



Intimate Care Policy

Our vision is to enable all to flourish.

Status and review cycle:

Non-statutory and cycle flexible

Responsible group:

The Trust

Review Date:

July 2025

Next Review Date:

September 2027

Contents

1. Principles
2. Child focused principles of intimate care
3. Definition
4. Best practice
5. Child protection
6. Practice guidance – general personal care
7. Toilet training
8. Nail and hair care
9. Contact lenses and spectacles
10. Dental Care
11. Hearing Aids
12. Sanitary/Incontinence protection
13. Physiotherapy
14. Massage
15. Medical Procedures - that school staff could undertake should health care professional's delegate
16. Category 3 Task - Not to be performed by staff in any circumstances
17. Monitoring and review

Appendix 1 - Provision of Care

Appendix 2 - Record of Intimate Care Intervention

1.0 Principles

- 1.1 The Trust will act in accordance with the Education Act 2011, Equalities Act (2010), as well as the most recent version of Keeping Children Safe in Education, 'Safeguarding Children and Safer Recruitment in Education' Working together to safeguard children and Supporting Pupils with Medical Conditions guidance 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. The provision of personal care will always be deemed to be regulated activity.
- 1.3 The Trust recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects their 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 Trust 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 their 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 pupil's 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.

2.0 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.

3.0 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:

- Washing other than to arms, face and legs below the knee
- Changing a child who has soiled themselves
- Continence care, including assisting in toileting issues
- Dressing and undressing
- Feeding
- Providing oral care
- Carrying out an invasive procedure in line with a pupil's medical condition as part of their Education Health Care Plan (EHCP), individual healthcare plan (IHP) or Intimate care plan (ICP).

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

4.0 Best Practice

4.1 Pupils who require regular assistance with intimate care will have either a written EHCP, an individual health plan or ICP agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. This plan should be agreed at a meeting with parents and carers and other professionals in line with the schools "Supporting pupils with Medical Policy". All staff required to assist a pupils with specific needs under this policy will have been trained to do so. A template to evidence parents' acceptance for this care to be given is shown at Appendix 1.

- 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 an ICP, IHP or EHCP 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 themselves). 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. An example of a template for such record keeping is at Appendix 2.
- 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/logbook 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. Mobile pupils will be changed while standing up. Pupils who are not mobile will be changed on a purpose-built changing bed or changing mat on the floor.
- 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 they need 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 Intimate care is a regulated activity, therefore only members of staff who have an enhanced DBS certificate with a barred list check are permitted to undertake intimate care duties.
- 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.

5.0 Child Protection

- 5.1 The Trust and 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 at all times.
- 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. they will immediately report concerns to the Designated Safeguarding Lead or the headteacher. A clear written record of the concern will be completed and a referral made to Children's Social Care if appropriate

in accordance with the school's child protection procedures. Parents/carers will be asked for the 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 headteacher. The headteacher will act at all times within the Trust's safeguarding policy and follow Keeping Children Safe in Education guidance at all times. 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 DCEO 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 DCEO. 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 DCEO if the concern is about the headteacher) who will consult the Local Authority Designated Officer in accordance with the school's safeguarding policy. 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 DSL, in accordance with the child protection procedures and 'whistle-blowing' policy.

6.0 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 inappropriate touch.

7.0 Toilet Training

- 7.1 Parents are consulted on the approach to toilet training their pupil to ensure there is consistency with the approach at home. Pupils' progress is discussed at handover with parents. If any pupil is struggling with toilet training techniques or has any issues, e.g. a rash, this will be discussed with the headteacher and the pupil's parents. 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 the headteacher and parents.
- 7.3 Where potties are used, they will be emptied immediately and cleaned with an anti-bacterial spray. The potty or toilet is checked to assess whether it is clean before use and toilet paper is well stocked. Gloves and aprons will be worn before each change and the

area should be prepared to ensure it is clean and suitable for use. Gloves must be worn at all times when changing nappies, and during any instances where the member of staff could come into contact with bodily fluids.

- 7.4 All pupils will be accompanied to the toilet and will be appropriately supervised and supported during the toilet training stage. Staff will be sensitive and sympathetic when changing pupils and will not make negative facial expressions or negative comments. Pupils' efforts will be reinforced by praise where appropriate.
- 7.5 Staff are required to ensure that soiled/wet nappies are changed as soon as possible. Where pupils are left in soiled nappies and/or clothes, this will be dealt with in line with the school's Disciplinary Policy and Procedure.
- 7.6 Pupils will be encouraged to wash their hands with soap and warm water, with assistance provided where necessary.
- 7.7 If a pupil has a toileting accident, they will be offered assistance to change or be changed by a member of staff regardless of their age.
- 7.8 To build independence, pupils will be encouraged to replace their own clothes and flush the toilet, if they are capable of doing so.

8.0 Nail and Hair Care

- 8.1 Staff will not cut pupil's fingernails unless this is required in special circumstances and arranged with parents and 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.

9.0 Contact Lenses and Spectacles

- 9.1 Staff may assist pupils with cleaning and putting on their spectacles.
- 9.2 Due to the risk of harm, staff must not insert contact lenses.

10.0 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.

11.0 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.

12.0 Sanitary/Incontinence protection

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

13.0 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 IHP, EHCP 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.

14.0 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.

15.0 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 an individual procedure, based on the experience and willingness of staff to be trained and the nature of the task.

16.0 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 15 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

17.0 Monitoring and Review

17.1 This policy is reviewed every two years by the Trust. All changes are communicated to relevant stakeholders. The scheduled review date for this policy is September 2027.

Appendix 1

St Mary's CV VA Primary School



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 not give permission for this to take place.

St Mary's CV VA Primary School

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:

