



Vicarage Primary School **Policy for Intimate Care**

1 Introduction

- 1.1 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. 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. the administration of rectal diazepam)
- 1.2 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.
- 1.3 Vicarage 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. Vicarage 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.

2 Best Practice

- 2.1 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.
- 2.2 Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in lifting and moving) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.
- 2.3 Staff will be supported to adapt their practice in relation to the needs of individual children 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/young people will not usually be involved with the delivery of sex education to the children/young people in their care as an additional safeguard to both staff and children/young people involved.

- 2.4 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 him/herself as he/she 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.
- 2.5 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 one child will be catered for by one adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented.
- 2.6 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. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers.
- 2.7 Wherever possible staff should 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 a primary school, as no male staff are available.
- 2.8 Intimate care arrangements will be discussed with parents/carers 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 and equal opportunities legislation.

3 Children wearing Nappies / Pads

- 3.1 Schools may have concerns regarding Child Protection issues when they are asked by parents to admit a child who is still wearing nappies. Child protection need not present an issue. It is good practice to provide information for parents of the policy and practice in the school. Such information should include a simple agreement form for parents to sign- outlining who will be responsible, within the school, for changing the child and when and where this will be carried out. This agreement allows the school and the parent to be aware of all the issues surrounding this task right from the outset. (This agreement will include the child's 1:1 support)
- 3.2 We will use a note book to record who changes a child, how often this task is carried out and the time they left/returned to the classroom following this task. Examples of such good practice provide reassurance for parents that systems are in place and that schools have implemented procedures for staff to follow.

4 Equipment Provision

- 4.1 Schools often ask for clarification regarding who is responsible for providing equipment when children require changing. Parents have a role to play when their child is still wearing nappies. The parent should provide nappies, disposal bags, wipes, changing mat etc. and parents should be made aware of this responsibility. Schools are responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.

5 Health and Safety

- 5.1 Some schools are concerned about health and safety issues when staff are changing children or dealing with a child who has had an accident and is bleeding.
- 5.2 Staff should always wear an apron and gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste. The bin should be emptied on a weekly basis and it can be collected as part of the usual refuse collection service as this waste is not classed as clinical waste. Staff should be aware of the school's Health and Safety policy

6 First Aid and intimate care

- 6.1 Staff who administer first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.
- 6.2 Regular requirements of an intimate nature should be planned for. Agreements between the school/organisation, those with parental responsibility and the child concerned should be documented and easily understood. The necessity for such requirements should be reviewed regularly. The child's views must also be actively sought and, in particular, any discomfort with the arrangements addressed, (see Intimate Care Model Policy and Guidance)



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 Vicarage 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. Vicarage 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.
- 4 The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.
- 5 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 him/herself as he/she 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.
- 6 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 one child will be catered for by one adult unless there is a sound reason for having more adults present.
- 7 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.
- 8 Wherever possible staff should only care intimately for an individual of the same sex.
- 9 Vicarage School has introduced a note book to record who changes a child, how often this task is carried out and the time they left/returned to the classroom following this task.

- 10 Parents have a role to play when their child is still wearing nappies. The parent should provide nappies, disposal bags, wipes, changing mat etc. and parents should be made aware of this responsibility. Schools are responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.
- 11 Staff should always wear an apron and gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste.
- 12 Staff who administer first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.

**INTIMATE CARE POLICY
PARENTAL AGREEMENT FORM**

I agree to support the Intimate Care Policy and practice of Vicarage Primary School.

Signature of Parent / Carer

Print Name

Date

Signature of School Representative

Print Name

Position

Date

ADDENDUM FOR COVID -19

Vicarage Primary School
First Aid and Intimate Care Covid-19 Addendum

Introduction

This policy addendum supplements the First Aid and Intimate Care policies: all accident and incident recording procedures will be adhered to. All first aid and Intimate requirements will be adhered to.

1. Provision of PPE

When providing first aid and intimate care, staff must use PPE equipment.

To ensure the safety and wellbeing of staff, the school has sufficient supplies of the following PPE (personal protective equipment):

- Disposable Aprons
- Disposable protective masks
- Visors (eye and full-face protection) if there is a risk of droplets
- Disposable gloves

2. Applying and removing PPE

The correct order for putting on PPE is:

- Disposable apron
- Disposable protective mask
- Visor
- Disposable gloves

Things to be aware of while wearing PPE:-

- Keep hands away from face
- Limit surfaces touched
- Change gloves if they become torn or heavily contaminated
- PPE should be removed before leaving

First aiders and staff who carry out intimate care must clean their hands thoroughly with soap and water or alcohol sanitiser before putting on and after removing PPE.

The correct order for removing PPE is:

- Disposable gloves: remove one glove and place it in the remaining gloved hand. Slide a finger inside the remaining glove, lift away from the skin and pinch the inner side of the glove with the thumb (ensuring that only the inner side of the glove is touched), slide the remaining glove off of the hand so that it is inside out, enveloping the first glove.
- Wash hands with alcohol hand gel or soap and water
- Remove the apron
- Remove the visor
- Wash hands with alcohol based hand sanitiser or soap and water
- Remove the face mask, try to handle the mask by the loops or ties only
- Wash hands with alcohol based hand sanitiser or soap and water

4. Disposal of PPE

After each item of PPE is removed it should be placed in a lidded bin.

