Health & Safety Guidance
Children's Services Department

INTIMATE AND PERSONAL CARE POLICY
Hasland Infant School

Review Date	Changes Required	Name & Position
Sept 2027		**Fiona Oliver – Deputy Headteacher**

"All policies and other documentation provided to the client by Derbyshire County Council remain exclusively the property of the Council. The client is entitled to retain and use these items only for so long as its contract with the Council subsists. Upon the contract's termination, all such items shall cease to be used by the client, with immediate effect, and shall be promptly returned to the Council. In the event of breach by the client of this agreement, the Council reserves all legal rights and remedies".

Health & Safety Section
Children's Services Department
Block C
Chatsworth Hall
Chesterfield Road
Matlock
Derbyshire
DE4 3FW

Telephone: 01629 536525
Fax: 01629 536435

Children's Services ISSUE 4
February 2020

DERBYSHIRE County Council

Intimate and Personal Care Policy

Introduction

Derbyshire Children's Services Department is committed to providing the highest quality care, which meets the individual needs of children, and promotes their dignity, privacy and independence.

This policy provides an outline for the development of guidance and procedures related to the provision of personal and intimate care. It applies to all staff who undertake intimate and personal care tasks with children and young people.

This document is intended primarily for schools and other Children's Services settings who currently don't have their own Personal and Intimate Care Guidance. Individual settings and service areas that don't currently have such guidance will be required to develop local Policy in line with this Guidance.

Schools/settings need to ensure the provision of adequate staffing to fulfil all personal and intimate care requirements, including supervision, and catering for emergencies such as when a member of staff is absent. This needs to be balanced in line with the duty of care in the Childcare Act 2006.

Teachers' conditions of service are listed in the STPC document which makes no reference to care tasks. Teachers are not required to and should never be requested or expected to fulfil any personal and intimate care tasks under any circumstances, or to supervise or accompany support staff who are carrying out these roles, including in emergencies such as when another member of staff is absent. This statement also applies to teachers who are employed by the Local Authority on Central Contracts.

Any member of staff carrying out any personal or intimate care tasks must do so in accordance with this policy or their own locally developed guidelines and policy.

Any member of staff working directly to this policy will be indemnified by the Local Authority. Those settings who already have guidance in place such as Residential Care establishments should continue to follow their existing guidance taking the opportunity to reference this document as a minimum standard. Those staff working to locally developed policies in Local Authority schools and settings will also be indemnified if they are acting in the normal course of their employment in line with that policy and the policy promotes the best interests of young people.

This policy will be kept under regular review.

Aims

This guidance has the following aims:

- To safeguard the rights of children and young people and staff who are involved in providing personal and intimate care.
- To ensure inclusion for all children and young people
- To ensure continuity of care between parents/carers and involved professionals.

- To ensure all staff involved in personal and intimate care have access to appropriate training.

Definitions

The definitions described here are new. Previously Derbyshire referred to all care (including personal and intimate) as 'personal care'. All job descriptions, person specifications and contracts previously issued that predate this document which use 'personal care' are referring to both 'personal and intimate' care.

Personal care is defined as those tasks which involve touching, which is more socially acceptable, and is non-personal and intimate, and usually has the function of helping with personal presentation and enhancing social functioning. This includes shaving, skin care, applying external medication, feeding, administering oral medication, hair care, brushing teeth, applying deodorant, dressing and undressing, washing non-personal body parts, and prompting to go to the toilet.

Intimate care is defined as those care tasks associated with bodily functions, body products, and personal hygiene which demand direct or indirect contact with or exposure to the genitals, including such tasks as for example, helping with the use of the toilet, changing continence pads/nappies (faeces and/or urine), bathing/ showering, washing personal and intimate parts of the body, changing sanitary towels or tampons.

You should ensure that staff who regularly and routinely carry out these types of tasks as part of their day to day role have the specialist skills and training required to undertake these tasks. These staff in the main will be working with young people with additional needs who require a specialist level of support. You should ensure that these tasks are suitably reflected in any job descriptions/role profiles and that these roles have been assessed and graded appropriately in line with Single Status.

