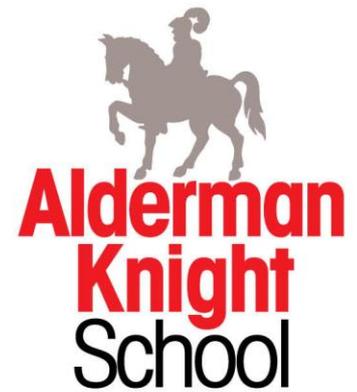


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# Intimate Care Policies

1. Intimate care and safeguarding
2. Intimate personal care and clinical tasks

These policies are based upon the policies produced by Gloucestershire Safeguarding Children Board and Gloucestershire County Council. It is important that these policies are read together.



**Please note by the nature of the policies there is some repetition. However, all staff need to be very clear about their responsibilities in terms of safeguarding and the procedures required by the school to ensure safe undertaking of intimate personal care and clinical tasks.**

**N.B. For pupils requiring assistance with personal care and/or clinical tasks, an individual Intimate Care Plan must be written and agreed with parents. All staff working with that child must have access to and follow the care plan.**

## **Policy 1**

### **Intimate Care and Safeguarding**

#### **1.0 Introduction**

- 1.1 Staff who work with young children or children/young people who have special needs will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.
- 1.2 Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or bathing.
- 1.3 Children and young people's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children and young people must have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at Alderman Knight School work in partnership with parents/ carers to provide continuity of care to children/young people wherever possible.
- 1.4 Staff deliver a full personal safety curriculum, as part of Personal, Social, Health and Citizenship Education, to all children and young people as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.
- 1.5 Alderman Knight School is committed to ensuring that all staff responsible for the intimate care of children and young people will undertake their duties in a professional manner at all times. Alderman Knight School recognises that there is a need to treat all children and young people with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

#### **2.0 Our approach to best practice**

- 2.1 All children and young people who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.
- 2.2 Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in moving and handling) and are fully aware of best practice. Apparatus will be provided to assist with children and young people who need special arrangements following assessment from physiotherapist/ occupational therapist as required.
- 2.3 Staff will be supported to adapt their practice in relation to the needs of individual children and young people taking into account developmental changes such as the onset of puberty and menstruation.

Wherever possible, staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex and relationship education to their children/young people as an additional safeguard to both staff and children/young people involved.

- 2.4 There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.
- 2.5 As a basic principle children and young people will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children and young people as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.
- 2.6 Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Where possible one child will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented.
- 2.7 Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.
- 2.8 Parents/carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and young people and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.
- 2.9 Each child/young person will have an assigned senior member of staff to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

### **3.0 The protection of children and young people**

- 3.1 Gloucestershire Safeguarding Children Board Procedures will be accessible to staff and adhered to. All staff will receive Safeguarding Training every 3 years in line with Keeping Children Safe in Education 2016.
- 3.2 Where appropriate, all children and young people will be taught personal safety skills carefully matched to their level of development and understanding.
- 3.3 If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate manager/ designated person for child protection. A clear record of the concern will be completed and when necessary, a child welfare concern will be logged with the Safeguarding Children Service and a referral made to the Social Care Helpdesk. Parents will be informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm.
- 3.4 If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered

until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

- 3.5 If a child makes an allegation against a member of staff, all necessary procedures will be followed [see Allegations Management at [www.gscb.org.uk/handbook](http://www.gscb.org.uk/handbook) ].

Alderman Knight School aims to create and maintain a safe environment for children and to manage situations where there are child welfare concerns. The school has clearly laid down and recognised procedures for dealing with abuse or suspected abuse which is in line with recommendations made by the Gloucestershire Safeguarding Children Board. Please refer to the school's Safeguarding Children/Child Protection Policy.

## Policy 2

### Intimate personal care and clinical tasks

Please note this is a fully comprehensive policy and includes all aspects of intimate care that a school may be required to carry out.

