Kym Allan
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GENERAL SAFETY SERIES

G45

MANAGING INTIMATE CARE AND TOILETING

NOTE: Community and Voluntary Controlled schools and other settings must adhere to guidance issued by their employer (the Local Authority in the case of schools) and use this document for reference purposes only.

September 2023 V17

Review Sheet

The information in the table below details earlier versions of this document with a brief description of each review and how to distinguish amendments made since the previous version date (if any).

Version Number	Description	Date
1	Original	May 2012
2	Minor amendment to refer to the new statutory DfE publication '*Working Together to Safeguard Children*', 2013 (highlighted in green)	March 2013
3	Some significant revisions to further guidance available, new statutory documents such as DfE guidance '*Supporting Pupils at School with Medical Conditions*', September 2014 and changes to the appendices to the model procedures.	Oct 2014
4	Minor revisions to take account of the newly published DfE 'Keeping Children Safe in Education' March 2015 and the supporting guidance 'Keeping Children Safe in Education – Information for all School and College Staff, March 2015 and 'Working Together to Safeguard Children' 2015.	May 2015
5	Minor revisions to take account DfE 'Keeping Children Safe in Education' July 2015 and the supporting guidance 'Keeping Children Safe in Education – Information for all School and College Staff, July 2015.	Oct 2015
6	Reference now made to 'Keeping Children Safe in Education' September 2016	Sept 2016
7	Minor amendments and clarity around definitions in Appendix A (Model Procedures)	March 2017
8	Minor Revisions in light of the Public Health England guidance 'Health Protection in Schools and Other Childcare Settings' 2017	Jan 2018
9	Reference now made to 'Working together to Safeguard Children', July 2018, 'Keeping Children Safe in Education' September 2018, DfE 'Information Sharing – Guidance for Safeguarding Practitioners' July 2018 and the Childcare (Disqualification) and Childcare (Early Years Provision Free of Charge) (Extended Entitlement) (Amendments) Regulations 2018	Sept 2018
10	Reference now made to 'Keeping Children Safe in Education' September 2019 & links updated	Oct 2019
11	Model school 'Intimate Care & Toileting Procedures' (Appendix A removed and replaced with a link to the same document on the KAHSC website.	Dec 2019
12	Revised to reflect variations as a result of the coronavirus (Covid-19) pandemic	June 2020
13	Updated to reference Keeping Child Safe in Education September 2020 & updates to waste disposal arrangements	Sept 2020
14	All references to the Covid-19 pandemic have been removed altogether – these have been moved into the First Aid, Intimate Care & Supporting Pupils with Medical Conditions Covid-19 Addendum – nothing highlighted as removal only	Dec 2020
15	Updates to links throughout and some 'date' changes	Sept 2021
16	Updated to reflect replacement of Public Health England with UK Health Security Agency (UKHSA), information on APGs and removal of some links	April 2022
17	Updated with minor changes to role titles and links	October 2022

17	Very minor amendments to remove references to 'Cumbria' or 'County Council' following dissolution of Cumbria County Council.	April 2023
	Reviewed September 2023 – Minor changes to links to KAHub and other external websites	Sept 2023

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Please note – Links below are to documents available from either the KAHub or external websites and are for school use only.

KAHSC Model School 'Intimate Care and Toileting Procedures'

Introduction

These guidelines have been developed to safeguard children, young people and staff. They apply to everyone involved in intimate or personal care and are based on good practice and the practical experience of those working with children and young people who require it.

In this document when reference is made to "managers" we mean a member of staff in authority at the setting such as a Head teacher, Line Manager, Head of Department etc. The term "settings" is used to refer to independent and maintained nurseries, schools, academies, colleges, Pupil Referral Units, children's homes and other educational and childcare settings which need to follow their own registration and inspection requirements in addition to this guidance. When reference is made to children we mean babies and young people as well. The term parent is used to refer to parents, legal guardians and carers. Staff includes all adults working in a school or setting, although those required to undertake personal or intimate care will have the task specified in their job description and are referred to as 'designated' for that task.

An increasing number of children with disabilities and medical needs are being included in mainstream educational settings and early years and childcare settings in the private, voluntary and independent sector. A significant number of these require assistance with intimate care tasks, especially toileting. Other children may also experience difficulties with toileting for a variety of reasons.

All of the children we work with have the right to be safe, treated with courtesy, dignity and respect and able to access all aspects of the educational curriculum.

