

The Consortium Multi-Academy Trust

Chair of the Members and Board of Trustees: Dawn Carman-Jones

Principal/CEO: Andrew Aalders-Dunthorne

Email: principal@consortiumacademy.org Tel: 01379 668283 / 01379 852520

Intimate Care Policy

1. Aim

1.1 Where the guide includes references to health and safety, managers should be aware that the Trust as **employer** carries the principal responsibility for compliance with the law.

1.2 This guide is intended to provide practical help to schools and other settings that may need to help children and young people that require intimate care. It is not intended to replace more specific information on safeguarding (see [Appendix 2](#)). This guidance should also be read with advice on the [administration of medicines](#), the [support of children with medical needs](#) and [infection control](#).

2. Introduction

2.1 Situations will occur in settings/schools where the occasional toileting mishap will require intimate care. Intimate care needs are reasonably foreseeable and schools and settings should have appropriate staff available to deal with the needs that arise. In schools where daily intimate care is required for individual children or more frequently and creates a significant additional demand on the school/settings resources, this suggests underlying causes which the school/setting should address with assistance from the Trust and other specialist services.

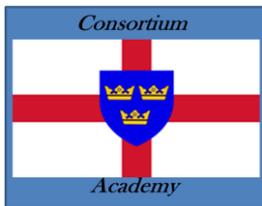
2.2 Schools and nurseries provide more services to younger children than ever before. Together with other factors such as dual placement, this means that services will need to cope with toileting and other intimate care needs more frequently. Academy Heads must ensure that staff are competent and able to meet a child's needs with confidence and respect. No child should be attended to in any way that causes distress, indignity or pain. (See [Appendix 2](#)) Staff must not be required to undertake work for which there are not competent or confident.

3. What is meant by intimate care?

3.1 Several activities performed by adults in schools could be described as intimate care. These could range from:

- supporting a pupil with dressing/undressing
- cleaning a young or disabled pupil who has soiled him/herself
- providing comfort and support for a distressed or grieving older pupil
- assisting a pupil requiring regular medical care and unable to carry this out unaided.

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3.2 A situation requiring intimate care may be an irregular and unusual event. In a school with children with physical impairments and other medical needs, it may be a regular and integral part of the care plan associated with the provision of a curriculum for the child.

4. Medical needs as part of intimate care

4.1 In the event of incident, and particularly an unforeseen emergency, every member of staff has a duty of care to respond either by taking action or seeking prompt assistance if they do not feel confident or competent. It is incumbent on every member of staff to behave as a reasonable adult and to put the health and welfare of the child first, in most cases.

4.2 Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Schools should ensure that they have sufficient members of support staff who are employed and appropriately trained to manage medicines as part of their duties. Teachers' conditions of employment also do not include cleaning a child who has soiled him/herself. Therefore, the Trust encourages schools to develop roles for support staff that build the administration of medicines, first aid and intimate care into their core job description (see [Appendix 4](#)) or their contract of employment. The arrangements should be based on a risk assessment approach and managers of schools and settings should take advice from appropriate health professionals to ensure that a robust system of control is in place.

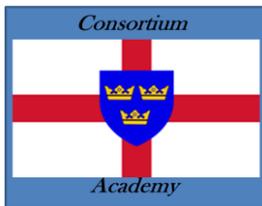
5. Management Principles

5.1 The school must be organised, both in terms of staffing and physical surroundings, in a way that makes it easy for staff to provide intimate care in a satisfactory fashion with the minimum of risk consistent with the maintenance of dignity, professional standards and the requirement for suitable records.

5.2 The policy provides a guide for parents and young people that help them frame their expectations of the service and the establishment's fulfilment of them. The policy statement can be part of the Trust's overall safeguarding documentation.

5.3 Schools are advised also to make their arrangements for the provision of intimate care known to parents/carers in writing, perhaps as part of a prospectus or website ([Appendix 1](#)). For certain aspects of intimate care, the Academy Head of the school is advised to have obtained parental consent. A 'contract' with the parent/carer can be a very useful means of agreeing levels of service and assistance for both parties and is therefore recommended (see [Appendix 3](#))

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6. Best Practice

6.1 The management of children and young people with foreseeable intimate care needs should be planned. The child's welfare and dignity is of paramount importance. The guidance contained in [Managing Medicines in Schools and Early Years Settings](#) provides the lead for our approach to best practice.

