Longmoor

Community Primary School

Together we grow, explore, discover.

Intimate Care Policy

DFE:	Non-Statutory	**Category:**	Safeguarding	**Review:**	Legislation Changes
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Introduction

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure, (e.g. catheterisation)

Longmoor Community Primary School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. Longmoor Community Primary School recognises 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 or pain.

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 are of paramount importance.

Any child with intimate care needs 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 s/he can. This may mean, for example, giving the child responsibility for washing themselves.

Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

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 is toileted. Generally, one child will be cared for by one adult unless there is a sound reason for having more adults present.

Intimate care arrangements will be discussed with parents on a regular basis and recorded on the child's care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing.

The Protection of Children

Education Child Protection Procedures and Inter-Agency Child Protection procedures will be adhered to. All children will be taught personal safety skills carefully matched to their level of development and understanding. If a staff member has any concerns about a child's physical changes (bruises, marks etc.) they will immediately report concerns as per school procedures. If a child becomes distressed or unhappy regarding being cared for by a particular member of staff, the matter will be investigated in line with school policy,

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parents will be consulted and outcomes recorded. Staffing schedules will need to be altered until the issue is resolved as the child's needs remain paramount. If a child makes allegations against a member of staff, necessary procedures will be followed.

Children Wearing Nappies / Routine Changes

Any child wearing nappies will have an intimate care plan which must be signed by the parent/carer. This plan will outline who is responsible in school for changing the child, and where and when this will be carried out. This agreement allows school and parents to be aware of all issues surrounding the task from the outset. **Parents will also be asked to sign a copy of this policy.**

Non-Routine Changes

We appreciate that children sometimes do have accidents and a non-routine change may be needed. In this case, all the principals listed above will be adhered to and the child's right to respect and dignity adhered to. All non-routine changes will be recorded on 'Medical Tracker'. A member of staff (usually the class teacher) will also call the parent/carer to discuss the matter. If the accident is due to illness then, as per school policy, they will be sent home to recover. Following a non-routine change, if staff feel the child may require a shower or bath to help them feel more comfortable, their parents/carers will also be contacted.

Health & Safety Guidance

Staff should always wear an apron and gloves when dealing with a child who is soiled or when changing a nappy. Any soiled waste should be placed in a suitable waste disposal bag and sealed. The bag should then be placed in the appropriate bin located in the accessible toilet, specifically designed for such waste. This bin is collected on a weekly basis, or better.

Equipment Provision

If a child has additional health care needs linked to toileting or is not yet toilet trained, parents **must** provide nappies, disposal bags, wipes, spare clothing and underwear etc. School is responsible for providing gloves, plastic aprons, and a suitable waste disposal system. We do appreciate that sometime young children can have accidents and may need changing. School carries a supply of wipes, underwear and clothing to utilise in such circumstances. Soiled clothing will be sent home for washing.

Special Educational Needs

Children with Special Educational Needs have the same rights to privacy and safety when receiving intimate care. Additional vulnerabilities (any physical disability of learning difficulty) must be considered when drawing up care plans for individual children.

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Regardless of age and ability, the views and emotional responses of children with special needs should be actively sought when drawing up or reviewing a care plan.

Physical Contact (Refer also to the Child Protection Policy)

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact. Staff must be aware that even well-intentioned contact might be misconstrued by the child or an observer. Staff must always be prepared to justify actions and accept that all physical contact is open to scrutiny. The expectation is that when staff make physical contact with pupils it will be:

- For the least amount of time necessary (limited touch);
- Appropriate, given their age, stage of development and background;
- In response to the pupil's needs at the time.

Arrangements must be understood and agreed by all concerned, justified in terms of the child's needs and consistently applied and open to scrutiny. Where possible, consultation with colleagues should take place where any deviation from arrangements is anticipated. Any deviation from the agreed plan must be documented and reported. Extra caution may be needed where a child has previously suffered abuse or neglect. This may lead to staff being vulnerable to allegations of abuse.

Many such children are needy and seek out inappropriate physical contact. In such circumstances staff should deter the child, seek witnesses and document and report the incident.

If a vulnerable child needs help with toileting, nappy changing or washing after soiling themselves, another adult must be present.

Training

Staff administrating intimate care on a regular basis will receive appropriate training. These designated staff must also make senior managers aware of any additional training needs if and when they arise.

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Appendix 1: Putting on PPE

APPENDIX 1 – GUIDE TO USING PPE FOR NON-AGP USE

Public Health England

Putting on personal protective equipment (PPE)

for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

Pre-donning instructions:

- Ensure healthcare worker hydrated
- Tie hair back
- Remove jewellery
- Check PPE in the correct size is available

1. Perform hand hygiene before putting on PPE.



2. Put on apron and tie at waist.



3. Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.



4. With both hands, mould the metal strap over the bridge of your nose.



5. Don eye protection if required.



6. Put on gloves.



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Appendix 2: Taking Off PPE

Public Health England

Taking off personal protective equipment (PPE)

for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

- **PPE should be removed in an order that minimises the risk of self-contamination**
- **Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area**

1 Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off.

Hold the removed glove in the remaining gloved hand.



Slide the fingers of the un-gloved hand under the remaining glove at the wrist.

Peel the remaining glove off over the first glove and discard.



2 Clean hands.



3 Apron.

Unfasten or break apron ties at the neck and let the apron fold down on itself.



Break ties at waist and fold apron in on itself – do not touch the outside – **this will be contaminated**. Discard.



4 Remove eye protection if worn.

Use both hands to handle the straps by pulling away from face and discard.



5 Clean hands.



6 Remove facemask once your clinical work is completed.



Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.