These guidelines should be read in conjunction with other school or setting Polices/Procedures such as:

- Accessibility Plan
- Child Protection Policy and procedures
- Code of Conduct for Staff & Other Adults
- Health & Safety Policy
- Admissions arrangements
- Equality Policy, objectives and action plan
- Moving and Handling Procedures
- Supporting Pupils with Medical Conditions Policy and Procedures
- Special Educational Needs and Disabilities Policy / Information Report

1. Equality Act 2010

From October 2010, the Equality Act (EA) replaced most of the Disability Discrimination Act (DDA) 2005. However, the Disability Equality Duty continues to apply within the Equality Act.

The EA provides protection for anyone who has a physical, sensory or mental impairment that has an adverse effect on his/her ability to carry out normal day-to-day activities. The effect must be substantial and long-term.

Anyone with a named condition that affects aspects of personal development must not be discriminated against. Delayed continence is not necessarily linked with learning difficulties, but children with global developmental delay which may not have been identified by the time they enter nursery or school are likely to be late coming out of nappies. It follows that it is unacceptable to refuse admission to children and young people who are delaying in achieving continence.

Education providers have an obligation to meet the needs of children with delayed personal development in the same way as they would meet the needs of those with delayed language, or any other kind of delayed development. Children should not be excluded from normal pre-school activities solely because of incontinence, neither should they be sent home to change, or be required to wait for their parents or carers to attend to them at school.

Any admissions policy that sets a blanket standard of continence, or any other aspect of development, for all children is discriminatory, and therefore unlawful under the Act. All such issues have to be dealt with

on an individual basis and settings are expected to make reasonable adjustments to meet the needs of each child.

	The Outcomes for Children
Being Healthy	• Children's physical and mental health is supported; • Healthy lifestyles are promoted; • Parents/carers are helped to ensure their children are healthy.
Staying Safe	• Children are provided with help and support to meet their needs as soon as problems emerge • Steps are taken to minimise the incidence of child maltreatment whether that is within or outside the home, including online. • Parents/carers are supported in helping children grow up in circumstances consistent with the provision of safe and effective care
Enjoy and Achieve	• Children are supported in developing personally and academically.
Positive Contribution	• Children are helped to develop socially and emotionally.

2. Aims

The aims of this guidance and associated procedures are:

- to safeguard the dignity, rights and wellbeing of children;
- to provide guidance and reassurance to staff whose contracts include intimate care;
- to assure parents that staff are knowledgeable about intimate care and that their individual needs and concerns are taken into account;
- to remove barriers to learning and participation, protect from discrimination, and ensure inclusion for all children as pupils and students;
- to ensure our arrangements for intimate and personal care are open and transparent and accompanied by recording systems.

3. Definition of intimate care

'Intimate Care' can be defined as the carrying out of 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. It involves washing, touching or carrying out an invasive procedure that most children carry out themselves but which some are unable to do due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.

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. This document makes it clear that teaching staff should be under no obligation to provide nursing care, and the same applies to intimate care.

Intimate care tasks specifically identified as relevant include:

- dressing and undressing (underwear);
- helping someone use the toilet;
- changing continence pads (faeces);
- changing continence pads (urine);
- bathing/showering;
- washing intimate parts of the body;
- changing sanitary wear;
- inserting suppositories;

- giving enemas;
- inserting and monitoring pessaries.

In most cases intimate care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure.

Further guidance can be found in KAHSC Medical Safety Series: M06 - Protection Against Blood Borne Infections-Viruses (BBVIs) and the UKHSA guidance: Health Protection in children and young people settings, including education.

4. 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 touching is more socially acceptable, as it 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 certainly more valued as they can lead to positive social outcomes for people.

Those personal care tasks specifically identified as relevant here include:

- Skin care/applying external medication;
- Eating and drinking;
- 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 a disability or medical need.

Children may require help with eating, drinking, washing, dressing and toileting.
This guidance is not prescriptive but is based on the good practice and practical experience of those dealing with such children.

5. Basic principles

Children's intimate care needs cannot be seen in isolation or separated from other aspects of their lives. Encouraging them to participate in their own intimate or personal care should therefore be part of a general approach towards facilitating participation in daily life. Pupils should be encouraged to act as independently as possible and to undertake as much of their own personal care as is possible and practicable.

Intimate care can also take substantial amounts of time but should be an enjoyable experience for the child and for their parents. It is essential that every child is treated as an individual and that care is given as gently and sensitively as possible. The child should be encouraged to express choice and to have a positive image of his/her body.

Staff should bear in mind the following principles:

- Children have the right to feel safe and secure;
- Children have a right to an education and schools have a duty to identify and remove barriers to learning and participation for pupils of all abilities and needs;
- Children have the right to privacy, dignity and professional approach from staff when meeting their needs;
- Children have the right to information and support to enable them to make appropriate choices;
- Children have the right to be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs;

- Children have the right to express their views and have them heard. Settings must have complaints procedures that children can access;
- A child's Intimate/Personal care plan should be designed to lead to independence.