- *The majority of care is intimate personal care [2.1].*
- *All these pupils require individual care plans. These must be written by the member of staff with overall responsibility for pastoral care of that pupil [class or form tutor]*
- *Support for writing the plans can be provided by staff involved with the care [teaching assistants]*
- *The class/form tutor must discuss and agree the plan with the parents.*
- *The plan should be reviewed 3 times a year [September/ January/ April] and the review should be recorded, regardless of changes. It is acceptable for the review to take place over the phone, but it should still be recorded on the plan.*
- *Copies of the plan must be accessible to all staff carrying out intimate care. A hard and electronic copy must also be issued to JH to be filed securely in the medical information cabinet in the Medical Room.*
- *A list of all pupils requiring intimate care will be kept and regularly reviewed and updated*

### 1. Policy Statement

1.1 The School is committed to providing personal care that has been recognised as an assessed need and indicated in the care plan, in ways that:

- Maintain the dignity of the individual.
- Are sensitive to their individual needs and preferences.
- Maximise safety and comfort.
- Protect against intrusion and abuse.
- Respect the pupil's right to give or withdraw their consent or for their legal guardian to do so as deemed appropriate
- Encourage the individual to care for themselves as much as they are able.

1.2 Please note these principles of care also apply to the activities known as '**Clinical Tasks**' which require **additional training by** either the health professional who is delegating the task, or school-arranged training.

1.3 If staff are uncomfortable or do not feel competent about carrying out **clinical tasks** then they do not have to do so and must not be included within the care plan.

## **2. Definitions**

### **2.1 Intimate personal care**

This 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.

### **2.2 Clinical tasks**

**This care falls into three main categories:**

1. Acceptable care tasks i.e. tasks which just require additional training e.g. catheter and stoma care; gastro-tube feeding

Negotiable care tasks which include:

2. 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
3. Emergency care procedures e.g. anaphylactic pens

## **3. Scope**

This policy applies to all school staff. The aim of staff should be to promote as much independence as is reasonably possible and to respect the pupil's dignity.

## **4. Mandatory Procedures**

4.1 All staff will already have enhanced DBS clearance.

4.2 Staff undertaking personal care and the more complex clinical tasks should always act in accordance with the policy.

4.3 Staff must have received training before undertaking any of the tasks detailed in the care plan.

4.4 This policy must be read in conjunction with the School's protocols for administering medication, safe storage of medication and all other relevant policies and procedures.

## **5. Practical Guidance – General Personal Care**

5.1 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.

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

## **6. Washing, dressing, toileting.**

6.1 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.

6.2 Staff should be mindful of pupils' need for privacy, especially in the Secondary department.

6.3 If staff notice any changes in an individual's appearance that may require attention e.g. rashes, blisters, sores etc these should be reported to an appropriate member of the senior team.

## **7. Nail & Hair Care**

7.1 Staff will not cut pupils' fingernails, unless this is required in special circumstances and arranged with School Nurses and parent/carer.

7.2 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 the school to arrange for a CRB checked hairdresser to cut pupils' hair at school if parents wish this.

## **8. Contact Lenses and Glasses**

8.1 Staff may assist pupils to clean and put on glasses.

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

## **9. Dental Care**

Staff may assist pupils to clean their teeth and perform mouth care tasks as part of an activity such as a 'Tooth Club' and/or general personal hygiene guidance.

## **10. Hearing Aids**

10.1 Once taught the proper technique by an appropriate person, staff may assist pupils to insert and adjust hearing aids.

10.2 Following training staff may clean hearing aids.

## **11.**

- **Category 1 – Acceptable Tasks**
- **Category 2 – Tasks that may be delegated by a health professional**

### **11.1 Acceptable Care Tasks List**

- 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.

## **11.2 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
- Gastrostomy tube feeding, by inserting water through the tube before and after the feed and attaching the feed tube to the PEG/PEJ
- Cleansing of gastrostomy 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 temperatures only when there are clear guidelines in any written procedure from a health professional 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 any temperature readings.

### **Emergency Care Procedures**

- Administering rectal Diazepam (Stesolid) or buccal Midazolam, only as an emergency procedure and subject to current medical protocols
- 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.

## **12. Category 3 Tasks – Not to be performed by staff in any circumstances**

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

## 12.2 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.
- Suction through tracheostomy tube
- The administration of medicine via a naso-gastric tube

## 13. Emergency Procedures

13.1 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.

13.2 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.

13.3 Designated school staff are trained in the administration of rectal diazepam or buccal 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/School Nurses may also deem it necessary to call 999 for an ambulance, depending on the protocol, relevant indicators and knowledge of pupil's condition.

## 14. Cardiac and Respiratory Resuscitation/DNR notices

14.1 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 life saving procedures should be carried out by a trained first aider, if one is available.

14.2 If a pupil has a Do Not Resuscitate decision in place this is recorded in his/her medical protocol & Individual Pupil Profile.

14.3 The school has a Defibrillator located within the Medical Room – to be used only by those trained in its use.