



SOUTH LAKES ACADEMY

INTIMATE CARE AND TOILETING PROCEDURES

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References and Useful Links

[DfE Keeping Children Safe in Education](#)

[DfE Working Together to Safeguard Children](#)

[DfE What to do if you're worried a child is being abused – Advice for Practitioners](#)

[DfE Supporting Pupils at School with Medical Conditions](#)

[DfE Information Sharing – Guidance for Safeguarding Practitioners](#)

[Cumbria Safeguarding Children Partnership \(CSCP\) website](#)

[Public Health England homepage](#)

Public Health England [Health Protection in Schools and Other Childcare Settings](#)

[E-bug](#)

[National immunisation schedule](#)

[NHS choices](#)

GOV.UK [Waste Disposal](#)

[NHS Professionals: Standard Infection and Prevention Control Guidelines](#)

HSE [Blood Borne Viruses in the Workplace](#)

KAHSC General Safety Series [G45 – Managing Intimate Care and Toileting](#)

KAHSC Medical Safety Series [M01 - Infection Control in Schools and Other Childcare Settings](#)

KAHSC Medical Safety Series [M06 - Protection Against Blood Borne Infections-Viruses \(BBVs\)](#)

[South Lakes Academy Accessibility Plan](#)

[South Lakes Academy Child Protection Policy and procedures](#)

[South Lakes Academy Code of Conduct for Staff & Other Adults](#)

[South Lakes Academy Admissions Arrangements](#)

[South Lakes Academy Special Educational Needs and Disabilities \(SEND\) Policy/Information Report](#)

INTIMATE CARE AND TOILETING PROCEDURES

Definitions

For the purposes of this Policy and procedures a child, young person, pupil or student is referred to as a 'child' or a 'pupil' and they are normally under 18 years of age.

Wherever the term 'parent' is used this includes any person with parental authority over the child concerned e.g. carers, legal guardians etc.

Introduction

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. We recognise that there is a need to treat all children/young people, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

The school recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

What is meant by Intimate Care

Intimate care is any care which involves washing, touching or carrying out an invasive procedure) to intimate personal areas (such as cleaning up after a child has soiled him/herself). In most cases such care will involve procedures in relation to with personal hygiene and the cleaning of equipment associated with the process as part of a staff member's duty of care. In the cases of specific procedure only staff suitably trained and assessed as competent will undertake the procedure (e.g. the administration of rectal diazepam).

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 (including child protection guidance and, where required, lifting & handling and administering medicines (including oral, rectal and topical applications) and are fully aware of best practice. Suitable equipment and facilities will be provided to assist with children people who need special arrangements following assessment from physiotherapist/ occupational therapist.

Staff will be supported to adapt their practice in relation to the needs of the individual child 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 in the delivery of sex education to the child in their care as an additional safeguard to both staff and the children involved.

An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.

Pupils who require regular assistance with intimate care have a written Individual Health Care Plan (IHCP) or Education Health and Care Plan (EHCP) or other plans that identify the support of intimate or personal care agreed by staff, parents and any other professionals actively involved, such as school nurses or physiotherapists. Ideally plans should be agreed at a meeting at which all key staff are present wherever possible and appropriate. The pupils may also be invited to attend. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and where there is a change of circumstance, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for off-site visits.

Where relevant, it is good practice to agree with the pupil and parents appropriate terminology for private parts of the body and functions and this should be noted in the plan.

Where a suitable care plan is **not** in place, parents will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and wet or soiled him/herself). Information on intimate care will be treated as confidential and communicated in person, by telephone or by sealed letter.

In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage. Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case. These records will be kept in the child's file and available to parents on request.

There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Wherever possible, the pupil's wishes and feelings should be sought and taken into account. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

The child will be supported to achieve the highest level of autonomy that is possible given their ages 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. Intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the individual.

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. Where possible a child will be catered for by one adult unless there is sound reason for having more than one adult present. If this is the case, the reasons should be clearly documented.

Wherever possible staff will 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. The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

Staff will work in close partnership with parents and other professionals to share information and provide continuity of care. 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 the children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

Safeguarding Children

Safeguarding and Multi Agency Child Protection procedures will be adhered to.

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

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. she/he will immediately report concerns to the Designated Safeguarding Lead. A clear written record of the concern will be completed. The DSL will decide on whether a referral will be made to Cumbria Safeguarding Hub Tel: 0333 2401727 or email: safeguardinghub.fax@cumbria.gov.uk in line with the school Child Protection Policy.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated and outcomes recorded. Parents 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.

No member of staff will carry or have access to a mobile phone, camera or similar device whilst providing intimate care.