6. Recruitment

Parents must feel confident that relevant staff have been carefully vetted and trained helping to avoid potentially stressful areas of anxiety and conflict. The following are a variety of ways to achieve this:

- The provision of personal or intimate care, even once, is deemed to be regulated activity according the Safeguarding Vulnerable Groups Act 2006 (as amended by the Protection of Freedoms Act 2012) and the recruitment and selection of candidates for posts involving intimate care should be made following the usual Disclosure and Barring Service (DBS) checks and checks against the Children's or, where relevant, the Adult's Barred List. 'Relevant' staff may also be subject to the requirements of the Childcare (Disqualification) and Childcare (Early Years Provision Free of Charge) (Extended Entitlement) (Amendments) Regulations 2018, equal opportunities and employments rights legislation.
- Candidates should be made fully aware of what will be required and detailed in their job description before accepting the post.
- Enquiries should be made into any restrictions the candidates may have which will impede their ability to carry out the tasks involved. This will enable employers to identify and provide necessary support and adjustments that are practical.
- Where possible, children may be involved in the recruitment process, dependent on their age and ability to understand.
- It is recommended that candidates have an opportunity to meet the child with whom they will be working.
- Wherever possible, staff should work with children of the same sex in providing intimate care respecting their personal dignity at all times.
- Trained staff should be available to substitute and undertake specific intimate care tasks in the absence of the appointed person.
- No employee can be required to provide intimate care. Intimate care can only be provided by those who have specifically indicated a willingness to do so, either as part of their agreed job description or other arrangements.

7. Staff development

General issues:

- Staff should receive training in good working practices, including regular, suitable Safeguarding training.
- Staff must be trained in the specific types of intimate care that they carry out and fully understand the intimate care procedures and guidelines within the context of their work.
- Where appropriate staff must receive Lifting and Handling training which is refreshed at regular intervals.
- Newly appointed staff should be closely supervised until completion of a successful probationary period.
- Whole setting staff training should foster a culture of good practice and a whole setting approach to intimate care.
- It is imperative for the setting and individual staff to keep a dated record of all training undertaken.
- Volunteers and visiting staff from other schools should not undertake care procedures without full and appropriate training.

The following guidelines should be used in training senior staff and those identified to support intimate care. Senior staff members should be able to:

- ensure that sensitive information about a child is only shared with those who need to know, such as parents and staff specifically involved with the individual: other personnel should only be given information that keeps the child safe;
- consult parents about arrangements for intimate care;
- ensure staff are aware of the procedures, the Child Protection Policy and procedures (including what to do if they have concerns about a child and making referrals to either Cumberland Safeguarding Hub or Westmorland and Furness Safeguarding Hub. Safeguarding Hub; managing allegations/low level concerns and whistleblowing procedures) and the Health and Safety Policy along with other associated policies and procedures;
- ensure staff understand the needs of refugee children, asylum seekers and those from different racial and cultural backgrounds and that specialist advice is sought where necessary;
- ensure staff know who to ask for advice if they are unsure or uncomfortable about a particular situation;
- ensure staff know of the whole school approach to intimate care;
- avoid using staff involved in intimate care, in the delivery of sex education, (wherever possible) as an additional safeguard to both staff and children involved.

In addition, all staff should be able to:

- access other procedures and policies regarding the welfare of the child e.g. child protection;
- identify and use a communication system that the child is most comfortable with;
- 'read' messages a child who is very young or who has communication issues is trying to convey;
- communicate with, and involve the child in the intimate care process;
- offer choices, wherever possible;
- develop, where possible, greater independence with the procedure of intimate care;
- maintain confidentiality with children who discuss elements of their intimate care unless it is a child protection issue where child protection procedures must be followed.

8. Vulnerability to abuse

Children with disabilities have been shown to be particularly vulnerable to abuse and discrimination. It is essential that all staff are familiar with the Child Protection Policy and the child's own Care Plan.

Any vulnerability, including those that may arise from a physical or learning difficulty will be considered when formulating the individual pupil's EHC Plan or Individual Healthcare Plan (IHCP). The views of parents and the pupil, regardless of their age and understanding, will be actively sought in formulating the plan and in the necessary regular reviews of these arrangements. Any changes to the care plan will be made in writing and without delay, even if the change in arrangements is temporary e.g. staff shortages, changes to staff rotas etc.

