



Intimate Care Toolkit

Guidance Information

Author: Head of Primary

Review Date: February 2024

Next Review Due: February 2026

This toolkit should be used in conjunction with the CFS Safeguarding Policy

Intimate Care Principles

The following are the fundamental principles upon which the toolkit is:

- 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.

Definition of Intimate Care

Intimate care may be defined as any activity that involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. This activity is required to meet the personal care needs of each individual child. Parents have responsibility to advise staff of the intimate care needs of their child, and staff have a responsibility to work in partnership with children and parents.

Intimate care can include:

- Feeding
- Oral care
- Washing
- Dressing/undressing
- Toileting
- Menstrual Care
- Photographs
- Treatment such as enemas, suppositories, enteral feeds
- Catheter and stoma care
- Supervision of a child involved in intimate self-care

Staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is recognised that there is a need to treat all pupils with respect and dignity when intimate care is given.

This toolkit has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

Disabled children or those with additional needs can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs.

Implementation

The management of all pupils with intimate care needs will be carefully planned. The pupil who requires intimate care is treated with respect at all times; the pupil's welfare and dignity is of paramount importance.

Staff, including supply or agency, who provide intimate care receive training to do so this includes; Child Protection, Health and Safety and manual handling training. Within Manual Handling (lifting and moving) staff are given training on using slings and hoists as required and are fully aware of best practice. Equipment is provided to assist with pupils who need special arrangements following assessment from our physiotherapist and occupational therapist as required.

Staff are supported to adapt their practice in relation to the needs of individuals taking into account developmental changes such as the onset of puberty and menstruation.

The pupil will be supported to achieve the highest level of autonomy that is possible given their age and ability. Staff will encourage each pupil to do as much for him/her self as he/she can. This may mean, for example, giving the pupil responsibility for washing themselves; supported by appropriate communication aids and equipment as necessary.

Each pupil's right to privacy will be respected. Careful consideration will be given to their situation to determine how many staff might need to be present when a pupil requires intimate care. The number of adults stated on the individual's care plan (as required e.g. catheterisation) and Statement of Special Educational Need is reviewed on a regular basis to ensure the correct provision is always available.

Where intimate care is required the staff allocated to that class will where possible work on a rota basis to ensure over familiarity in a relationship does not occur, yet, regular staff are attending the pupil so they feel comfortable and cared for. Pupils should be able to voice preference of intimate carers where possible.

It is best practice to have two staff members present during intimate care routines and wherever possible this will be provided by staff who are the same sex as the child. However, in our setting this is not always possible. On all residential visits there is a mixture of male and female staff to ensure intimate care is provided by an individual of the same sex wherever possible and we ensure that enough staff are provided to enable 2:1 for changing routines.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the pupil's care plan where this applies. The needs and wishes of pupils and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

Communication with pupils

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication.

Children communicate using different methods e.g. words, signs, symbols, body movements, eye pointing.

To ensure effective communication:

- Ascertain how the child communicates e.g. consult with child, parent / carer and, if appropriate, communication needs must be recorded (please refer to pupil profile). If further information is required please consult with the child's Speech and Language Therapist.
- Make eye contact at the child's level.
- Use simple language and repeat if necessary.
- Wait for response – allow processing time.
- Continue to explain to the child what is happening even if there is no visible response.
- Treat the child as an individual with dignity and respect.

The Protection of Pupils

Child Protection Procedures will be adhered to at all times. Concerns of a child protection nature must be referred to the Designated Safeguarding Lead (DSL) or Deputy DSL and dealt with in accordance with school child protection procedures.

All children will be taught personal safety skills carefully matched to their level of development and understanding, promoting positive self-esteem, awareness and confidence in their own body.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. they must immediately report concerns to the DSL.

If a pupil 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 pupil's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a pupil or any other person makes an allegation against a member of staff, all necessary procedures will be followed (see CP Policy/ Procedures for details). This should be reported to the Head teacher (or to the Chair of Governors if the concern is about the Head teacher) who will consult the Local Authority Designated Officer in accordance with the school's CP policy. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

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 Head teacher or to the Chair of Governors, in accordance with the CP procedures and ‘whistle-blowing’ policy.

Health and Safety

Staff will always wear gloves when dealing with a pupil who is bleeding or soiled or when changing a soiled pad. Any soiled waste is placed in a yellow waste disposal bag, which can be sealed. This bag is then placed in a specialist bin (complete with a yellow liner) which is specifically designated for the disposal of such waste. All staff are aware of the school’s Health and Safety policy.

Regardless of age and ability, the views and/or emotional responses of our pupils with special needs are actively sought (with advocacy arrangements made for those who can’t) in regular reviews of these arrangements.

First Aid and intimate care

There are named staff in School who administer first aid and wherever possible another adult or pupil are present. The pupil’s dignity is always considered and where contact of a more intimate nature is required, another member of staff is always in the vicinity and made aware of the task being undertaken.

Medical Procedures

Pupils who may 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 and documented in the Individual Healthcare Plan (IHP) and will only be carried out by staff who have been trained and signed off as competent to do so. Staff should only undertake care activities which they understand and feel competent and confident to carry out; they are responsible to notify their line manager/Head teacher if this is not the case.