If a child makes an allegation against a member of staff, all necessary procedures will be followed in line with **Keeping Children Safe in Education**, the school Child Protection Policy & procedures and Cumbria SCP guidelines. This should be reported to the Head teacher (or Chair of Governors if the allegation is about the Head teacher) who will report the matter to the DO (formerly LADO) in accordance with the school's Managing Allegations Procedures within the Child Protection Policy and Cumbria SCP guidelines. 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 Designated Safeguarding Lead in accordance with the

whistleblowing procedures within the Child Protection Policy. Where a staff member feels that their genuine concerns are not being addressed, they may refer their concerns to the Safeguarding Hub directly.

All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know but in line with the [DfE 'Information Sharing – Guidance for Safeguarding Practitioners' July 2018](#) and the school Child Protection Policy.

All staff will be able to access KAHSC General Safety Series 'G45 – Managing Intimate Care and Toileting' and understand the need to refer to other policies and procedures held for any clarification of practice and procedures.

Infection Control

All staff involved in personal care must adhere to good personal hygiene standards. Reference should be made to the Public Health England guidance 'Health Protection in Schools and Other Childcare Settings' 2017: <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>. This includes good hand hygiene, the appropriate use of personal protective equipment, ensuring their own wounds are suitably covered, safe management of sharps, and dealing correctly with blood and bodily fluid spillages.

Everyone should know and apply the standard precautions as a matter of good practice. This is made known to staff members/volunteers during initial induction and at regular intervals. Each staff member must be accountable for his/her actions and must follow safe practices.

Personal Protective Equipment (PPE)

Where staff are performing intimate care procedures, single use, disposable aprons and disposable gloves will be worn. When there is a significant risk of spashing to the eyes, nose, and mouth when dealing with blood or body fluids, a visor, safety glasses or goggles and a water resistant medical grade facemask may be appropriate.

Immunisation against Blood Borne Viruses (BBV's)

By far the most all round effective way, including cost effectiveness, is to educate 'at risk' employees about the risks involved and to encourage all to maintain appropriate preventative measures. It is only when appropriate preventative measures are not deemed adequate to reduce risk to an acceptable level that immunisation will be considered. The national schedule of Immunisation changes periodically so it is important to check the [NHS Choices website](#) for up to date details. It is important that all staff are up to date with the current immunisation schedule.

Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites resulting in puncture or breaking of the skin are potential sources of exposure to blood borne infections therefore it is essential that they are managed promptly.

There is a theoretical risk of transmission of hepatitis B from human bites, so the injured person should be offered vaccination. Although HIV can be detected in saliva of people who are HIV positive there is no documented evidence that the virus has been transmitted by bites.

The most important BBV's to consider for employment purposes are Hepatitis B, C and HIV. It is not normally necessary for first aiders or those involved in intimate care in the workplace to be immunised against hepatitis B virus unless the risk assessment indicates that it is appropriate; immunisation is not available for other BBVs. Currently, immunisation is only available for Hepatitis A and B and is not available for Hepatitis C or D or HIV. Hepatitis B vaccine is not recommended for routine school or nursery contacts of an infected child or adult. Hepatitis B vaccine is, however, recommended for staff who are involved in the care of children with severe learning disability or challenging behaviour, and for these children, if they live in an institutional accommodation. In such circumstances it is the responsibility of the employer to finance the vaccine programme.

Employees who come into contact with blood and bodily fluids in the course of their work or who risk being scratched and bitten could be at risk from blood borne viruses. We are responsible for managing the risk to school employees from blood borne viruses. This is considered as part of the school's risk assessment processes. Those employees deemed to be at significant risk of contracting BBV's, despite taking all reasonable precautions. This may include the following:

- groups at risk from hepatitis B;

- employees in 'healthcare roles' who are likely to have direct contact with infected blood or body fluids;
- carers or support staff for pupils with severe learning/behavioural problems, where there is a significant risk of the employees being bitten, scratched or otherwise sustaining blood injuries from the clients in the course of their work.

Most GP's will provide immunisation for their patients **where they are at risk from blood-borne viruses in their work**. The cost of this service varies from GP to GP but each immunisation should cost no more than the price of a prescription. Staff who, by means of our risk assessment, are advised to seek immunisation, can claim reasonable immunisation costs back from the school.

No employee should be forced or required to have an immunisation. If after explanation of the risks the employee chooses not to be immunised this decision should be recorded. A note will be made on the employee's personal file as evidence that this offer has been made.

Further details can be found in KAHSC Safety Series - Medical: [M01 – Infection Control in Schools and Other Childcare Settings](#) and [M06 - Protection Against Blood Borne Infections-Viruses \(BBVIs\)](#) and the Public Health England guidance 'Health Protection in Schools and Other Childcare Settings' 2017: <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>.