7. Responsibilities and parental/carer involvement

7.1 Responsibilities should be discussed, agreed and recorded with parents/carers. It may be possible for the school to agree parental assistance, but it is more likely that the school will need to have arrangements that enable rapid and competent assistance to be provided to children at all times. Intimate care arrangements should be discussed with parents/carers on a regular basis and recorded as part of the child's care plan (see the simple checklist at the end of this document). The reasonable needs and wishes of children and parents must be taken into account wherever possible within the constraints of staffing and equalities legislation.

8. Training

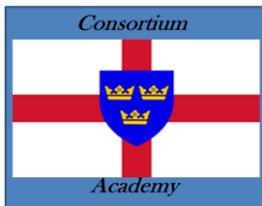
8.1 All staff who provide intimate care should be trained to do so (this includes the taking of bloods and IV delivery of medication). This must include safeguarding and may include health and safety training such as lifting and moving of people. Personal care training can usually be accessed through Outreach Services from the Special Schools as well as through established personal care training such as an NVQ. For those staff routinely called upon to undertake the tasks, it would also be useful to make a short amendment to a job description to say that intimate care of individual children may be required. A draft generic job description is attached at the end of this guide. ([Appendix 4](#))

8.2 Staff should 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 involved in the intimate care of children/young people should not also be involved with the delivery of sex education to the children/young people in their care; this is an additional safeguard to both staff and the children/young people involved.

9. Equipment

9.1 Reasonable recommendations from a child's physiotherapist or occupational therapist should be considered in liaison with the school's health team; SEND specialists must be consulted for each individual case. The provision of suitable changing beds and other

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facilities such as hoists or lifts in schools may require substantial planning and expense. The SEND access audit process may be helpful in identifying priorities.

10. Supervision and Risk Assessment

10.1 Each child's right to privacy must be respected and so each child should be supported to achieve the highest level of autonomy that is possible. For example, the child should, if capable, take responsibility for washing themselves.

10.2 Careful consideration should be given to each child's situation to determine how many carers might need to be present, consistent with the intimate care requirement and safeguarding guidance. Where possible, 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.

10.3 In cases where a decision has been made that 2 members of staff are required for intimate care work, it is not always necessary for supervision to be 'close'. It is acceptable for the second member of staff to be nearby, but not so close as to distress the child or young person or cause them to feel that their dignity has been unduly compromised.

10.4 Where reasonably practicable the same child will not be cared for by the same adult on a regular basis unless this has been decided in advance for particular reasons; ideally there will be a rota of carers, all known to the child, and discussed with the young person and the parents/carers. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of different and unknown carers. (see [Safeguarding Disabled Children – statutory guidance](#))

10.5 Wherever possible staff should only care 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 settings where no male colleague is available, as in many primary schools.

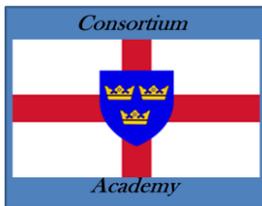
11. The Protection of Children

11.1 Education Child Protection Procedures and Inter-Agency Child Protection procedures must be adhered to.

11.2 All children will be taught personal safety skills carefully matched to their level of development and understanding.

11.3 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 Designated Safeguarding Lead for child protection.

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11.4 If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter must be investigated and outcomes recorded. Schools are encouraged to seek informal advice from the safeguarding managers earlier rather than later. Parents/carers should be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules should 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.

11.5 If a child makes an allegation against a member of staff, all necessary procedures will be followed.

12. Personal protective equipment

12.1 Selection of personal protective equipment (PPE) must be based on an assessment of the risk of transmission of micro-organisms, and the risk of contamination of a member of staff's clothing and skin by the pupil's body fluids, particularly blood. In practice, this means that standard, disposable gloves used for first aid (available from the usual council suppliers and through the purchasing catalogue) should be used for intimate care. Gloves should be well-fitting. Staff **must** advise if they have sensitivity to natural rubber latex, and alternatives to natural rubber latex gloves, such as nitrile, must be provided if required.

12.2 Disposable polythene gloves are generally not suitable as they are very susceptible to splitting.

12.3 The health services or parent/carers may be able to advise the school or setting of alternatives if a child is known to have intolerance to latex.

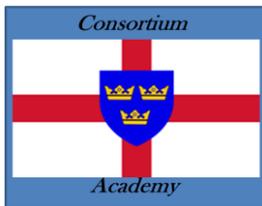
12.4 Disposable aprons (single use) may be required in exceptional circumstances to protect both the employee and the child from the risks of cross infection. In these circumstances, where a known, higher-risk condition poses additional risks, advice should be obtained from the pupil's GP or specialist medical adviser, the Outreach Service or the local Health Protection Agency if the care plan has not already identified a complete set of control measures to be taken. It may be necessary to wear other PPE, such as a mask and/or goggles/visor in such cases, though this would be very rare.