Record keeping

When a child joins the school, parents/carers are asked to declare any medical conditions that require care within school, for the school’s records. At the beginning of each school year, parents are requested to update details about medical conditions (including intimate care needs) and emergency contact numbers. A sample Intimate Care Log is attached to this document.

All parents/carers of children with intimate care needs will be required to provide information to school on these. From this information the school keeps its intimate care need records. All teachers know which children in their class have intimate care needs. Parents are required to update the school about any change in their child’s medication or treatment. Records must be kept for the administration of any intimate care.

Bodily Fluids

Refer to Annex 1 Bodily Fluids risk assessment if intimate care needs may require staff to come into contact with any pupil bodily fluids and take action appropriately to minimize risks of infection or contamination.

Annex 1

Bodily Fluids model risk assessment

Who can be harmed? staff, pupils, customers/persons supported, visitors, volunteers, students on work experience, trespassers

Completed by:

Date:

Review date:

Circulated to:

Date shared with staff:

The control measures listed below MUST be adapted by the Establishment to reflect local practice. This guidance can be amended to record a risk assessment or be used to create a policy, procedure/safe working practice or used as the basis for a staff meeting/discussion (minuted/notes taken), that will then act as an assessment of risk.

List all the Hazards relating to this task	Possible controls measures/ delete as appropriate	Risk - Likelihood x consequence = risk rate	Date put in place	Details of how achieved (Evidence required)
Infected fluids in contact with skin, eyes, etc. (e.g. needles, broken glass)	<ul style="list-style-type: none"> • First aiders and those handling spillages or performing intimate care procedures to wear personal protective equipment as identified by risk assessment e.g. face mask, eye protection, disposable gloves, plastic aprons and cover open wounds with waterproof dressings; • Staff trained in de-escalation and restraint to identify triggers and prevent escalation of challenging behaviour e.g. biting spitting; • Where continuous biting is identified consider use of arm protection (guards); • Direct contact to be avoided where possible; • Immunisation from hepatitis B where a significant risk is identified; • Sharps bin clearly marked and provided where sharps may foreseeably arise. Located in a safe 			

	<ul style="list-style-type: none"> position away from pupils and members of the public; • Sanitary bins in all ladies toilets and waste contract in place for their safe removal; • Staff to cover open wounds with waterproof plasters during working day. 			
Cross contamination.	<ul style="list-style-type: none"> • Procedures in place to report and clean any spillages; • Spills cleaned using disposable paper towels and specialist disposable products • Instructions given on the safe disposal of waste and cleaning of non-disposable equipment; • Clinical waste disposed of via yellow bag specialist contractor collects from site • Medicines and apparatus used in its administration (e.g. asthma inhaler/spacer) clearly labelled with patients name and where necessary single use. • Thorough cleaning regime in place • Disposable paper towels used. • Changing beds or mats covered with single use disposable paper 			
Infectious/communicable diseases	<ul style="list-style-type: none"> • Public Health England advice on recommended exclusion times for various conditions is followed i.e. vomiting children must not return to school until 48 hours after last episode • Instructions given to wash contaminated skin with soapy water and seek advice from the Public Health England • Ensure levels of site cleanliness are maintained to an acceptable standard • Premise Officer/ Site Responsible Person to monitor standards of cleanliness and report deficiencies to contract cleaners or school to liaise directly with cleaners employed by them 			

	<ul style="list-style-type: none"> • Deep clean is undertaken as necessary 			
Slips, trips and falls	<ul style="list-style-type: none"> • Slippery floor signage used when necessary; • Slips and fluids cleared up as soon as possible • COSHH Risk Assessments to be carried out on any hazardous substances used to clear fluids etc. 			
Safeguarding	<ul style="list-style-type: none"> • Intimate Care Policy in place • Intimate care procedures in place • Staff trained in safeguarding renewed annually • Where identified intimate care is carried out with 2 staff members 			
INSERT ADDITIONAL HAZARDS BELOW	INSERT ADDITIONAL CONTROL MEASURES BELOW:			

Review date	By Whom	Date shared with staff	Circulated to:
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Comments/amendments	

Risk rate guide

Likelihood		Consequence	
1	Very unlikely	1	Minor injury scratches bruises, no noticeable damage to property or insignificant affect on the environment.
2	Unlikely	2	Moderate injury shock, superficial damage to property or minor damage to the environment.
3	Likely	3	Serious – Person injured causing loss of work or time away from school or damage to property which needs repairing or easily repairable damage to the environment.
4	Very likely	4	Significant – person taken to hospital or major damage to property or environment.

Overall Score	Risk Factor
1	Very Low
2	Low
3 - 6	Moderate
8 - 12	High
16	Very High

Risk factor matrix

		Likelihood			
		1	2	3	4
Consequence	1	Very Low	Low	Mod	Mod
	2	Low	Mod	Mod	High
	3	Mod	Mod	High	High
	4	Mod	High	High	Very High

Intimate Care Log

Name of child	Date	Time	Care Given	Staff Signature