The Diocese of Gloucester Academies Trust

Intimate Care Policy

Status and review cycle;	Non-statutory and cycle flexible
Responsible group:	The Trust
Implementation Date:	January 2016
Revised Date:	May 2021
Next Review Date:	May 2023

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Intimate Care Policy

1 Principles

1.1 The Governing Body will act in accordance with Section 175 of the Education Act 2002 , Keeping Children Safe in Education (2020) 'Safeguarding Children and Safer Recruitment in Education' (2006), Working together to safeguard children (2018) and Supporting Pupils with Medical Conditions guidance 2015 to safeguard and promote the welfare of pupils at this school.

1.2 This school 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 is one aspect of safeguarding.

1.3 The Governing Body 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 care policy should be read in conjunction with the school's policies as below (or similarly named):

- safeguarding policy and child protection procedures
- supporting pupils with medical conditions
- staff code of conduct and guidance on safer working practice
- 'whistle-blowing' and allegations management policies
- health and safety policy and procedures
- Special Educational Needs policy

1.5 The Governing Body is committed to ensuring that all staff responsible for the intimate care of 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 We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal 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 other professionals to share information 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 care policy.

1.9 Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.

1.10 All staff undertaking intimate care must have received the appropriate training before undertaking any of the tasks detailed in a pupils care plan.

1.11 This Intimate 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 the Policy and Guidelines are based:

- Every child has the right 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 personal care is hands-on physical care in personal hygiene, and/or physical presence or observation during such activities. It includes:

- Body bathing other than to arms, face and legs below the knee
- Toileting, wiping and care in the genital and anal areas.
- Continence care
- Placement, removal and changing of incontinence pads
- Menstrual hygiene
- Dressing and undressing

3.2 Clinical tasks
This care falls into three main categories:

- Acceptable care tasks i.e. tasks which just required additional training e.g. catheter and stoma care; gastro tube feeding
- Negotiable care tasks which include:
- Complex care e.g. application of splints or care of gastrostomy (but not replacing mickey button)
- Treatments e.g. assisting with the administration of oxygen
- Emergency care procedures e.g. anaphylactic pens

4 Best Practice

4.1 Pupils who require regular assistance with intimate care have written Individual Education Plans (IEP), health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) 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 or IEP is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g. 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 or by telephone.

4.4 In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an intimate care intervention or procedure

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.

4.6 These records will be kept in the child's file/log book 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.

4.8 Staff who provide intimate care are trained in personal care (e.g. health and safety training in moving and handling) 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.

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 preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

4.11 Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

4.12 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

4.13 An individual member of staff should inform another appropriate adult when they are going to assist a pupil with intimate care. In this school this will never be unaccompanied, unless there are exceptional circumstances and the proper safeguarding procedure's put into place.

4.14 The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

4.15 Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.

4.16 Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

4.17 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

4.18 Health & Safety guidelines should be adhered to regarding waste products; if necessary, advice should be taken from Gloucestershire County Council regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.

4.19 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

4.20 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

5 Child Protection

5.1 The Governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

5.2 The school's child protection procedures will be adhered to.

5.3 From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate 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.

5.4 Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.

5.5 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 Senior Person for Child Protection or Headteacher. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if appropriate, in accordance with the school's child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

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 the class teacher or Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

5.7 If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's safeguarding policy and refer to the CEO. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

5.8 Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

6. Practice Guidance - General Personal Care

6.1 Pupils should be encouraged and supported to be as independent as possible in all their care tasks. Staff should not undertake tasks which pupils are able to perform themselves provided they have sufficient time and support.

6.2 Staff must be culturally sensitive and aware of different concepts of privacy, nudity and in/ appropriate touch.

7. Washing, dressing, toileting

7.1 Pupils must be encouraged and supported to conduct their own self-care as much as possible it must not be undertaken by staff because they feel it is quicker or more convenient.

7.2 If a member of staff notices any change in an individual's appearance that may require attention e.g. rashes, blisters, sores etc. these should be reported to School Nurses if appropriate or Parents.

8. Nail and Hair Care

8.1 Staff will not cut pupil's fingernails unless this is required in special circumstances and arranged with School Nurses and parent/carer.

8.2 Staff will not usually cut pupils' hair, unless this is done by arrangement with the parent/carer in specific circumstances. It may be possible for Family Support Workers to arrange for a DBS checked hairdresser to cut pupils' hair at school if parents wish this.

9. Contact Lenses and Spectacles

9.1 Staff may assist pupils with cleaning and putting on their glasses.

9.2 Due to the risk of harm, staff should must not insert contact lenses.

10. Dental Care

10.1 Staff may assist pupils to clean their teeth and perform mouth care tasks as part of "Tooth Club" and/or general personal hygiene guidance.

11. Hearing Aids

11.1 If staff have received the appropriate training from a healthcare professional then they may assist pupils in inserting and adjusting hearing aids.

11.2 As before if staff have received the appropriate training they may clean a pupil's hearing aid.

12. Sanitary/Incontinence protection

Staff may be involved in changing both sanitary towels and incontinence pads and must follow appropriate hygiene principles.

13. Physiotherapy

13.1 Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the IEP or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.

13.2 Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

13.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist

14 Massage

14.1 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.