12.5 Gloves are not a substitute for hand hygiene. Gloves must be discarded after each use and hands should always be thoroughly washed following removal.

13. Disposal

13.1 Normal waste disposal arrangements are usually sufficient. Small quantities of 'sub-clinical' waste such as used gloves, aprons, soiled nappies etc should be double bagged and

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placed in normal refuse. Where IV needles are required a clinical waste sharps bin will be made available.

14. Training standards

14.1 It is unlikely that a single course currently available will meet all the relevant training needs in a convenient package. However, if an Academy Head arranges for development work with the various agencies and in particular the SEND outreach, as well as the normal child safeguarding training then staff should be provided with the necessary information and skills to assist children and young people who have intimate care needs.

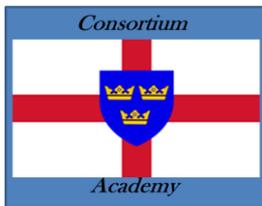
14.2 Qualifications such as the **Level 2 NVQ/SVQ in Health and Social Care** will be very relevant and Academy Heads must consider how staff development needs can be met. This qualification is aimed at those who support and assist individuals with their physical or emotional care, daily living needs or maintaining their independence.

14.3 Elements of the **Level 3 NVQ** are suitable for managers and some staff caring for children and young people. The individual elements of the NVQs are available online from the training organisations such as City and Guilds and these resources are a useful aid to the Academy Head in deciding the development needs of individual members of staff.

15. Sources of information:

- Multi-agency Training team
- City and Guilds (<http://www.cityandguilds.com/48663.html>)
- Managing Medicines in Schools and Early Years Settings (<https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFES-1448-2005>)

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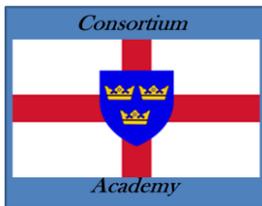
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Personal care checklist: Considerations when admitting a child with intimate care needs.

Considerations to be discussed	Tick if in place	Required
<ul style="list-style-type: none"> • Medical and care advice. • Contenance Service/school nursing • Discussion with parents/ carers, leading to written agreement, protocols and care plan – with review schedule. • Training for staff - including safeguarding, manual handling and intimate care. • Risk Assessment. • Update job descriptions. • Staff identified and appointed. • Action in case of an emergency • Care plan and review procedure. 		
Equipment and resources		
<ul style="list-style-type: none"> • Will existing toilet area require adaptation? • Is a changing bench needed? • Will rails be needed? • Is hot water available? • Will the pupil require a hoist? • Will the pupil require symbols? • Is there sufficient and appropriate storage? 		
Supplies		
Who will provide if needed? <ul style="list-style-type: none"> • Pads • Wipes • Spare clothes • Gloves • Disposable aprons • Plastic bags, if necessary? • Hand wash and chlorine based surface disinfectant 	} normally parents } } } normally setting	
Additional information		
Checklist completed by (signature).....date.....		
Full name Role/Job title		
Name and signature of parent/carer		
Date of creation of record		
Anticipated review date		

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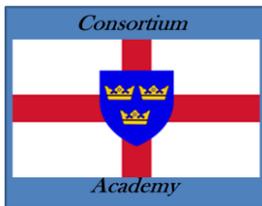
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Appendix 1

The following are considered as part of our school practice on a case by case basis and a bespoke care plan is created for each child.

- Procedures for managing prescription medicines which need to be taken during the school or setting day
- Procedures for managing prescription medicines on trips and outings
- A clear statement on the roles and responsibility of staff managing administration of medicines, and for administering or supervising that administration
- A clear statement on the parent's/carer's responsibilities in respect of their child's medical needs
- The need for prior written agreement from parents/carers for any medicines to be given to a child
- The circumstances in which children may take any non-prescription medicines
- The school policy on assisting children with long- term or complex medical needs
- Policy on children carrying and taking their medicines themselves
- Staff training in managing medicines safely and supporting an identified individual child
- The setting's arrangements for dealing with a child's other intimate care needs and the means of returning soiled clothing to the parent/carer.
- Record keeping
- Safe storage of medicines
- Access to the school's emergency procedures
- Risk assessment and management procedures
- Consent forms (see [Department for Education website](#) and the [Managing Medicines guidance](#))

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Appendix 2

Extract from Guidance for Safer working Practice for Adults who Work with Children and Young People (2009)

20. Intimate Care

Some job responsibilities necessitate intimate physical contact with children on a regular basis, for example assisting young children with toileting, providing intimate care for children with disabilities or in the provision of medical care. The nature, circumstances and context of such contact should comply with professional codes of practice or guidance and/or be part of a formally agreed plan, which is regularly reviewed. The additional vulnerabilities that may arise from a physical or learning disability should be taken into account and be recorded as part of an agreed care plan.

