



Carden Primary School

Personal and Intimate Care Policy

July: 2016

Reviewed September: 2019

Introduction

Carden Primary School is committed to ensuring that all staff responsible for the Personal and intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

Aim

- To provide a consistent approach by staff when providing intimate care to children and young people.

Principles/Objectives

- The Governing Body will act in accordance with Section 175 of the Education Act 2002 and 'Safeguarding Children in Education' (DfES 2004) to safeguard and promote the welfare of all pupils at this school.
- The Governing Body and Headteacher will act in accordance with the supplementary DfES guidance: 'Safer Recruitment and Selection in Education Settings' (2005) and 'Dealing with Allegations of Abuse against Teachers and other Staff' (2005)
- 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 Governing Body recognises its duties and responsibilities in relation to the Disability Discrimination Act which requires that any child with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.
- This Intimate Care Policy should be read in conjunction with the following Carden policies:
 - o Child Protection/Safeguarding Policy
 - o Health and Safety Policy and procedures
 - o Policy for the administration of medicines
 - o DCC moving and handling policy
 - o Special Educational Needs policy
 - o Procedures and policy on use of force and restraint
 - o Staff code of conduct or guidance on safe working practice.
- We are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust. Training in specific intimate care tasks will be provided by the appropriate personnel with experience or qualifications as necessary. For example:

- Intermittent Clean Catheterisation- Qualified health professional
- Changing a nappy/continence pad- experienced staff member/carer
- Administration of rectal preparations of medication- Qualified health professional etc.

We recognise that there is a need to treat all children, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. **The child's welfare and dignity is of paramount importance.** No child should be attended to in a way that causes distress or pain.

Staff will work in close partnership with parents/carers to share information and provide continuity of care.

Definition

Intimate/personal Care ; encompasses areas of care which most people usually carry out for themselves, but some are unable to do so because of physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.

Here follows a list of examples of care, which could be described as intimate/personal;

- Feeding
- Oral Care
- Washing
- Dressing/undressing
- Administration of prescribed rectal preparations
- Toileting, including:
 - Supervising children involved with own intimate care
 - Managing catheters and associated equipment
 - Changing colostomy or ileostomy bags
 - Changing continence pads/nappies
 - Assisting a child to clean themselves following an episode such as soiling or wetting.
 - Menstruating

Our Approach to Best Practice

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance. Staff who provide intimate care are trained to do so and are fully aware of best practice. Suitable equipment and facilities will be provided to assist with children who need special arrangements following assessment and/or advice from health professionals such as school nurse, physiotherapist or occupational therapist. Appropriate areas, considering privacy and dignity will be allocated for intimate care procedures. Staff will be supported to adapt their practice in relation to the needs of individual children 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 will not usually be involved with the delivery of sex education to the children in their care as an additional safeguard to both staff and children involved.

The child 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 him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Children (other than very young children in nappies) who require regular assistance with intimate care have written Individual Education Plans (IEP) or care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer. Any individual issues including religious and cultural views will be recorded in these plans. Any historical concerns (such as past abuse) should be noted and taken into account. (NB More information regarding care plans and risk assessments for children with complex medical needs can be found in 'Including Me: Managing Complex Health Needs in Schools and Early Settings' by Jeanne Carlin, published by the Council for Disabled Children and DfES, 2005).

Each child's right to privacy will be respected. One child will be catered for by **one adult** unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented. *Wherever possible* staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence for example, female staff supporting boys in our school, as no male staff are available.

Children's individual communication methods will be considered and as far as possible be enabled to choose who provides their intimate care. This will be documented in their individual plans.

Intimate care arrangements for children will be discussed with parents/carers on a regular basis and recorded on our changing and toileting care plan form (Appendix 1) or IEP. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

The Protection of Children

Safeguarding procedures are there to protect both adults and children. Staff should take due care to ensure their own safety and the safety of the child when changing children or supporting with toileting needs. Child Protection/safeguarding Procedures and Multi-Agency Child Protection procedures will be adhered to.

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.

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.

All staff will be required to confirm that they have read the "Intimate Care School Policy" and of the need to refer to other policies the school/setting may hold for clarification of practices and procedures.

Staff review practice on a regular basis to ensure appropriate procedures are being followed. Any concerns raised by staff or parents/carers will be followed up using the school's safeguarding and if necessary, complaints procedures. If a child makes an allegation against a member of staff, all necessary procedures will be followed.

Changing and toileting for pupils still being toilet trained

No child is excluded from participating in our school who may, for any reason, not yet be toilet trained or who may still be wearing nappies or the equivalent. We make necessary adjustments to our provision to accommodate children who are not yet toilet trained.