The following are factors that are known to increase the child's vulnerability:

- Children with disabilities often have less control over their lives than is normal;
- They do not always receive sex and relationship education, or if they do, may not fully understand it, and so are less able to recognise abuse;
- Children may not be able to distinguish between intimate care and abuse;
- Children who need help with intimate care are statistically more vulnerable to exploitation and abuse;
- Through residential, foster or hospital placements, they may have multiple carers;
- Differences in appearance, disposition and behaviour may be attributed to the child's disability rather than to abuse;
- They are not always able to communicate what is happening to them.

Intimate care may involve touching the private parts of the child's body and therefore may leave staff more vulnerable to accusations of abuse. It is unrealistic to eliminate all risk but this vulnerability places an important responsibility on staff to act in accordance with agreed procedures.

If a child is hurt accidentally, he or she should be immediately reassured and the adult should check that he or she is safe and the incident reported immediately to the Designated Safeguarding Lead (DSL).

If a child appears sexually aroused, misunderstands or misinterprets an action/instruction, the incident should be reported immediately to the DSL.

9. Allegations of abuse

Personnel working in intimate situations with children can feel particularly vulnerable. Clear procedures can help to reassure both staff involved and the parents of the vulnerable child. Managing allegations procedures should be found within the Child Protection Policy and procedures following Cumbria Safeguarding Children Partnership (CSCP) guidelines.

Action should be taken immediately should there be a discrepancy of reports between a child and the member of staff, particularly with reference to time spent alone.

It is advised that the support role be changed as quickly as possible should such a discrepancy occur and then reviewed on a regular basis

10. Working with parents/carers

Establishing effective working relationships with parents is a key task and is particularly necessary for children with special care needs or disabilities. Much of the information required to make the process of personal or intimate care as comfortable as possible comes from parents, including knowledge of any religious or cultural sensitivities. They should be made welcome and given every opportunity to explain their child's care requirements but they should not be made to feel responsible for their child's care in the setting or for making staff disability aware. Parents should be closely involved in the preparation of any Individual Education Plan (IEP), Individual Health Care Plan (IHCP) or Education Health and Care Plan (EHCP) and any other plans that identify the support of intimate or personal care. Staff have a duty to remove barriers to learning and participation for children of all abilities and needs.

Plans for the provision of Intimate/Personal Care must be clearly recorded to ensure clarity of expectations, roles and responsibilities. Records should also reflect arrangements for ongoing and emergency communication between home and the setting, monitoring and review. It is also important that the procedures for dealing with concerns arising from personal care processes is clearly stated and understood by parents and all others involved.

Exchanging information with parents is essential through personal contact, telephone and correspondence; however, information concerning intimate care procedures should not be recorded in home/school books as it may contain confidential information that could be accessed by people other than the parent and staff member.

11. Links with other agencies

Children with special care needs or disabilities may well be known to a range of other agencies. It is important that positive links are made with all those involved in the care or welfare of individual children. This will enable setting based plans to take account of the knowledge, skills and expertise of other professionals and will ensure the child's wellbeing and development remains the focus of concern. Arrangements for ongoing liaison and support to setting staff where necessary should also be formally agreed and recorded. It is good practice to identify a named member of staff to co-ordinate links with other agencies; this person could be the SENCO or another senior member of staff.

Achieving continence is one of hundreds of developmental milestones for all children usually reached within the context of learning in a setting. In some cases, this one development area can assume significance beyond all others. Parents are sometimes made to feel guilty that this aspect of learning has not been achieved, whereas delayed learning is not so stigmatising. Settings have a responsibility to teach toilet training and other personal care skills, as an essential PHSE basis in order to be able to access the rest of the curriculum.

For some children achieving continence will never be possible. Assistance with the management of their toilet needs should be provided sensitively to allow them continued access to the full curriculum, life in the establishment, and dignity in front of peers and staff.

12. Writing an intimate care plan

Where a routine intimate or personal care procedure is required an Intimate Care Plan should be agreed in discussion with the child, staff, parents and any relevant health personnel. The plan should be signed by all who contribute to it and reviewed on an agreed basis.

In developing the plan, the following should be considered:

a. Whole setting implications:

- The importance of working towards independence.
- Arrangements for home-school transport, sports day, performances, examinations, trips, swimming etc.
- Who will substitute in the absence of the child's usual key person.
- Strategies for dealing with pressure from peers e.g. teasing/bullying particularly if the child has an odour.

b. Classroom management

- The child's seating arrangements in the setting.
- A system for the child to leave the room without disruption to the lesson or activity.
- Avoidance of missing the same lesson or activity all year due to medical routines.
- Awareness of a child's discomfort which may affect learning.
- Implications for certain activities such as PE e.g. discreet clothing, additional time for changing etc.