The emotional responses of any child to intimate care should be carefully and sensitively observed, and where necessary, any concerns passed to Headteacher or senior managers and parents/carers.

All children have a right to safety, privacy and dignity when contact of a physical or intimate nature is required and depending on their abilities, age and maturity should be encouraged to act as independently as possible.

The views of the child should be actively sought, wherever possible, when drawing up and reviewing formal arrangements. As with all individual arrangements for intimate care needs, agreements between the child, parents/carers and the school/service must be negotiated and recorded.

This means that adults should:

- adhere to the school/service's intimate care guidelines or code of practice
- make other staff aware of the task being undertaken
- explain to the child what is happening
- consult with senior managers and parents/carers where any variation from agreed procedure/care plan is necessary
- record the justification for any variations to the agreed procedure/care plan and share this information with parents
- ensure that any changes to the agreed care plan are discussed, agreed and recorded.

21. Personal Care

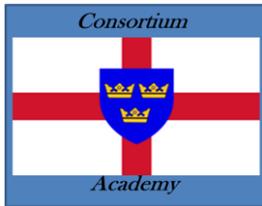
Young people are entitled to respect and privacy at all times and especially when in a state of undress, changing clothes, bathing or undertaking any form of personal care. There are occasions where there will be a need for an appropriate level of supervision in order to safeguard young people and/or satisfy health and safety considerations. This supervision

This means that adults should:

- avoid any physical contact when children are in a state of undress
- avoid any visually intrusive behaviour
- where there are changing rooms announce their intention of entering

This means that adults should not:

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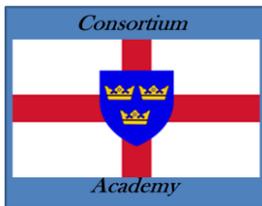
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should be appropriate to the needs and age of the young people concerned and sensitive to the potential for embarrassment. Adults need to be vigilant about their own behaviour, ensure they follow agreed guidelines and be mindful of the needs of the pupils with whom they work.

- change in the same place as children
- shower or bathe with children
- assist with any personal care task which a child or young person can undertake by themselves

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Appendix 3

Home / School agreement on intimate care – Changing protocol

The parent/carer:

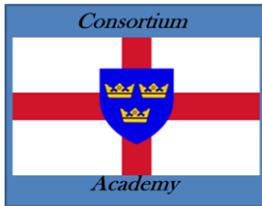
- ensures child is changed at the latest possible time before being brought to school;
- ensures the child wears a dry pull up to aid toilet training;
- provides school with spare nappies/pull-ups/wipes/nappy sacks and change of clothing;
- understands the nappy changing procedure set out below;
- informs the school in writing should the child have any marks or rash;
- agrees to a minimum change policy set out below. Where the school will not undertake to change the child more frequently than if he/she were at home;
- agrees to review arrangements where necessary i.e. where progress has identified the child as ready to toilet train.

Changing procedure

We will follow the nappy changing Procedure below:

- Alert the child to nappy change time, this should be done sensitively for example by telling him/her that it's time to make him comfortable.
- Gather all the necessary items needed before each nappy change, for Example, nappies/pull-ups, wipes, nappy sack, plastic carrier bag for soiled clothes, cream if necessary (where cream is used the child should have their own named cream and written permission obtained from the parent). Children's own supplies should be stored in their own bag on their cloakroom peg.
Nappy change mat, sanitise before use, with recommended cleaner in force at the time.
- Wash and dry your hands.
- Put on gloves and apron. You should use a new set of gloves and apron for each nappy change.
- Remove the child's clothing to access the nappy, encourage the child to help remove his/her own clothes. Remove the nappy and place it inside the nappy sack.
- If the child's clothes are soiled, they should be bagged separately and sent home, they should not be rinsed by hand.
- Using the wipes, clean the child from front to back and place the used wipes in the nappy sack. Tie the nappy sack twice and put it in the bag in the nappy bin.