Staff should keep a balance between respecting the child's need for privacy and ensuring their safety when they are required to change children, change nappies or support children with toileting. It is important that there is a trust and confidence between the member of staff, child and family and therefore only adults who are familiar and known to the child should change nappies or support with toileting needs. Adults need to be DBS checked and students, short-term or agency staff will not be asked to carry out these duties.

Staff will always praise and encourage children for appropriate behaviour and use only positive language towards the child. Children should never be told off for having an accident. Children should never be left in soiled or wet clothes or nappies. If children are left in wet or soiled nappies or clothing this may constitute neglect and will be a disciplinary matter. We have a 'duty of care' towards children's personal needs.

Changing Nappies

Parents are requested to complete a form (Appendix A) with their child's key worker agreeing the changing procedures for their child when they are admitted to Nursery. They are asked to provide their own nappies, nappy sacks and creams if they are required. It is the responsibility of the child's key worker to ensure that the child's nappy is changed as required.

Children should be changed on the changing table in the toilet area of the nursery or using appropriate facilities in another area of the school. At all times, due respect needs to be given to the privacy of the child. Staff must wear vinyl/latex gloves and a plastic apron when changing children and baby wipes are available to use unless the parents request otherwise.

After use, changing mats should be cleaned immediately afterwards with antibacterial spray and disposable cloth. All soiled items are put in a nappy sack and disposed of in the nappy bin. The cleaner will empty the bin each day.

Toilet Training

The child's key worker or teacher will work with the parent/carer to agree a toilet training programme for the child when it is appropriate. If appropriate, the parents will be asked to attend a toilet training session led by the health visitor or school nurse.

Toilets

Many young children require support with using toilets independently. They are encouraged to use toilets appropriately and independently without over reliance on an adult. All children need to be taught the importance of hygiene. They are encouraged to use toilet paper, flush the toilet after use and wash and dry their hands in the washbasins.

Changing children following an accident

A well-known key member of staff or a known adult should change children who accidentally wet or soil themselves in school. This needs to be done with a calm manner and the minimum of fuss. Staff will wear latex gloves to remove soiled items and provide the child with clean clothes. Soiled clothes need to be placed in a hygiene bag and staff must ensure that they are taken home by the child on that day. The child's teacher or a member of EYFS staff known to the child needs to ensure that parents/carers are informed of any accidents. In Nursery changing of children happens in the Nappy Changing Area only.

We always encourage an atmosphere where pupils feel they can talk to an adult if they need help or support but we do understand that older children who have an accident may be reluctant to tell an adult in school. If such an incident happens and the child is soiled or wet when they come home we will always work with parents/carers and the pupil to ensure they feel more confident to tell us should such an accident happen again. A record will be kept detailing when a child has required support with toileting stating which member of staff gave assistance (Appendix 2).

Training in Invasive/ Intimate Medical Procedures

Invasive clinical procedures should only be undertaken by staff **when prescribed by a qualified medical practitioner**. Staff should only agree to undertake these tasks if they feel competent and confident to do so.

Training must be aimed at delivering care according to set protocols and guidelines and **staff must not be expected to make independent decisions** about a child's care.

The focus of training for these tasks must be based on the care required for each individual, named child (rather than generic training) and should include both theoretical and practical aspects of the task. The training **must include opportunities for supervised practice** before an assessment of competence by a suitably qualified person (i.e. a health care professional).

The training must be designed to ensure staff:

- can care for the child when medically stable
- can identify/ recognise signs that they are becoming unwell
- know how to seek appropriate help

Parental/ Guardian Consent

Parents must be consulted on in relation to the care provided by the school and involved in the ongoing monitoring and assessment of the care. The school must obtain written consent from the parents/guardians for the procedures that may be undertaken.

'Sign off' of Competency

The member of staff must be assessed as competent to undertake the task and a record of competence made. This must include the signature of the health care professional delivering the training to indicate this. At the time of assessment of competence the monitoring and date of refresher training must be agreed and recorded.

For more information about training of non-medically qualified staff and competency, refer to the Royal College of Nursing resources page.

Insurance

The council holds liability insurance for work activities which includes a number of medical procedures. However, invasive procedures are generally not covered by this insurance. Please refer to the table in Appendix B for a list of what is and is not covered by our insurers.

Invasive procedures either not listed in Appendix 3 or listed as 'not accepted' may be considered as acceptable by the liability insurer on a case by case basis. Specific information and documentation must be presented to the council's Insurance Team who will then present the case to the insurer for consideration.

