the administration of rectal medication, tracheostomy, managing catheters, colostomy bags or tube feeding. These procedures will be discussed with parents/carers, documented in the child's individual health care plan and will only be carried out by TVEd employees who have been trained to do so and have been signed off by a RGN as competent.
- 7.2 Staff who are required to perform more complex care procedures (especially invasive treatment) on a child attending the Academy, will receive training and advice from the relevant medical professional(s) and specialist teams involved with the child. The training should always include parents/carers and the child.
- 7.3 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.
- 7.4 Any members of staff who administer first aid should be appropriately trained in accordance with Government guidance. If an examination of a child is required in an emergency aid situation, two adults must be present, with due regard to the child's privacy and dignity.

8) Massage

- 8.1 Massage is now commonly used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation and de-escalation.
- 8.2 Massage undertaken by TVEd employees should be confined to parts of the child's body such as the hands, feet and face in order to safeguard the interest of both adults and pupils.
- 8.3 Any employee undertaking massage for pupils must be suitably qualified and demonstrate an appropriate level of competence.
- 8.4 Individual pupil care plans should include specific information for those supporting children with bespoke health needs that require massage.

9) Hydrotherapy / swimming

- 9.1 A small number of children with either a disability and/or sensory impairment benefit from receiving a bespoke swimming / hydrotherapy programme, which may be separate from, or in addition to, the universal swimming programme offered to all children in Key Stage 2.
- 9.2 This tailored approach allows the child to develop confidence in the water, usually in a smaller environment, where specialist equipment is available to assist with individual needs. Where motor difficulties occur, specific movements and therapies can also be incorporated into the child's Hydro programme to aid mobility.
- 9.3 The Hydrotherapy programme requires a high adult to pupil ratio. Members of staff provide 1:1 support with the child in the pool and changing areas. Because of the close proximity of working, all staff supporting children in the water must ensure they wear appropriate clothing, with no overly exposed areas of skin which could come into contact with the child.
- 9.4 Whilst in the water, in order to safeguard the interest of both adults and pupils, touch should be confined to parts of the child's body such as around the waist, under the arms and supporting under the back of the knees.
- 9.5 A minimum of two adults is required when assisting children in changing areas.

10) Reviewing the Policy

- 10.1 This Policy will be reviewed every three years by Tees Valley Education SLT.