The roles generally involved in undertaking these tasks in schools are:

Pupil Support Worker- Grade 5, Personal and Intimate Care
Pupil Support Assistant- Grade 6, Personal and Intimate Care
Teaching and Learning Support Assistant-Grade 7, Personal Care
Specialist Teaching and Learning Support Assistant-Grade 8, Personal and Intimate Care

The above grades are those which have been evaluated under Single Status. It may be that there are other roles not mentioned above who are routinely involved in delivering personal or intimate care. If this is the case it should be ensured that their grading has been evaluated under single status to reflect these duties.

It is recognised that in any school/setting there could be one off events/accidents. In these circumstances young people should be encouraged to carry out their own intimate care wherever possible, this may need to be supervised. However if aid is required in one off situations and staff who would normally undertake these tasks are not available, such care tasks could be carried out by any member of staff. In fact leaving a young person unclean and in soiled clothing may in itself become a safeguarding issue. (This paragraph does not negate the principles established in paragraph 5 of the introduction to this policy)

.

Guiding principles

This guidance is underpinned by the following guiding principles:

- Assistance with intimate and personal care must be provided in a manner which is respectful of the child's rights to feel safe and secure, to remain healthy, and to be treated as an individual.
- Children have a right to information, in a format which is understandable, about how to ask a question or make a complaint about personal and intimate care.
- Children should be consulted as far as possible and encouraged to participate in decision-making about their intimate and personal care. Particular attention must be given to those children and young people who have disabilities/conditions which mean they require additional support to do this.
- Decisions and plans about intimate and personal care are made in partnership with parents/carers.

In general Intimate Care tasks will be planned and carried out as part of a care plan for pupils who have a disability or defined medical need and are unable to carry out these functions without support.

Schools with early years and key stage 1 provision where young children may have "accidents" should plan for such eventualities and how they will deal with them. In general the principal in these circumstances will be that staff support pupils to clean themselves.

Schools are not expected to routinely toilet train pupils. Therefore unless a child has a disability or defined medical condition it is expected that parents/carers will have trained their children to be clean and dry by the time they start school.

Where it becomes clear that a pupil without a disability or recognised medical condition is not toilet trained then careful consideration will need to be given to whether the school has suitable facilities and resources to admit the pupil and manage their safety and that of the other pupils and staff. Considerations might include whether or not the pupil is capable of cleaning and changing themselves effectively (with some support) and parental/carer attitude to resolving the problem. Consideration might also need to be given to the layout of the site and ensuring the pupils dignity such that they are not victimised or stigmatised. Headteachers will need to discuss this with the Governing Body to ensure they do not breach any admissions legislation

Links with other policies/Guidance

This policy should be considered in conjunction with other relevant policies and/or guidance, related to the following aspects:

- Safeguarding
- Administration of medication
- Moving and Handling
- Health and Safety
- Cleaning of Bodily Fluid Spillages
- Managing Continence in Schools and Early Years Settings

- Inclusion
- Equality and diversity
- Complaints Procedure

Ensuring carer competency

- Staff need to be given information during the recruitment process about the types of intimate and personal care they may be required to carry out, and this should be included in any job description/role profile.
- All staff working with children and young people must have been through an appropriate safer recruitment process.
- Staff need to be given appropriate initial and on-going instruction/training in how to carry out intimate and personal care activities. This may include both generic training, and specific instruction in how to assist particular children.
- Staff should have access to a set of procedures which give detailed guidance on how to carry out specific activities related to intimate and personal care and any individual care plan which is in place for a young person.
- Staff should also have attended other relevant training, as necessary, including safeguarding disabled children, moving and handling (where appropriate), and administration of medication.