All plans must be clearly recorded to ensure clarity of expectation, roles and responsibilities. They should reflect all methods of communication including emergency procedures between home, setting and medical services. A procedure should also be included to explain how concerns arising from the intimate care process will be dealt with.

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. Where intimate and personal care tasks are undertaken in another room, records will include times left and returned. These records will be kept in the child's file and available to parents on request.

Prior consent must be obtained from parents before intimate/personal care procedures can be carried out.

13. Invasive procedures

It is recommended that two adults are present when invasive procedures are performed unless the parents have agreed to the presence of one adult only. Whilst this may be seen as providing protection against a possible allegation against a member of staff, it further erodes the privacy of the child.

Settings should make arrangements to ensure that there is always a member of staff nearby when intimate care takes place (see below).

14. Toileting procedures

If a Toileting Plan has been agreed and signed by parents, child and staff involved, it is acceptable for only one member of staff to assist unless there is an implication for the safe moving and handling of the child.

The plan should consider the following:

- location of the plan for reference, ensuring discretion and confidentiality;
- location of recording procedures, ensuring discretion and confidentiality;
- necessary equipment and waste disposal (see environmental section);
- clear labelling of equipment and procedures e.g. wipe table after use.

15. Physiotherapy

Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the IEP or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.

Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

16. Massage

Massage is now commonly used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.

It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and pupils.

Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.

Individual Healthcare Plans should include specific information for those supporting children with bespoke medical needs.

17. Good practice guidance

In many schools, education and other settings, designated staff (key persons) are involved on a daily basis in providing intimate or personal care to children with special educational needs arising from learning difficulties, sensory impairments, medical needs and physical disabilities. This places those staff in a position of great trust and responsibility. They are required to attend to the safety and comfort of the children and to ensure that they are treated with dignity and respect.

The time taken to carry out this care can also be used to promote personal development, as even the youngest child can be encouraged to become aware of and value their own body and extend their personal and communication skills. If such opportunities are denied then they may not learn to distinguish between appropriate and inappropriate. Confident and self-assertive children who feel their bodies belong to them are less vulnerable to sexual abuse.

Religious and cultural values must always be taken into account when making arrangements for managing intimate or personal care needs for children, and stereotypes should be challenged. Staff concerned should begin by simply asking questions about the child being supported and try to discover things about their background and experience.

Pupils are encouraged to act as independently as possible and to undertake as much of their own personal care as is possible and practicable. 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. When assistance is required, this will normally be undertaken by the child's key person, however, they should try to ensure that another appropriate adult is in the vicinity who is aware of the task to be undertaken and that, wherever possible, they are visible and/or audible. Intimate care procedures do not include the need for more than one member of staff unless the child's Education Health and Care Plan (EHC Plan) specifies the reason for this. Intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the individual.

Pupils are entitled to respect and privacy at all times and especially when in a state of undress, including, for example, when changing, toileting and showering. There does, however, need to be an appropriate level of supervision to safeguard pupils, satisfy health and safety considerations and ensure that bullying or teasing does not occur. The supervision will be appropriate to the needs and age of the young people concerned and sensitive to the potential for embarrassment. Where possible a child will be catered for by one adult (key person) unless there is sound reason for having more than one adult present. If this is the case, the reasons should be clearly documented.

Intimate and personal care should not be carried out by an adult that the child does not know. Anyone undertaking intimate or personal care in an education setting is in regulated activity and must have been checked against the relevant DBS barred list, even if the activity only happens once - this includes volunteers. Volunteers and visiting staff from other schools should not undertake care procedures without full and appropriate training.

Cross gender care

There is positive value in both male and female staff being involved in intimate or personal care tasks, although it may be unacceptable to some parents, or the child, to have a carer of the opposite sex to attend to toileting or other intimate needs, and this should be respected. However, at times there will be exceptional circumstances where there are human resource implications preventing full consideration to the optimum gender balance (available carers are more likely to be female).

It is vital that settings meet with parents and the child prior to enrolment, to discuss the care plan and the staff most likely to be involved in providing it.

Examples of positive approaches to intimate or personal care which ensure a safe and comfortable experience for the child:

- Get to know the child beforehand in other contexts to gain an appreciation of his/her mood and systems of communication.
- Have knowledge of and respect for any related cultural or religious sensitivities.
- Speak to the child by name and ensure they are aware of the focus of the activity. Address the child in age appropriate ways.
- Give explanations of what is happening in a straightforward and reassuring way.
- Agree terminology for parts of the body and bodily functions that will be used by staff and encourage children to use these terms appropriately.
- Respect a child's preference for a particular sequence of care.
- Give strong clues that enable the child to anticipate and prepare for events e.g. show the clean nappy/pad to indicate the intention to change, or sponge/flannel for washing.
- Encourage the child to undertake as much of the procedure for themselves as possible, including washing intimate areas and dressing/undressing.
- Seek the child's permission before undressing if he/she is unable to do this unaided.
- Provide facilities that afford privacy and modesty.
- Keep records noting responses to intimate care and any changes of behaviour.

