



# SOUTH DARLEY C of E PRIMARY SCHOOL

## INTIMATE AND PERSONAL CARE POLICY

<b>Person/Committee responsible for reviewing/updating this plan</b>	Premises, Health & Safety
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<b>Date of Review</b>	<b>Governors Meeting Reference Number</b>	<b>Approved by name</b>	<b>Comments</b>
28.11.16	FGB28112016.18.5	P Siddall	
22.01.18	PHSSC22012018.7.7	P Siddall	

## Introduction

South Darley CE Primary School is committed to providing the highest quality care, which meets the individual needs of children, and promotes their dignity, privacy and independence.

This policy provides an outline for the provision of personal and intimate care. It applies to all staff who undertake intimate and personal care tasks with children and young people.

Schools need to ensure the provision of adequate staffing to fulfil all personal and intimate care requirements, including supervision, and catering for emergencies such as when a member of staff is absent. This needs to be balanced in line with the duty of care in the Childcare Act 2006.

Teachers' conditions of service are listed in the STPC document which makes no reference to care tasks. Teachers are not required to and should never be requested or expected to fulfil any personal and intimate care tasks under any circumstances, or to supervise or accompany support staff who are carrying out these roles, including in emergencies such as when another member of staff is absent.

Any member of staff carrying out any personal or intimate care tasks must do so in accordance with this policy.

Any member of staff working to this policy will be indemnified by the Local Authority.

This policy will be reviewed as a minimum in four years unless superceded by new guidance in which case policy will be reviewed at the earliest opportunity.

## Aims

This guidance has the following aims:

- To safeguard the rights of children and young people and staff who are involved in providing personal and intimate care.
- To ensure inclusion for all children and young people
- To ensure continuity of care between parents/carers and involved professionals.
- To ensure all staff involved in personal and intimate care have access to appropriate training.

## Definitions

**The definitions described here are new. Previously Derbyshire referred to all care (including personal and intimate) as 'personal care'. All job descriptions, person specifications and contracts previously issued that predate this document which use 'personal care' are referring to both 'personal and intimate' care.**

**Personal care** is defined as those tasks which involve touching, which is more socially acceptable, and is non-personal and intimate, and usually has the function of helping with personal presentation and enhancing social functioning. This includes

- Administering medicine
- Helping a child to eat or drink
- Brushing a child's hair or teeth
- Helping a child to dress or undress
- Washing a child's non personal body parts
- Encouraging a child to go to the toilet

**Intimate care** is defined as those care tasks associated with bodily functions, body products, and personal hygiene which demand direct or indirect contact with or exposure to the genitals, including such tasks as for example dressing and undressing (underwear), helping with the use of the toilet,

changing continence pads/nappies (faeces and/or urine), bathing/ showering, washing personal and intimate parts of the body, changing sanitary towels or tampons.

The roles generally involved in undertaking these tasks in schools are:

- Pupil Support Worker – Grade 5, Personal and Intimate Care
- Pupil Support Assistant – Grade 6, Personal and Intimate care
- Teaching and Learning Support Assistant – Grade 7, Personal Care
- Specialist Teaching and Learning Support Assistant – Grade 8, Personal and Intimate Care

The above grades are those which have been evaluated under Single Status. It may be that there are other roles not mentioned above who are routinely involved in delivering personal or intimate care. If this is not the case it should be ensured that their grading has been evaluated under single status to reflect these duties.

It is recognised that in any school setting there could be one off events/accidents. In these circumstances young people should be encouraged to carry out their own intimate care wherever possible, this may need to be supervised. However if aid is required in one off situations and staff who would normally undertake these tasks are not available, such care tasks could be carried out by any member of staff. In fact leaving a young person unclean and in soiled clothing may in itself become a safeguarding issue (this paragraph does not negate the principles established in paragraph 4 of the introduction to this policy).

### **Guiding principles**

This guidance is underpinned by the following guiding principles:

- Assistance with intimate and personal care must be provided in a manner which is respectful of the child's rights to feel safe and secure, to remain healthy, and to be treated as an individual.
- Children have a right to information, in a format which is understandable, about how to ask a question or make a complaint about personal and intimate care.
- Children should be consulted as far as possible and encouraged to participate in decision-making about their intimate and personal care. Particular attention must be given to those children and young people who have disabilities/conditions which mean they require additional support to do this.
- Decisions and plans about intimate and personal care are made in partnership with parents/carers.

In general Intimate Care tasks will be planned and carried out as part of a care plan for pupils who have a disability or defined medical need who will usually have an Education Health Care plan and are unable to carry out these functions without support.

Schools with an early years and key stage 1 provision where young children may have "accidents" should plan for such eventualities and how they will deal with them. In general the principal in these circumstances will be that staff support pupils to clean themselves.