The following information/ documentation must be provided:

1. Health Care Plan detailing the procedure(s) required. The plan must be drawn up by a health care professional and include the levels of training/ competency required for the Healthcare activity.
2. For medical monitoring activities (e.g. blood pressure), the Health Care Plan must state:
 - a. The acceptable parameters
 - b. the urgency of making contact with a medical professional if results are outside of the above parameters
3. Documented evidence of staff training which has been competency assessed and meets the requirements set out in the Health Care Plan

The council 'self insures' any invasive procedures that are not covered by the liability insurer – i.e. In the event of an incident/ injury whilst a member of staff is carrying out such a procedure, any successful claim for compensation would be funded directly by the council.

Personal Liability

In the event of any claim for personal injury being received following a member of staff carrying out of a medical procedure, the council's Insurance Team investigates the claim following their normal procedures.

Where it is proved that the injury was caused by 'negligence' the claim will be settled by the council. Negligence in this context could include a member of staff failing to follow their training, undertaking a procedure that they are not trained in; intentionally or recklessly interfering with medical equipment; changing the procedure in any way etc.

A member of staff following their training and working within their own levels of competence would not be deemed 'negligent' in this context and any action (criminal or civil) would be taken against the council rather than the individual.

This policy was evolved by consultation between staff and school's governing body.

April 2016

Reviewed September 2019

Appendix 1

Carden Personal Care Plan
For children wearing nappies/ pull-ups or needing regular support with toileting in school
Rec-Yr6

Child's Name:	DOB:
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Completed by: _____ (member of staff)

Date of Plan: _____ Date to review Plan: _____

Who will change the child?

How will be the child be changed? e.g. standing up in a toilet cubicle, lying down on a mat on the floor

Copies of procedure for changing given to parent where available

Who will provide the resources? e.g. wipes, nappies, disposable gloves

How will the changing occasions be recorded and how this will be communicated to child's parent/ carer

How will wet/ soiled clothes be dealt with?

If appropriate - agree a minimum number of changes

How will the child be encouraged to participate in the procedure?

Will any creams / lotions need to be applied:
If yes: Name of lotion / is it prescription – if so have we got the prescription instructions / times to apply)

Appendix 3

Examples of Treatment

Procedure	Description	Acceptable to Underwriters	Treatment Tree
Anal Plugs	Plug to prevent bowel movements in incontinent adults or children.	No	2
Bathing		Yes - following training and subject to routine visits to service users by senior officer to check for abuse Safe Manual Handling Practice to be followed	5
Bladder wash out		No	1/2
Blood Pressure	Taking of BP by automated machine only	Yes – following training and variation from specified limits in Health Care Plan referred to medical staff	5
Blood Samples	Glucometer or fingerprick only	Yes – following written Health Care Plan and adherence to manufacturers' guidelines	2a/5
Body fluid balance monitoring	Measurement and recording of fluids in and urine out via toilet capture device	Yes – following training and referral of abnormalities to medical staff	5
Breathing monitoring	Visual monitoring	Yes – as routine check only	5
	Monitoring by machine	Yes – following written Health Care Plan	5
Buccal medazolam	Administered by mouth	Yes – following written Health Care Plan	5
Catheters	Change bags and cleaning of tube	Yes – following written Health Care Plan	5
	Insertion of tube	No	1/2
Colostomy/Stoma care	Change bags	Yes – following written Health Care Plan	5
	Cleaning	Yes – following written Health Care Plan	5
Contact lens fitting	Insertion of contact lenses	No	2
Defibrillators/First aid only	In emergency	Yes – following written Health Care Plan	5
Denture cleansing		Yes – following appropriate training and using proprietary cleaner only	5
Dressing care (external)	Application	Yes – following written Health Care Plan	5
	Replacement	Yes – following written Health Care Plan	5
Ear Syringe		No	1
Ear/nose drops		Yes	5
Enema suppositories		No	2a
Eye care	For individuals unable to close eyes	Yes – following written Health Care Plan	5
Eye drops		Yes	5
First Aid	In emergency (including use of defibrillators)	Yes – by employees with valid first aid certificate	Covered as standard by Public Liability Insurance
Gastrostomy tube Peg feeding (Through the abdominal wall)	A tube to be inserted	Yes – by qualified medical staff only	1/2
	Feeding and cleaning	Yes – following written Health Care Plan	5
	Reinsertion of gastrostomy tube Testing	No – by qualified medical staff only	1/2
Gastrostomy tube Peg feeding with medication		Yes – following written Health Care Plan and in consultation with pharmacist, and prescribed by a medical professional	5
Gastrostomy tube Bolus feed via a gastrostomy tube	Using a large syringe or feed bag to provide 'bulk' feed	Yes – following written Health Care Plan	5