CALVERLEY PARKSIDE

Intimate and Personal Care Policy

Calverley Parkside Primary School

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Definition of Intimate Care

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body. Help may also be required with changing colostomy or ileostomy bags, managing catheters, stomas or other appliances. In some cases, it may be necessary to administer rectal medication on an emergency basis. Intimate care tasks include:

- Dressing and undressing (underwear).
- Helping someone use the toilet.
- Changing continence pads (faeces and urine).
- Bathing/showering.
- Washing or cleaning intimate parts of the body.
- Changing sanitary wear.
- Inserting suppositories.
- Giving enemas.
- Inserting and monitoring pessaries.

Definition of Personal Care

Personal care generally carries more positive perceptions than intimate care. Although it may often involve touching another person, the nature of this touching is less intimate and usually has the function of helping with personal presentation and hence is regarded as social functioning. These tasks do not invade conventional personal, private or social space to the same extent as intimate care and are certainly more valued as they can lead to positive social outcomes. Personal care tasks include:

- Skin care/applying external medication.
- Feeding.
- Administering oral medication.
- Hair care.
- Dressing and undressing (clothing).
- Washing non-intimate body parts.
- Prompting to go to the toilet.

Personal care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of disability or medical need.

Intimate Care Good Practice Guidelines

These guidelines should be viewed as expectations upon staff, which are designed to protect both children and staff alike. In situations where a member of staff potentially breaches these expectations, other staff should be able to question this in a constructive manner.

If staff are not comfortable with any aspect of the agreed guidelines, they should seek advice from the Head of School. For example, if they do not wish to conduct intimate care on a one-to-one basis, this should be discussed, and alternative arrangements considered. For example, it may be possible to have a second member of staff in an adjoining room or nearby so that they are close to hand but do not compromise the child's sense of privacy.

Staffing

Treat every child with dignity and respect and ensure privacy appropriate to the child's age and the situation. Privacy is an important issue. Much intimate care is carried out by one staff member along with one child. This practice should be actively supported unless the task requires two people. Having people working alone does increase the opportunity for possible abuse. However, this is balanced by the loss of privacy and lack of trust implied if two people have to be present – quite apart from the practical difficulties. If should also be noted that the presence of two people does not guarantee the safety of the child or young person – organised abuse by several perpetrators can, and does, take place. Therefore, staff should be supported in carrying out the intimate care of children alone unless the task requires the presence of two people. For older children it is preferable if the member of staff is the same gender as the young person. However, this is not always possible in practice.

Parents/Carers

Each child, for whom it is appropriate, is to have an 'Intimate Care Plan'. This includes pupils requiring any oversight, assistance and supervision. Close involvement of parents/carers and child/young person are essential in developing Intimate Care Plans and written consent must be given by them.

The plan should be disseminated to all staff involved in the intimate care of the pupil. Care plans must be renewed regularly, at least once a year at the annual review.

Recording

A pupil changing record sheet should be signed by all staff involved in any intimate care tasks. Copies will be kept in a file in the hygiene suite/toilet area, and completed sheets stored in pupil's individual confidential files. There is also a section on the sheet to record any comments or observations. e.g. – skin impairment – changed bowel or urinary pattern.

If you are concerned that during the intimate care of the child:

- You accidentally hurt the child;
- The child seems sore or unusually tender in the genital area;
- The child appears to be sexually aroused by your actions;
- The child misunderstands or misinterprets something;
- The child has a very emotional reaction without apparent cause (sudden crying or shouting).

Report any incident as soon as possible to another person working with you and make a brief written note of it. Then please discuss immediately with a senior member of staff or the school's Designated Safeguarding Lead (Mr Jolley).

This is for two reasons: first, because some of these could be cause for concern, and secondly, because the child or another adult might possibly misconstrue something you have done. Additionally, if you are a member of staff who has noticed that a child's demeanour has changed directly following intimate care, e.g. sudden distress or withdrawal, this should be noted in writing and discussed with the DSL as well as being recorded on CPOMS.

Guidelines for good practice:

1. Involve children, young people and parents / cares in devising intimate care plans Parents / carers and the child or young person should be involved in individual discussions and decisions in relation to how intimate care will be managed in order to draw up an agreed plan. The wishes and feelings of both the child and the parents/carers including cultural and religious beliefs should be sought and plans should be respectful and responsive to these, reflecting where possible usual home

routines. A copy of this should be given to the parents and the child or young person as well as being held within the child's records.

The school's intimate care plan should be reviewed regularly (at least annually) and any individual intimate care plans should have an agreed regular review to ensure needs or requests have not changed. Any changes should be communicated to staff, children, young people and parents/carers.

2. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and the situation.

   Privacy is an important issue. Much intimate care is carried out by one staff member alone with one child. Leeds SCP believes this practice should be actively supported unless the task requires two people (for example lifting or moving), however the need for a chaperone should be considered, and offered, on a case by case. Intimate examinations should adhere to the medical agencies chaperone policy.