14.2 It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and pupils.

14.3 Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.

14.4 Care plans should include specific information for those supporting children with bespoke medical needs.

15. Medical Procedures - that school staff could undertake should health care professional's delegate.

15.1 Acceptable tasks could include:

- Application of topical creams and ointments
- Administration of ear drops and eye drops
- Mouth Care
- Fitting supports, artificial limbs or braces
- Awareness of pressure care in relation to prevention and good practice
- Assisting with the cleaning of a supra-pubic catheter site
- Emptying, changing/replacing urostomy bags
- Emptying, changing /replacing colostomy bags
- Emptying changing/replacing ileostomy bags

Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the health care plan or IEP and will only be carried out by staff who have been trained to do so.

15.2 Negotiable Care Tasks List

Complex care

Any appropriate complex care is given only following advice from appropriate health professional or parent as to how (and how frequently) this task should be performed.

Changing a two piece system of stoma
Gastronomy tube feeding by inserting water through the tube before and after the feed and attaching the feed tube to the PEG/PEJ
Cleansing of gastronomy tube sites

Treatments

Assist a pupil to self- administer routine, pre -measured doses of prescribed medicines via an inhaler or nebulizer as a regular procedure for chronic conditions only. The health professional must regularly monitor and review this process.
Administering medication via a gastrostomy tube but only where staff have received accredited medication training.
Administer oxygen to a pupil via a pre-set facility
Fitting Transcutaneous Nerve Stimulation (T.E.N.s) machines, only where their use has been approved by the GP or other appropriate health care professional.
Taking of temperature only where there are clear guidelines in any written procedure on what action to take to alert health staff if the temperature should exceed certain pre-defined limits. Class staff should never be expected to interpret temperature readings.

Emergency Care Procedures

Administering rectal Diazepam (Stesolid) or buccal Midazolam, only as an emergency procedure and only having had the appropriate training from a qualified professional.
Oral aspiration of excess saliva from the front of the mouth with suction equipment
Administering anaphylactic pens, as an emergency procedure only.

This list is not exhaustive and there may be occasions when managers would be willing to negotiate to establish and individual procedure, based on the experience a willingness of staff to be trained and the nature of the task.

16. Category 3 Task - Not to be performed by staff in any circumstances

16.1 Generally any task which is invasive or required a member of school staff to make a judgement without the guidance of a health professional is unacceptable

16.2 Unacceptable Tasks List –

- The administration of medicines through a nebuliser for acute or emergency conditions (apart from administration of emergency medication as indicated in 12 above)
- Flushing to unblock any tube or line (this doesn't include care of gastrostomies)
- Assisting with the cleaning and replacement of tracheostomy tubes
- Assisting with syringe driver pain relief systems
- Aspiration of naso-gastric tube
- Naso-gastric tube feeding

- Oral suction, other than oral aspiration of excess saliva from the front of the mouth with suction equipment
- The administration of medicine via a naso-gastric tub

17. Emergency Procedures

17.1 An emergency is defined as a life threatening situation so there will be occasions when a service user's personal safety may be at risk and where urgent intervention is required. However whatever the circumstances, staff should not put themselves at risk.

17.2 If a staff member is seriously concerned about a pupil's physical condition and they have had the appropriate first hand training from a health care professional or qualified trainer in emergency procedures and feel confident of intervening in an emergency situation, they can do so only as a first aid measure, and whilst ensuring that an ambulance is called first through the 999 emergency service.

17.3 Designated school staff are trained in the administration of rectal diazepam or buccais midazolam. Individual protocols are devised by the pupil's paediatrician and carried with the medication by a designated member of staff throughout the school day. Medication is administered according to the protocol when necessary. School staff may also deem it necessary to call 999 for an ambulance, depending on the protocol, relevant indicators and knowledge of pupil's condition.

18. Cardiac and Respiratory Resuscitation /DNR notices

18.1 In the event of a pupil appearing to suffer a cardiac or respiratory arrest, an ambulance must be called using the 999 emergency service. In addition, emergency lifesaving procedures should be carried out by a trained first aider, if one is available.

18.2 If a pupil has a Do Not Resuscitate decision in place this is recorded in his /her medical protocol and individual pupil profile.

Appendix 1

Hardwicke Parochial Primary Academy

This appendix forms part of the Intimate Care Policy and is available on the school's website

Provision of Care

If a child wets or soils themselves while they are at school it is important that measures are taken to have them changed (and if necessary cleaned) as quickly as possible. Our staff are experienced and trained at carrying out this task if you wish them to do so or, if preferred, the school can contact you or your emergency contact who will be asked to attend without delay.

It will be assumed that all parents/carers are happy for the school staff to clean and change their child in the event of wetting or soiling unless the signed slip (below) is received, indicating you do <u>not</u> give permission for this to take place.

Hardwicke Parochial Primary Academy

Provision of Care

Name of Child: ……..

I **do not** give consent for my child to be changed and cleaned if they wet / soil themselves. The school should contact me or my emergency contact and I will organise for my child to be cleaned and changed. I understand that in the event that I (or the emergency contact) cannot be contacted the staff will act appropriately and may need to come into some level of physical contact in order to aid the child.

Name of Parent/Carer: ……..

Signature of Parent/Carer: …… Date: ……..……

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