



Cam Everlands Primary School
We Believe, Achieve and Celebrate

Cam Everlands Primary School is committed to keeping children safe.

Intimate Care Policy

Cam Everlands School safeguards and promotes the welfare of all pupils with regard to Section 175 of the Education Act 2002 and the statutory Government guidance 'Keeping Children Safe in Education' (2019). Meeting a pupil's intimate care needs is one aspect of 'Safeguarding'. We recognise our 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.

Links with other policies:

- Safeguarding Policy
- Equalities Policy
- Accessibility Policy
- Health & Safety Policy
- SEND policy
- Whistleblowing Policy
- Complaints Policy
- Anti-bullying and Hate policy
- EYFS Policy
- Administration of medication policy
- Staff conduct

Please note: The term parent/s is used to refer to parents, carers and legal guardians.

1. Purpose

- 1.1 This policy and guidance apply to everyone involved in the intimate care of children. Cam Everlands 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.
- 1.2 We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one.
- 1.3 It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.
- 1.4 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 will be a high awareness of child protection issues and staff behaviour must be open to scrutiny.

2. Introduction

- 2.1 Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals or breasts. Examples include care associated with continence and menstrual management as well as tasks such as helping with washing or bathing. Help may also be needed with changing colostomy bags and other such equipment. It may also require the administration of an insulin injection, 'epiPen' or rectal medication.

3. Implementation

- 3.1 When undertaking intimate care with a pupil, their dignity is preserved at all times. A high level of privacy, choice and control is provided to all pupils. This will include careful consideration about who is involved. Staff have had relevant child protection and moving and handling training. During staff induction programmes new staff shadow experienced staff members when carrying out intimate care and are made aware of individual pupil needs.
- 3.2 Pupils have access to a personal safety curriculum, as part of the PSHE curriculum, with regard to their developmental level, in order that they can have a level of awareness of appropriate care.
- 3.2 Equipment required to enable intimate care to be carried out safely and effectively is provided following assessment by physiotherapist and/or occupational therapist.
- 3.3 Communication with the pupil who requires intimate care is facilitated using the preferred means for the individual in order that their needs and preferences can be met and that they can be made aware of each procedure being carried out.
- 3.4 Pupils are encouraged to be as independent as possible in their intimate care.
- 3.5 One adult will carry out intimate care unless there is a sound reason for having two adults present. Staff need to be alert to the possibility of over-familiar relationships developing.
- 3.6 When managing the intimate care of pupils, it is possible that pupils of either gender may experience arousal. In these cases, if at all possible, the pupil should be left alone, if this is safe and practical. Staff should return to complete the intimate care task once the pupil has had some time alone. In some cases, it might be appropriate to continue to put on the pupil's pad. These situations will need to be monitored and discussed with the class teacher and parents. If this is a regular occurrence it will need to be agreed how best to address the behaviours, and if necessary change them. An Individual Care Plan (ICP) should be used to record, monitor, and manage this.
- 3.7 When supporting a female pupil with menstrual management, female staff will assist with changing a sanitary pad but tampons will only be used if the pupil is able to independently manage the process and this has been confirmed with the parents/carers.

- 3.8 If a member of staff has any concerns about physical changes in a pupil's presentation these are reported as outlined in the school's Safeguarding and Keeping Children Safe in Education policy.
- 3.9 If a pupil becomes unhappy about being cared for by a particular member of staff this is investigated and outcomes recorded and acted upon.
- 3.10 If an allegation is made by a pupil all necessary procedures are followed.
- 3.11 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

4. Relevant extracts from Infection Control Policy (GCC)

4.1 Handwashing

Hand washing is the single most important procedure for the prevention of cross infection and forms the basis of all universal precautions.

- wet hands with warm water
- applying an adequate amount of (preferably liquid) soap
- rub this thoroughly onto all hand surfaces (for at least 10 to 15 seconds)
- rinse thoroughly
- dry thoroughly
- Alcohol handrub can only be used if hands are clean. The handrub needs to be thoroughly rubbed into all hand surfaces until hands are completely dry.

5. Mandatory Procedures

- Any cuts or abrasions must be covered by an impervious waterproof dressing whilst at work.
- Staff undertaking personal care tasks who develop skin conditions resulting in cracked skin or open sores must seek medical treatment as soon as possible and take advice as to whether they are fit to continue undertaking this type of work.
- Staff should be aware that a skin irritation could be an allergic reaction to supplied protective gloves or the powder within them, or to a particular brand of gloves. Gloucestershire County Council employees should seek advice from the Occupational Health Unit. It should be noted that managers have a responsibility to provide a range of gloves appropriate to the task to be undertaken.
- Appropriate protective gloves must be worn when handling household chemicals or body waste.

6. Practice Guidance – Gloves and Aprons

- Gloves must be worn at all times as they provide a reliable method for reducing the acquisition of micro-organisms. They are single use items and when removed, should be disposed of as clinical waste. Gloves should be changed between different care/treatment activities for the same service user. The wearing of gloves does not remove the need for hand washing as the integrity of gloves cannot be taken for granted and hands may also become contaminated during their removal.
- Disposable plastic aprons should be worn where there is a risk that clothing or uniform may become exposed to blood, body fluids, secretions and excretions, with the exception of sweat. They should be also used when in close contact with

the person; materials or equipment may lead to contamination of their clothing and uniform. Plastic aprons should be worn as single use items for one procedure or episode of care and then discarded and disposed of as clinical waste.

6.1 Handling of body products

- Whilst blood poses the greatest risk, all body products i.e. blood, vomit, urine, faeces, sputum and saliva, carry some risk of infection.
- Staff must follow universal precautions i.e. they must treat any body product from any person or colleague as if it were infected and deal with it accordingly.

7. Mandatory Procedures

- When undertaking intimate care tasks or handling soiled material where hands or clothing could be contaminated by a body product, staff must wear a disposable plastic apron and appropriate gloves.
- Individuals who are soiled with a body product must wash themselves or be washed with plenty of warm soapy water, with disposable cloths. Baths, basins and bowls must be thoroughly cleaned with any mild detergent. Use a hypochlorite product e.g. Milton if the individual has contracted Clostridium difficile.

8. Disposal of Waste

- All waste contaminated by body products must be disposed of promptly.
- Liquid waste, faecal matter and vomit must be flushed down the toilet or sluice if available.
- Solid waste e.g. paper towels used for spillages, used protective gloves, nappies etc. must be placed in a plastic bag, such as a bin liner or carrier bag and then placed in a second plastic bag. This, in turn, must be tied and disposed of through the normal refuse collection. Care must be taken that the bags are not subsequently punctured, are safely contained prior to collection and that the risk of spillage on transfer is minimised.
- Medical waste i.e. incontinence pads, wipes and protective gloves (soiled) will go into bags.
- Clinical waste i.e. gloves, aprons, protective gloves (unsoiled) will go into the specified, separate bins.
- Sharps must be disposed of using a BS standard sharps container. The child's family will be provided with a BS standard sharps container which they should send into school. This should be returned to the family when it is full or needs to be changed.

9. Policy Review:

This policy is reviewed every 2 years by the Full Governing Body.
This policy was reviewed on January 2022.

Signed: Chair of Governors

Signed: Headteacher

Next Review date: January 2024