Practical considerations for managers to ensure health and safety of staff and children include:

- All adults assisting with such care should be employees. This aspect of their work should be reflected in their job description. In exceptional circumstances unpaid employees i.e. voluntary workers may assist provided they have been trained and hold a DBS 'Enhanced' Certificate for regulated activity (i.e. including an appropriate Barred List check), and with the agreement of all parties. 'Relevant' volunteers may also be subject to the requirements of the Childcare (Disqualification) and Childcare (Early Years Provision Free of Charge) (Extended Entitlement) (Amendments) Regulations 2018.
- Staff should receive training in good working practices which comply with Health and Safety regulations such as dealing with bodily fluids, wearing protective clothing, manual handling, HIV and infection control, Whistleblowing/low level concerns reporting procedures, risk assessment etc. Identified staff should also receive training for very specific intimate care procedures where relevant.

- Where a routine procedure needs to be established, there should be an agreed care plan involving discussion with setting staff, parents, relevant health personnel and the child. All parties should sign the plan. The plan must be reviewed on a regular basis. The complaints procedures should be known to all and followed where necessary.

The following sample templates provide some detailed background information and advice that will help in the development of the care plan:

- Sample Record of Agencies involved/Support Services available/used in intimate care
- Sample Personal/intimate care management checklist
- Sample Personal/intimate care management/toileting plan
- Sample Record of personal/intimate care intervention
- Sample Agreement/Staff Training Record for Intimate Care Procedures for an Individual Child

Staffing levels need to be carefully considered. There is a balance to be struck between maintaining privacy and dignity for children alongside protection for them and staff. It is important for each setting to decide on practical ways of dealing with staffing levels. Some procedures may require two members of staff for health and safety reasons e.g. manual handling or behavioural issues. This should be clearly stated in the care plan. As far as possible, personal care procedures should be carried out by the child's key person, protection being afforded to a single member of staff in the followings ways:

- Personal care staff implement the strategies in the 'examples of positive approaches' section outlined above.
- Personal care staff notify a teacher, line manager or other member of staff, discreetly, that they are taking the child to carry out a care procedure.
- A signed record is made of the date, time and details of any intervention required that is not part of an agreed routine. A decision can be made at the Care Plan meeting as to whether a regular record needs to be kept of routine procedures. Where intimate and personal care tasks are undertaken in another room, records will include times left and returned.
- If a situation occurs which causes personal care staff embarrassment or concern, a second member of staff should be called if necessary, and the incident reported and recorded.
- When staff are concerned about a child's actions or comments whilst carrying out the personal care procedure, this should be recorded and discussed with a line manager immediately.

Other practical consideration for managers:

- Is a risk assessment for Moving and Handling required?
- Is there a requirement to link the intimate care plan with the behaviour management plan?
- There should be sufficient space, heating and ventilation to ensure safety and comfort for the member of staff and child.
- Facilities with hot and cold running water and anti-bacterial handwash should be available.
- Items of protective clothing, such as disposable gloves and aprons should be provided and no item re-used.
- Special bins should be provided for the disposal of wet and soiled nappies/pads.
- Soiled items should be 'double bagged' before placing them in the bin unless the bin is specifically designed for the disposal of nappies via a waste collection agency.
- There should be special arrangements for the disposal of any contaminated waste/clinical materials.
- Whether there is a need to seek advice on general continence issues through parents, the School Nurse or Health Visitors to access relevant specialists.
- Supplies of suitable cleaning materials should be available. Anti-bacterial products should be used to clean surfaces.
- Supplies of clean clothes (the child's own where possible) should be readily available to avoid leaving the child unattended.
- Adolescent girls will need arrangements for menstruation in their plan including the provision of supplies by parents but there should always be a small supply of sanitary wear to be provided for girls in a sensitive and discreet way.

18. The child's wishes

Within reason and appropriate to their age, understanding and maturity a child should be involved in the development of their own Intimate Care or Toileting Plan. Consider how best to implement the following recommendations:

- Allow the child, subject to their age and understanding, to express a preference regarding the choice of his/her carer and sequence of care.
- Agree appropriate terminology for private parts of the body and functions to be used by staff.
- Consider that it may be possible to determine a child's wishes by observation of reactions to the intimate care
- Where there is any doubt that a child is able to make an informed choice on these issues, parents are usually in the best position to act as advocates.
- It is the responsibility of all staff caring for a child to ensure they are aware of their individual methods of communication. Communication methods may include words, signs, symbols, body movements and eye pointing.
- To ensure effective communication with the child, staff should ascertain the agreed method of communication and identify this in the Intimate Care Plan.