Safeguarding the dignity of children when providing intimate care

- The number of adults involved with giving intimate and personal care should be indicated in the pupils care plan, and should be based on individual need. Under normal circumstances, the child's need for privacy would indicate that one carer is sufficient. However, two or more carers may be required on occasion, for example where this is necessary to support children with behavioural needs, or where more than one carer is needed to assist with moving and handling. Where more than one carer is present the reasons must be clearly documented.
- Careful consideration should be given to how many adults might be involved in providing intimate care for a particular child. It would be inappropriate for one adult to have the sole responsibility of providing care for a child. This could create difficulties if the adult was absent from work or lead the child to become over reliant on one particular adult.
- Adults should not provide intimate care for a child in an isolated part of a building and doors to changing areas should never be locked
- There is a need to strike a balance between protecting the child's dignity by not drawing on too large a pool of carers, and on the other hand, protecting the child from over-dependence on one carer.
- The child's preferences about gender of carer should be respected wherever possible.
- Services and settings need to make provision for emergencies such as a member of staff on sick leave.

Developing, documenting, and communicating intimate and personal care plans

- Children should be included as far as possible in developing personal and intimate care plans
- Parents/carers must be consulted, and their views respected regarding personal and intimate care needs.
- Parents/carers are expected to provide services with information about their child/young person's intimate care needs. This information will be sought as part of the assessment process, and forms the basis of the care plan.
- Parents/carers will be expected as part of the plan to supply the establishment with a sufficient supply of clean clothing and nappies/pull ups etc. relevant to their child's needs as identified in the plan. Parents/carers will need to supply an emergency contact who can attend the school/setting should the need arise (eg if spare clothes/nappies run out and the child needs changing).
- Relevant members of the multi-professional team must be consulted as plans are developed; this may include nursing professionals, and therapists.
- Information about how to meet intimate and personal care needs must be documented as part of the care plan, which should be developed in partnership with parents/carers and involving the child; this plan must be made available to the staff giving assistance.
- All care plans should detail not only how to carry out the intimate or personal care activities, but should include reference to the cleaning bodily fluids guidance and detail the universal precautions to be applied to the particular tasks in terms of infection control and protection of staff from contamination. They should also detail how to dispose of any bodily fluids and contaminated items and the safe storage of contaminated clothing.
- Where a personal and intimate care plan exists, this information must be shared with all relevant services on request.
- Care plans must be regularly reviewed and amended in the light of changes in the child/young person's needs.
- Planning for outings and trips must take into account how the child's intimate and personal care needs will be met when away from the setting.
- Personal and intimate care plans should include opportunities to promote independence skills.

Monitoring and reviewing

Personal and intimate care plans should be reviewed as a minimum annually or when there are any significant changes in a child or young person's needs.

Guidance for personal and intimate care procedures

Inline with the EYFS Statutory Framework, Children's privacy is considered and balanced with safeguarding and support needs when changing nappies and toileting.

General guidance

The following general guidance should be followed:

- Opportunities to develop and use social skills should be integrated within intimate and personal care routines.
- Children/young people should be enabled to communicate their needs and preferences during personal and intimate care activities.
- When referring to care routines or body parts care should be taken to use appropriate language.
- Intimate care procedures must only be carried out in line with the guidance/information and training given for the procedures to be carried out.
- Where staff are uncertain how to carry out an activity, guidance should be sought from their manager.
- The intimate and personal care plan must be checked before assistance is given.
- Care must be taken to communicate with the child/young person throughout the activity; in particular look for signs of assent/dissent.
- Children should be encouraged to do as much as they can for themselves.
- The utmost care must be taken to ensure dignity and privacy. This includes ensuring that doors are closed, or screens are used if 2 young people are sharing the use of a bathroom area. Carers should also keep the body and genital area covered as much as possible.
- The Personal Handling Risk Assessment and Handling Plan should be referred to for information about transfer methods to be used during care routines, for those young people who require assistance with moving and handling.
- For pupils who present with challenging behaviour who require intimate care, this must be included within their behaviour plan and individual risk assessment.
- Personal protective equipment as appropriate and as indicated on the care plan should be used during intimate care procedures.
- All soiled waste and protective equipment used should be bagged as clinical waste and disposed of appropriately.
- The young person's own toiletries should be used, where these are available.