Schools are not expected to routinely toilet train pupils. Therefore unless a child has a disability or defined medical condition it is expected that parents/carers will have trained their children to be clean and dry by the time they start school.

Where it becomes clear that a pupil without a disability or recognised medical condition is not toilet trained then careful consideration will need to be given to whether the school has suitable facilities and resources to admit the pupil and manage their safety and that of the other pupils and staff. Considerations might include whether or not the pupil is capable of cleaning and changing themselves effectively (with some support) and parental/carer attitude to resolving the problem. Consideration might also need to be given to the layout of the site and ensuring the pupils dignity such that they are not

victimised or stigmatised. Headteachers will need to discuss this with the Governing Body to ensure they do not breach any admissions legislation

### **Links with other policies/Guidance**

This policy should be considered in conjunction with other relevant policies and/or guidance, related to the following aspects:

- Safeguarding
- Administration of medication
- Health, Safety and Welfare Policy
- Disability Discrimination Scheme, Accessibility Plan and Reasonable Adjustment Policy
- Equality Policy
- Complaints Procedure

### **Ensuring carer competency**

- Staff need to be given information during the recruitment process about the types of intimate and personal care they may be required to carry out, and this should be included in any job description/role profile.
- All staff working with children and young people must have been through an appropriate safer recruitment process.
- Staff need to be given appropriate initial and on-going instruction/training in how to carry out intimate and personal care activities. This may include both generic training, and specific instruction in how to assist particular children.
- Staff should have access to a set of procedures which give detailed guidance on how to carry out specific activities related to intimate and personal care and any individual care plan which is in place for a young person.
- Staff should also have attended other relevant training, including safeguarding disabled children, moving and handling (where appropriate), and administration of medication.

### **Safeguarding the dignity of children when providing intimate care**

- The number of carers involved with giving intimate and personal care should be indicated in the pupils care plan, and should be based on individual need. Under normal circumstances, the child's need for privacy would indicate that one carer is sufficient. However, two or more carers may be required on occasion, for example where this is necessary to support children with behavioural needs, or where more than one carer is needed to assist with moving and handling. Where more than one carer is present the reasons must be clearly documented.
- Careful consideration should be given to how many adults might be involved in providing intimate care for a particular child. It would be inappropriate for one adult to have the sole responsibility of providing care for a child. This could create difficulties if the adult was absent from work or lead the child to become over reliant on one particular adult.
- Adults should not provide intimate care for a child in an isolated part of a building and doors to changing areas should never be locked.
- There is a need to strike a balance between protecting the child's dignity by not drawing on too large a pool of carers, and on the other hand, protecting the child from over-dependence on one carer.
- The child's preferences about gender of carer should be respected wherever possible.
- Services and settings need to make provision for emergencies such as a member of staff on sick leave.

## **Developing, documenting, and communicating intimate and personal care plans**

- Children should be included as far as possible in developing personal and intimate care plans
- Parents/carers must be consulted, and their views respected regarding personal and intimate care needs, unless the young person is living independently.
- Parents/carers are expected to provide services with information about their child/young person's intimate care needs. This information will be sought as part of the assessment process, and forms the basis of the care plan.
- Parents/carers will be expected as part of the plan to supply the establishment with a sufficient supply of clean clothing and nappies/pull ups etc. relevant to their child's needs as identified in the plan. Parents/carers will need to supply an emergency contact who can attend the school/setting should the need arise (eg if spare clothes/nappies run out and the child needs changing).
- Relevant members of the multi-professional team must be consulted as plans are developed; this may include nursing professionals, and therapists.
- Information about how to meet intimate and personal care needs must be documented as part of the care plan, which should be developed in partnership with parents/carers and involving the child; this plan must be made available to the staff giving assistance.
- All care plans should detail not only how to carry out the intimate or personal care activities, but should include reference to the cleaning bodily fluids guidance contained at the end of this document and detail the universal precautions to be applied to the particular tasks in terms of infection control and protection of staff from contamination. They should also detail how to dispose of any bodily fluids and contaminated items and the safe storage of contaminated clothing.
- Where a personal and intimate care plan exists, this information must be shared with all relevant services on request.
- Care plans must be regularly reviewed and amended in the light of changes in the child/young person's needs.
- Planning for outings and trips must take into account how the child's intimate and personal care needs will be met when away from the setting.
- Personal and intimate care plans should include opportunities to promote independence skills.
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## **Monitoring and reviewing**

South Darley CE Primary School will review any individual child's Personal and intimate care plan as a minimum annually or when there are any significant changes in a child or young person's needs.