   Having people working alone does increase the opportunity for possible abuse. However, this is balanced by the loss of privacy and lack of trust implied if two people have to be present. It should also be noted that the presence of two people does not guarantee the safety of the child or young person - organised abuse by several perpetrators can, and does, take place. Therefore, staff should be supported in carrying out the intimate care of children alone unless the task requires the presence of two people. Leeds SCP recognises that there are partner agencies that recommend two carers in specific circumstances.

   Where possible, the member of staff carrying out intimate care should be someone chosen by the child or young person. For older children (eight years and above) it is preferable if the member of staff is the same gender as the young person. However, this is not always possible in practice. Schools should consider the implications of using a single named member of staff for intimate care or a rota system in terms of risks of abuse.

3. Involve the child as far as possible in his or her own intimate care.

   Try to avoid doing things for a child that s/he can do alone and if a child is able to help ensure that s/he is given the chance to do so. This is as important for tasks such as removing underclothes as it is for washing the private parts of a child's body. Support children in doing all that they can themselves. If a child is fully dependent on you, talk with her or him about what you are doing and give choices where possible.

4. Be responsive to a child's reactions.

   It is appropriate to "check" your practice by asking the child – particularly a child you have not previously cared for – "Is it OK to do it this way?"; "Can you wash there?"; "How does mummy do that?". If a child expresses dislike of a certain person carrying out her or his intimate care, try and find out why and record this in their notes / care plan. Conversely, if a child has a "grudge" against you or dislikes you for some reason, ensure your line manager is aware of this, that it is recorded and escalated if appropriate. In such circumstances every effort should be made to find an alternative person to undertake the care.

5. Make sure practice in intimate care is as "care planned" as possible.

   Line managers have a responsibility for ensuring their staff have a "care planned" approach.

This means that there is a planned approach to intimate care across the school, but which is also flexible enough to be planned to meet the specific needs (and wishes as appropriate) of individuals. It is important that approaches to intimate care are not markedly different between individuals, but also reflect individual needs and wishes. For example, do you use a flannel to wash a child's private parts rather than bare hands? Do you pull back a child's foreskin as part of daily washing?

6. Never do something unless you know how to do it.

   If you are not sure how to do something, ask. If you need to be shown more than once, ask again. Certain intimate care or treatment procedures, such as rectal examinations, must only be carried out by nursing or medical staff. Medical procedures, such as giving rectal valium, suppositories or intermittent catheterisation, must only be carried out by staff who have been formally trained and assessed as competent.

7. Report and record any concerns

   If you are concerned that during the intimate care of a child:
   - You accidentally hurt the child.
   - The child seems sore or unusually tender in the genital area.
   - The child appears to be sexually aroused by your actions.
   - The child misunderstands or misinterprets something.
   - The child has a very emotional reaction without apparent cause (sudden crying or shouting).
   - You suspect FGM has taken place.

   Report any such incident as soon as possible to the manager or designated person in charge, inform parents/carers and record it. This is for two reasons: first, because some of these could be cause for concern, and secondly, because the child or another adult might possibly misconstrue something you have done.

   If a member of staff notices that a child's demeanour has changed directly following intimate care, e.g. sudden distress or withdrawal, this should be recorded in writing and discussed with the designated person for child protection who will advise on the next steps.

   If a member of staff has concerns about the way in which another practitioner is undertaking intimate care these should be recorded and escalated to the organisations manager, giving consideration for LADO procedures.

   Should a child disclose abuse or harm as a result of intimate care this should be responded to in line with the agency's child protection procedures.

8. Encourage the child to have a positive image of her or his own body.

   Confident, assertive children who feel their body belongs to them are less vulnerable to abuse.

   As well as the basics like privacy, the approach you take to a child's intimate care can convey lots of messages about what her or his body is "worth". Your attitude to the child's intimate care is very important.

   When out of the usual environment it is good practice to maintain the same standards of privacy and dignity. Prior knowledge of location, for example, layout of toilets is to be sought wherever possible.

Consideration is to be taken when disposing of children's/young persons soiled clothing. Prior agreement with parents/carers is to be sought wherever possible. Soiled clothing should be placed in a plastic laundry bag for the parent/carer to take home to wash. Machine wash is recommended. No soaking of soiled clothing should take place. Any faecal matter should be disposed of down the toilet before placing clothing in a plastic bag.

Facilities

- Facilities are to be easily accessed by the child and designed with the appropriate advice from relevant professionals where necessary, for example, Occupation Therapist, Physiotherapist, School Nurse, or appropriately trained professionals.

- Hand washing facilities are to be provided within the room for the child/young person and staff. Liquid soap and paper hand towels are to be available.

- Toilet facilities should be separate from bathrooms/showers. This is particularly important for disabled facilities with a shower tray, as water may spread over the whole floor area and become contaminated from around the shower.

- All waste bins are to be fitted with a lid to be foot operated.

- A secure area for clinical waste awaiting collection must be available.