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- Put on a clean nappy and apply cream if necessary (see above).
- Take off the gloves and apron and place them in a pedal operated bin.
- Dress the child.
- Re sanitise change mat.
- Help the child to wash their hands if necessary using liquid soap, warm water and paper towels.
- Wash your hands using liquid soap, warm water and paper towels.
- Take the child back to the room.

Minimum change policy

Children should arrive at school in a nappy or pull-up which has been put on as late as possible before leaving home.

Staff will change a child once per 3 hour session, morning and afternoon if staying all day.

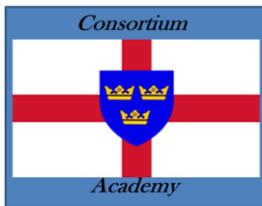
Staff will change a nappy/pull-up sooner if a child becomes soiled, is wetter than necessary or is uncomfortable.

The school:

- Agrees to monitor the number of times the child is changed in order to identify progress made
- Agrees to report should the child be distressed, or if marks/rashes are seen
- Agrees to review arrangements whenever necessary

The purpose of such an agreement is intended to help avoid misunderstandings that might otherwise arise, and help parents/carers feel confident that the setting/school is taking a holistic view of the child's needs.

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Appendix 4

JOB AND PERSON PROFILE FOR: TEACHING ASSISTANT

Job Reference:	
Grade:	
Location:	
Hours per Week:	
Status:	Fixed Term / permanent

Main Purpose of the Job:

To support a pupil with a physical disability in a mainstream school environment.

Key Relationships:

- Class Teacher
- Academy Head
- Other members of school staff

Main Activities and Responsibilities:

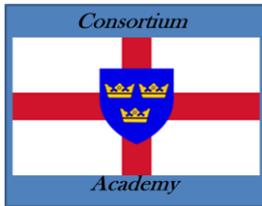
- To support intimate care
- To move and handle the pupil in line with school policy and advice from external agencies
- To have knowledge of first aid
- To work with pupils on specific tasks in a small group, provided by the class teacher
- To report any changes in pupil behaviour to the teacher
- To keep accurate records
- To administer gastrostomy feeds, in line with Trust guidance (if required)
- To administer medication, e.g. Buccal Midazepan (if required)
- To programme communication aids and support the pupil in using it.

Level of Autonomy and Decision Making:

The post holder must be able to use their own initiative and be flexible.

The duties and responsibilities of this post may change from time to time. The post holder would be expected to carry out other work of a similar nature within the school, if the pupil is absent.

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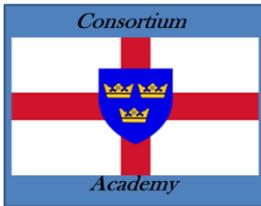
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Current Objectives for the Job:

To ensure the pupil is fully included in a mainstream school.

PERSON PROFILE	Essential	Desirable
	Education & Qualifications	<ul style="list-style-type: none"> • Experience in working with pupils within a school environment • Good level of literacy and numeracy
Interpersonal & Communication Skills	<ul style="list-style-type: none"> • Flexibility • Problem solving • Effective communication skills • Team working • Independent working • Ability to maintain appropriate levels of confidentiality 	
Relevant Experience	<ul style="list-style-type: none"> • Experience in working with pupils within a school environment 	<ul style="list-style-type: none"> • Recent First aid training • Awareness of Makaton
Additional Requirements	<ul style="list-style-type: none"> • Willingness to attend training • Enhanced CRB check 	

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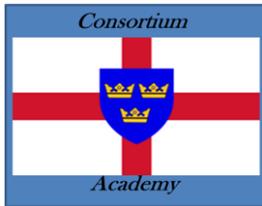
If you have a disability or long term illness that otherwise prevents you from meeting any of the essential criteria, please contact us to discuss whether a reasonable adjustment can be made.

Telephone:

Email:

Mental Skills
Physical Demands
Mental Demands
Emotional Demands
Responsibility for People
Responsibility for Supervision/Direction/Co-ordination of Employees
.
Responsibility for Finance
Responsibility for Physical Resources
Working Conditions

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Document Control

Changes History

Version	Date	Amended By	Details of Change

Approval

Name	Job Title	Signed	Date
Andrew Aalders-Dunthorne	Principal/CEO	Electronic signature	28/12/2016
Dawn Carman-Jones	On behalf of the Trust Board	Electronic signature	28/12/2016

Equality Impact Assessment

Date	Name	Details

END OF DOCUMENT

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