5. Disposal of other waste

Items used for first aid, including wipes, plasters, bandages and sick bowls, should be placed in a clinical waste bin supplied by PHS or a libbed bin.

6. Checking temperatures

Only infrared non-contact thermometers will be used to test temperatures, by pointing the device a few inches away from the forehead, click the unit and the temperature will be recorded.

7. Use of cold compresses

If a non-disposable cold compress is given to a child it should be disinfected before next use.

8. Isolation rooms

Symptoms of coronavirus

The most common symptoms are new:

- continuous cough
- fever/high temperature (37.8C or greater)
- loss of, or change in, sense of smell or taste (anosmia)

If you suspect that a pupil is displaying symptoms that are Covid-19 related, they will need to be quarantined safely in a separate allocated isolation room (clearly signposted) awaiting parent collection, depending on the age of the child and with appropriate adult supervision, 1 metre plus apart, if required. Ideally, the door should be closed to prevent anyone walking in, a window should be opened for ventilation. If a pupil is comfortable with wearing a mask, they should be offered one to wear when being collected while walking from the isolation room to the exit.

If the child needs to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else, a sign will be displayed to show the bathroom out of use due to deep cleaning.

PPE should be worn by staff caring for the child while they await collection if a distance of 1 metre plus cannot be maintained (such as for a very young child or a child with complex needs).

Notify the school office as soon as possible to contact the parents to collect their child and arrange for the child to be tested. The head teacher and site staff should be alerted that a quarantine is being actioned to allow for appropriate cleaning to take place.

When the child, young person or staff member tests negative, they can return to their setting and the fellow household members can end their self-isolation.

Where the child, young person or staff member tests positive, the rest of their class or group should be sent home and advised to self-isolate for 14 days. The other household members of that wider class or group do not need to self-isolate unless the child, young person or staff member they live with in that group subsequently develops symptoms.

As part of the national test and trace programme, if other cases are detected within the cohort or in the wider setting, Public Health England's local health protection teams will conduct a rapid investigation and will advise schools and other settings on the most appropriate action to take. In some cases, a larger number of other children may be asked to self-isolate at home as a precautionary measure – perhaps the whole class, site or year group. Where settings are observing guidance on infection prevention and control, which will reduce risk of transmission, closure of the whole setting will not generally be necessary.

9. Mouth to mouth resuscitation for an adult who needs CPR

Because of the increased risk of COVID-19 infection during CPR, the Resuscitation Council UK offers the following advice:

- Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. Do not listen or feel for breathing by placing your ear and cheek close to the casualty's mouth. If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
- Make sure an ambulance is on its way. If COVID 19 is suspected, tell them when you call 999.
- If there is a perceived risk of infection, first aiders should place a cloth/towel over the casualty's mouth and nose and attempt compression only CPR and early defibrillation until the ambulance arrives. Put hands together in the middle of the chest and push hard and fast.
- Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.
- If the first aider has access to personal protective equipment (PPE) (e.g. IIR surgical mask, disposable gloves, eye protection), these should be worn.
- After performing compression-only CPR, all first aiders should wash their hands thoroughly with soap and water; alcohol-based hand gel is a convenient alternative. They should seek advice from the NHS 111 Coronavirus Advice Service or their medical adviser if concerned.

10. Maintain social distancing whilst providing first aid

- It is always good practice to wear gloves when administering first aid. These are provided in first aid kits.
- With minor injuries you may be able to instruct a person in what to do, or pass them the items that they need and stand at a distance if it is age appropriate to do so.
- Always maintain good hand hygiene after administering first aid by washing your hands.
- If first aid such as CPR is required and you suspect the individual has symptoms of Coronavirus, the Resuscitation Council UK guidance advises that you do not administer rescue breaths, use chest compressions only. It is recognised that some first aiders will still chose to administer rescue breaths or instinctively respond in this way. This is a personal choice.

11. Cleaning

First Aid areas, and isolation rooms are thoroughly cleaned regularly.

If a child or a member of staff is tested positive, all surfaces that the individual has come into contact with will be cleaned and disinfected. The rooms they have been using will be made out of use immediately and a thorough clean carried out. Spare rooms are reserved to be used for the rest of the group while deep clean is being carried out.

Areas where the individual has passed through and spent minimal time, such as corridors, will be cleaned the usual way.

12. Communication

If a child or member of staff has shown signs of the symptoms at school, the Head Teacher will inform parents and staff that the individual concerned was immediately isolated in school and was sent home. They will self-isolate for 7 days. Their fellow household members will need to self-isolate for 14 days. They will also be advised to be tested for coronavirus. Parents will be kept updated.

If someone tests positive, further advice on cleaning or how it impacts others can be obtained from the DfE helpline or our Local Public Health England office

Contacts details for DfE, Local Public Health England and Newham

Department for Education Coronavirus helpline

Phone: 0800 046 8687

Email: DfE.coronavirushelpline@education.gov.uk

Opening hours: 8am to 6pm (Monday to Friday)

No school should close in response to a suspected (or confirmed) COVID-19 case unless directed to do so by Public Health England.

Public Health England Helpline for Newham Schools

PHE North East and North Central London Health Protection Team,
Ground Floor South Wing, Fleetbank House 2-6 Salisbury Square,
London, EC4Y 8AE

necl.team@phe.gov.uk; nencl.hpu@nhs.net

Phone: 020 3837 7084 (option 1)