- The importance of privacy is maintained by ensuring the room can be seen to be in use and be secured from intrusion.

- All equipment is to be stored safely but easily accessible to the child where this is necessary. It is important to take into consideration the privacy of the individual children/young people and the safety of others.

- Facilities must be regularly inspected and maintained.

- All notices must be laminated.

- Any spare clothing must be stored in sealed containers or stored outside of the changing room.

Equipment

The list of equipment detailed below is not exhaustive but gives examples of types of equipment available for use.

1. Rise and fall bed, with suitable sides.

2. Changing mat, suitable for younger child, covered with intact waterproof material.

3. Moving and handling equipment.

4. Gloves – if direct contact with blood or body fluids is anticipated, staff to wear seamless, non-sterile gloves (e.g. latex and non-latex which are powder free)

5. Aprons – disposable plastic aprons. The use of cotton is not recommended.

6. Disposable paper towels.

7. Disposable wipes – the product as agreed in the ‘Care Plan’.

8. Cleansing agent – appropriate for use and as agreed on the ‘Care Plan’.

9. Continence care products.

10. Yellow Clinical Waste Bags for waste that has come into contact with body fluids. Large amount of waste to be disposed of using yellow plastic bags. Green bins for weekly collection by Leeds City Council. All bags should be labelled, secured with self-locking tie and stored in an appropriate secure area awaiting collection for incineration.

Intimate Care Plan Template

Name	
Date	
Date of Birth	
Assessor	
Relevant Background Information	
Setting	*E.g. Hygiene Suite, toilet*
Consent given	
Identified need – specific individual requirement e.g. cream applied	
Communication	*E.g. Use of symbols, signs, verbal prompts, object of reference, etc.*
Self-care skills	*E.g. Fully dependent/aided, supported/independent*
Mobility	*E.g. Independent/steady/grab rail, unsteady/wheelchair user*
Fine motor skills	*E.g. Can do – tapes/zips/buttons/taps/towels/adjust own clothing*
Moving and handling Assessment **Step by step guide to what happens**	*E.g. Tracking/mobile hoist or S, M, L or own sling in chair transfer using mobile hoist. Walking frame/support to table/physical turntable*
Facilities	*E.g. Environment to provide dignity safety, curtain, handwashing*
Equipment	*E.g. Gloves, wipes, aprons, waste bins foot operated* *Rise and fall bed. Changing mat/moving and handling equipment.* *Continence produce/nappy size/paper towels/liquid soap/spray cleaner*
The disposal of soiled articles of clothing as agreed with parents/carers	*E.g. Solid waste into the toilet.* *Clothes sent home in tied plastic bag.* *Indicate in bag or in diary contents of bag.*
Frequency of procedure required	*E.g. On arrival/mid-morning/lunchtime/mid-afternoon/ whenever necessary/on request*
Review date	*E.g. Whenever needs change*

ADVICE ONLY

If your child needs cleaning, plain water will be used with a few drops of liquid cleanser added to the water.

Name of liquid cleanser:

Please advise if this is not suitable for your child and send in an alternative.

I/we have read, understood and agree to the plan for Intimate Care

Signed ……

Name ……

Relation to child ……

Date ……

Personal Care Plan Template

Name	
Date	
Date of Birth	
Assessor	
Relevant Background Information	
Setting	*E.g. Hygiene Suite, toilet*
Consent given	
Identified need – specific individual requirement e.g. cream applied	
Communication	*E.g. Use of symbols, signs, verbal prompts, object of reference, etc.*
Self-care skills	*E.g. Fully dependent/aided, supported/independent*
Mobility	*E.g. Independent/steady/grab rail, unsteady/wheelchair user*
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Name ……

Relation to child ……

Date ……

CHANGING RECORD

PUPIL _____

WEEK BEGINNING_____

Please remember – if you have any concerns, then please discuss immediately with a senior member of staff or child protection co-ordinator.

W(wet), D(dry), B(bowels open), M(menstruation), U(urinated), S(soiled)

DAY/ DATE	TIME	SIGNATURES	W, D B, M U, S	COMMENTS/OBSERVATIONS Eg – skin impairment – changed bowel or urinary pattern

Please remember – if you have any concerns, then please discuss immediately with a senior member of staff or child protection coordinator

This Intimate Care Policy was adopted by Calverley Parkside Primary School on 19/10/2022

Chair of Governors – Mr J Woods		
Signature:		
Frequency of review:	2 years	
To be reviewed and approved by:	CPPS Full Board	
Date of next review:	October 2024	

REVIEW RECORD

Date of review	Reason for review	Date of next review
19/10/2022	Agreed review schedule.	October 2024

Name:	John Woods	Signature:	J.Woods

on behalf of CPPS Full Board

Date of review	Reason for review	Date of next review
October 2024	Agreed review schedule.	October 2026

Name:	John Woods		J.Woods

on behalf of CPPS Full Board

Date of review	Reason for review	Date of next review

Name:		Signature:	

on behalf of CPPS Full Board