7 Clean hands with soap and water.



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Appendix 3: PPE for Aerosol Generating Procedures

APPENDIX 3 – GUIDE TO USING PPE FOR AGP USE

COVID-19

Public Health England

Putting on (donning) personal protective equipment (PPE) for aerosol generating procedures (AGPs) – Gown version

Use safe work practices to protect yourself and limit the spread of infection

- keep hands away from face and PPE being worn
- change gloves when torn or heavily contaminated
- limit surfaces touched in the patient environment
- regularly perform hand hygiene
- always clean hands after removing gloves

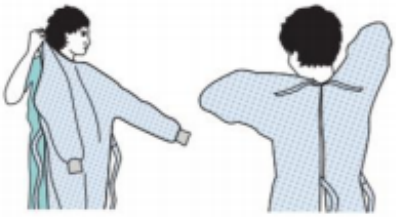
Pre-donning instructions

- ensure healthcare worker hydrated
- tie hair back
- remove jewellery
- check PPE in the correct size is available

Putting on personal protective equipment (PPE). The order for putting on is gown, respirator, eye protection and gloves. This is undertaken outside the patient's room.

Perform hand hygiene before putting on PPE

1 **Put on the long-sleeved fluid repellent disposable gown** - fasten neck ties and waist ties.



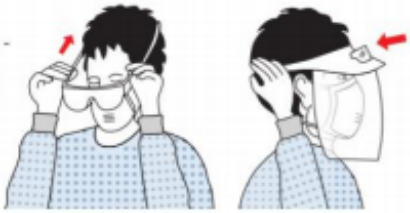
2 **Respirator.**
Note: this must be the respirator that you have been fit tested to use. Where goggles or safety spectacles are to be worn with the respirator, these must be worn during the fit test to ensure compatibility



Position the upper straps on the crown of your head, above the ears and the lower strap at the nape of the neck. Ensure that the respirator is flat against your cheeks. With both hands mould the nose piece from the bridge of the nose firmly pressing down both sides of the nose with your fingers until you have a good facial fit. If a good fit cannot be achieved **DO NOT PROCEED**

Perform a fit check. The technique for this will differ between different makes of respirator. Instructions for the correct technique are provided by manufacturers and should be followed for fit checking

3 **Eye protection** - Place over face and eyes and adjust the headband to fit



4 **Gloves** - select according to hand size. Ensure cuff of gown covered is covered by the cuff of the glove.

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Appendix 4: Removal of PPE for AGPs

Public Health England

Removal of (doffing) personal protective equipment (PPE) for aerosol generating procedures (AGPs) – Gown version

PPE should be removed in an order that minimises the potential for cross contamination. Unless there is a dedicated isolation room with ante room, PPE is to be removed in as systematic way before leaving the patient's room i.e. gloves, then gown and then eye protection.

The FFP3 respirator must always be removed outside the patient's room.

Where possible (dedicated isolation room with ante room) the process should be supervised by a buddy at a distance of 2 metres to reduce the risk of the healthcare worker removing PPE and inadvertently contaminating themselves while doffing.

The FFP3 respirator should be removed in the anteroom/lobby. In the absence of an anteroom/lobby, remove FFP3 respirator in a safe area (e.g., outside the isolation room).

All PPE must be disposed of as healthcare (including clinical) waste.

The order of removal of PPE is as follows:

1 Gloves – the outsides of the gloves are contaminated

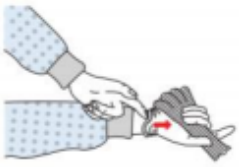
Firstly:

- grasp the outside of the glove with the opposite gloved hand; peel off
- hold the removed glove in gloved hand



Then:

- slide the fingers of the un-gloved hand under the remaining glove at the wrist
- peel the remaining glove off over the first glove and discard



Clean hands with alcohol gel



2 Gown – the front of the gown and sleeves will be contaminated

Unfasten neck then waist ties



Pull gown away from the neck and shoulders, touching the inside of the gown only using a peeling motion as the outside of the gown will be contaminated



Turn the gown inside out, fold or roll into a bundle and discard into a lined waste bin



3 Eye protection (preferably a full-face visor) - the outside will be contaminated

To remove, use both hands to handle the retraining straps by pulling away from behind and discard.



4 Respirator – In the absence of an anteroom/lobby remove FFP3 respirators in a safe area (e.g., outside the isolation room). Clean hands with alcohol hand rub.

Do not touch the front of the respirator as it will be contaminated

- lean forward slightly
- reach to the back of the head with both hands to find the bottom retaining strap and bring it up to the top strap
- lift straps over the top of the head
- let the respirator fall away from your face and place in bin



5 Wash hands with soap and water



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Appendix 5: Intimate Care Policy Parental Agreement Form

1. Intimate care is any care which involves washing, touching, or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas.
2. The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.
3. Longmoor Primary School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times.
4. Longmoor Primary School recognises that there's a need to treat all children with respect when intimate care is given. No child should be attended to a way that causes distress or pain.
5. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity are of paramount importance.
6. 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 himself/herself as he/she can. This may mean, for example, giving the child responsibly for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.
7. 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 needs to be present when a child is toileted. Where possible one child will be supported by one adult unless there is a sound reason for having more adults present.
8. Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing care.
9. Wherever possible staff should only care intimately for an individual of same sex.
10. For any children with care plans all changes are recorded on the intimate care forms. Copies of these are retained on pupil records.
11. Parents have a role to play when their child is still wearing nappies. The parent should provide nappies, disposal bags, wipes and spare clothing. School is responsible for providing gloves, plastic aprons and a bin to dispose of any waste.

I agree to support the intimate care policy and practice of Longmoor Primary School.

Signature	
Name	
Date	

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