19. Environmental advice

When children need intimate care facilities, reasonable adjustments will need to be made. Not every premises has a suitable purpose built toilet, but the use of a screen to make the area private is acceptable.

Where children have a long-term incontinence or disability requiring regular intimate care, the setting will require specially adapted facilities. Specialist advice from medical or therapy personnel may be required when considering space, heating, ventilation and lighting.

Additional considerations may include:

- Facilities with hot and cold running water.
- Storing the setting's supplies of protective clothing including disposable protective gloves and aprons.
- Labelled or proprietary bins for the disposal of wet and soiled nappies/pads (soiled items being 'double bagged' before placing in the bin).
- Waste for incineration (e.g. needles, catheters etc.) – contact your Local Authority for further details.
- Storing supplies of suitable cleaning materials such as anti-bacterial products, sterilising fluid, deodorisers, anti-bacterial hand wash.
- Storing supplies of appropriate clean clothing, nappies/pads, disposal bags and wipes
- Careful consideration of an appropriate changing mat, bench or bed (and steps to access it).
- An effective emergency alarm system should be identified to alert other staff when immediate assistance is required.

20. Training

The requirement for staff training in the area of intimate or personal care will vary greatly between settings and will be largely influenced by the needs of the children for whom staff have responsibility. Consideration should be given, however, to the need for training on a whole setting basis and for individual staff who may be required to provide specific care to an individual child or small number of children.

Whole staff group training should provide opportunities to work together on the range of issues covered in this document to enable the development of a culture of good practice and a whole setting approach to personal care. Whole school or setting training should provide disability awareness, and opportunities for staff to increase knowledge and enhance skills.

More individual training will focus on the precise processes or procedures staff are required to carry out for a specific child. In some cases, this may involve basic physical care which might be appropriately provided by a parent. In cases of medical procedures, such as catheterisation, qualified health professionals should be called upon to provide training. Designated staff may require training in safe

moving and handling; this will enable them to feel competent and ensure the safety and wellbeing of the child. It is imperative for the setting and individual staff to keep a dated record of all training undertaken.

Volunteers and visiting staff from other schools should not undertake care procedures without full and appropriate training.

For any child requiring intimate or personal care, it is recommended as good practice that this be discussed with the school nursing or health visiting service. For intimate care needs, training and advice should be included for staff on how to deal with sexual arousal in the child, if appropriate.

21. Staff conduct

In accordance with our Code of Conduct for Staff and other adults, staff and other adults in this school are expected to:

- adhere to the school's intimate care procedures;
- make other staff aware of the task being undertaken;
- always explain to the pupil what is happening before a care procedure begins;
- consult with colleagues where any variation from the agreed procedure/healthcare plan is necessary;
- record the justification for any variations to the agreed procedure/healthcare plan and share this information with the pupil and their parent;
- avoid any visually intrusive behaviour;
- where there are changing rooms – announce their intention of entering;
- always consider the supervision needs of the pupils and only remain in the room where their needs require this.

Staff and other adults will not:

- change or toilet in the presence or sight of pupils;
- shower with pupils;
- assist with intimate or personal care tasks which the pupil can undertake independently.

22. Managing risk

These guidelines aim to manage risks and ensure that employees do not work outside the remit of their responsibilities. It is essential that all staff follow the guidance set out in these procedures and take all reasonable precautions to prevent or minimise accident, injury, loss or damage. It is of particular importance with regard to:

- Staff training
- The recording of activities as necessary
- Consent being obtained from parents
- The Care Plan being written with, and signed by parents
- The presence of two adults when invasive medical procedures are performed unless parents have agreed to the presence of only one adult

23. Infection Control

All staff involved in personal care must adhere to good personal hygiene standards Reference should be made to the UKHSA guidance Health Protection in children and young people settings, including education along with in KAHSC Medical Safety Series: M06 - Protection Against Blood Borne Infections-Viruses (BBVIs). These include 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.

Sanitary facilities

Good hygiene practices depend on adequate facilities. A hand wash basin with warm running water along with a mild liquid soap, preferably wall mounted with disposable cartridges, should be available. Bar soap should not be used.

Place disposable paper towels next to basins in wall mounted dispensers, together with a nearby foot-operated waste paper bin.

Toilet paper should be available in each cubicle (it is not acceptable for toilet paper to be given out on request). If schools or nurseries experience problems with over-use, they could consider installing paper dispensers to manage this.