## **Guidance for personal and intimate care procedures**

### **General guidance**

The following general guidance should be followed:

- Opportunities to develop and use social skills should be integrated within intimate and personal care routines.
- Children/young people should be enabled to communicate their needs and preferences during personal and intimate care activities.

- When referring to care routines or body parts care should be taken to use appropriate language.
- Intimate care procedures must only be carried out in line with the guidance/information and training given for the procedures to be carried out.
- Where staff are uncertain how to carry out an activity, guidance should be sought from their manager.
- The intimate and personal care plan must be checked before assistance is given.
- Care must be taken to communicate with the child/young person throughout the activity; in particular look for signs of assent/dissent.
- Children should be encouraged to do as much as they can for themselves.
- The utmost care must be taken to ensure dignity and privacy. This includes ensuring that doors are closed, or screens are used if 2 young people are sharing the use of a bathroom area. Carers should also keep the body and genital area covered as much as possible.
- The Personal Handling Risk Assessment and Handling Plan should be referred to for information about transfer methods to be used during care routines, for those young people who require assistance with moving and handling.
- For pupils who present with challenging behaviour who require intimate care, this must be included within their behaviour plan and individual risk assessment.
- Personal protective equipment as appropriate and as indicated on the care plan should be used during intimate care procedures.
- All soiled waste and protective equipment used should be bagged as clinical waste and disposed of appropriately.
- The young person's own toiletries should be used, where these are available.

## **Cleaning of Bodily Fluid Spillages**

In order to prevent the spread of infection bodily fluid spillages such as blood, faeces, saliva and vomit should be cleaned effectively.

Establishments need to have a clear protocol as to who will deal with such incidents.

A COSHH assessment should be carried out which covers the use of and making up of disinfecting solution.

Accidental exposure to bodily fluids should be reported to the Headteacher / Manager and appropriate advice sought from the Health and Safety / Occupational Health section.

### **Process**

1. Spillages of bodily fluids must be dealt with immediately
2. Cordon off the affected area (including ensuring notification of any slip hazard)
3. Avoid skin, eye or open wound contamination during the cleaning and disinfecting of spillages of bodily fluids. Breaks in the skin must be covered with a waterproof dressing.
4. Personal Protective Equipment (PPE) including apron and gloves must be worn. Where there is a risk of splashing protective eye wear should be worn.
5. Remove any soiling and solid matter using disposable paper towels. This should be discarded by flushing down a toilet and disposable towels double bagged.

6. Once the area is clean of matter, a product which combines disinfectant and detergent should be used such as bleach or other chlorine releasing products include Actichlor, Haztabs. Manufacturer's instructions must be followed and staff should ensure the product is suitable for use on the affected surface. If using bleach this should be made up to 1 part bleach and 10 parts water solution.
7. Clean the area thoroughly, leaving the solution on for at least 2 minutes to give it time to work.
8. Do not apply chlorine based products directly onto bodily fluids as this can lead to the release of chlorine gas. Caution must be taken when using chlorine based disinfectants as they can cause irritation to eyes, skin or mucus membranes if used in poorly ventilated areas. Discard any remaining chlorine solution immediately after use.
9. Ensure the area is properly dried out to prevent slipping accidents.
10. Thoroughly clean and disinfect any equipment used after cleaning (e.g. bucket, mop etc.).
11. Paper towels, cloths and any item used to soak up liquid along with any PPE should be double bagged and disposed of in the normal waste if it is from the normal healthy population. If the spillage is from anyone known to have a medical condition then it should be treated as hazardous waste and disposed of via the yellow clinical waste bags.
12. Always wash hands with soap and water after cleaning spillages. Change any contaminated clothing and launder immediately, separately from other washing on a hot wash.

## **The Equality Act**

The Equality Act 2010 in relation to disability and additional needs provides protection for anyone who has a physical, sensory or mental impairment that has an adverse effect on his or her ability to carry out normal day to day activities. The effect must be substantial and long-term. It is clear therefore that anyone with a named condition that affects aspects of personal development must not be discriminated against. Education providers have an obligation to meet the needs of children with delayed personal development in the same way as they meet the individual needs of children with delayed language, or any other kind of delayed development. Children should not be excluded from normal activities because of incontinence.

Any admission policy that sets a blanket standard of continence for all children, is discriminatory and therefore unlawful under the Act. Settings and schools must make reasonable adjustments to meet the needs of children with disabilities, including those who are not continent.

Asking a parent or carer to come and change a child is likely to be a direct contravention of the Equality Act 2010 and leaving a child in a soiled nappy for any length of time pending the return of the parent is a form of abuse and wholly unacceptable.

When a child has a disability which includes complex continence or moving and handling needs, it may be appropriate for the relevant health professionals to draw up a health care plan. Any plan should be reviewed every six months or sooner if the child's needs suddenly change.