Suitable sanitary disposal facilities should be provided where there are female staff and pupils aged 9 or over (junior and senior age groups).

Managing nappies

Children in nappies must have a designated changing area, away from play facilities and from any area where food or drink is prepared or consumed. Hand washing facilities must be available in the room so that staff can wash and dry their hands after every nappy change, before handling another child or leaving the nappy changing room. Soiled nappies should be double wrapped in a plastic bag before disposal in the general school waste or disposed of in a designated 'nappy disposal bin' for collection by a registered waste company.

Clean children's skin with a disposable wipe. Flannels should not be used to clean bottoms. Label nappy creams and lotions with the child's name and do not share with others.

Wipe changing mats with soapy water or a baby wipe after each use. Mats should be cleaned thoroughly with hot soapy water if visibly soiled and at the end of each day. Check weekly for tears and discard if the cover is damaged.

A designated sink for cleaning potties (not a hand wash basin) should be located in the area where potties are used. Wear household rubber gloves to flush contents down the toilet. The potty should be washed in hot soapy water, dried and stored upside down.

The rubber gloves should be personal to each user and not shared; washed whilst wearing them and then wash and dry hands after taking them off.

Nappy waste can sometimes be produced in large quantities in places such as nurseries. Although considered non-hazardous, in quantity it can be offensive and cause handling problems. Where the premises produce more than one standard bag or container of human hygiene waste over the usual collection interval, it is advised to package it separately from other waste streams. Organisations that produce significant amounts of used nappies should not put them in the general waste and will need to make arrangements with a registered clinical waste disposal service to handle this hazardous waste.

Children with continence aids

Pupils who use continence aids (like continence pads, catheters) should be encouraged to be as independent as possible. The principles of basic hygiene should be applied by both children and staff involved in the management of these aids.

Continence pads should be changed in a designated area. Disposable powder-free non-sterile nitrile or latex gloves and a disposable plastic apron should also be worn. Gloves and aprons should be changed after every child. Hand washing facilities should be readily available. If further advice is required, the local authority children's SEND team may be able to help.

Laundry

There should be a designated area on site **if** there is a need for laundry facilities. This area should:

- be separate from any food preparation areas;
- have appropriate hand washing facilities;
- have a washing machine with a sluice or pre-wash cycle.

Staff involved with laundry services should ensure that:

- manual sluicing of clothing is not carried out as this can subject the operator to inhale fine contaminated aerosol droplets; soiled articles of clothing should be rinsed through in the washing machine pre-wash cycle, prior to washing;
- gloves and aprons are worn when handling soiled linen or clothing;
- hands are thoroughly washed after removing gloves.

Dealing with contaminated clothing

Clothing of either the child or the supporting member of staff may become contaminated with blood or body fluids. Clothing should be removed as soon as possible. Items of clothing that may become soiled should not be swilled out or left to soak (faecal material can become airborne and can be the cause of contamination on surfaces). Care should be taken to wipe away any faecal matter with wipes/toilet paper and the soiled article should then be placed in a plastic bag, double bagged and sent home. The clothing should be washed separately in a washing machine, using a pre-wash cycle, on the hottest temperature that the clothes will tolerate.

General cleaning practices

Follow the guidance in the UKHSA guidance Preventing and controlling infections.

24. Personal protective equipment (PPE)

Where a child or young person already has routine intimate care needs that involve the use of PPE, the same PPE will continue to be used e.g. usually single use disposable aprons and disposable gloves will be worn.

Aerosol generating procedures (AGP)

An AGP is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract. Further information is available in the UKHSA guidance Preventing and controlling infections.

Standard PPE recommendations for AGPs would include eye and face protection, apron and gloves to protect against the splashing or spraying of blood and bodily fluids.

If a member of staff is performing an AGP on an individual who is suspected of being infectious with a respiratory agent (for example respiratory syncytial virus (RSV) or Covid-19) a fit tested FFP3 respirator will be required.

25. 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 Health A-Z 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. Employers 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 Medical Safety Series: M06 - Protection Against Blood Borne Infections-Viruses (BBVIs) and the UKHSA guidance: Health Protection in children and young people settings, including education.

References & 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
- UKHSA homepage
- UKHSA Health Protection in children and young people settings, including education
- UKHSA E-bug
- UKHSA National immunisation schedule
- NHS Health A-Z
- GOV.UK Hazardous Waste Disposal
- NHS Professionals: Standard infection prevention and control guidelines
- HSE Blood Borne Viruses in the Workplace
- KAHSC Medical Safety Series M06 - Protection Against Blood Borne Infections-Viruses (BBVIs)