



Intimate Personal Care and Clinical Tasks Policy

(To be applied with related policies for keeping children safe in education: Safeguarding Policy and Safer Working Practices Policy).



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Intimate personal care and clinical tasks

1. Policy Statement

Easington School is committed to providing personal care that has been recognised as an assessed need and indicated in an individual child's care plan, in ways that:

- Protect against intrusion and abuse.
- Safeguard the rights and promote the welfare of the child including those who may be more vulnerable to abuse.
- Maintain the dignity of the individual child.
- Are sensitive to their individual needs and preferences.
- Maximise safety and comfort.
- Respect the child's right to give or withdraw their consent or for their legal guardian to do so as deemed appropriate
- Encourage the child to care for themselves as much as they are able.

These principles of care also apply to the activities known as 'Clinical Tasks' which require additional training by either the health professional who is delegating the task, or school-arranged training. Staff can refuse to perform a task if they do not feel competent to undertake it.

Definitions

Intimate personal care is hands-on physical care in personal hygiene, and/or physical presence or observation during such activities. It includes:

- Body bathing other than to arms, face and legs below the knee.
- Toileting, wiping and care in the genital and anal areas.
- Continence care.
- Placement, removal and changing of incontinence pads.
- Menstrual hygiene.
- Dressing and undressing.

Clinical tasks

This care falls into three main categories:

- **Acceptable care tasks** i.e. tasks which just require additional training e.g. catheter and stoma care; gastrotube feeding.
- **Negotiable care tasks** which include: **complex care** e.g application of splints or care of gastrostomy (but not replacing mickey button) ; Treatments e.g. assisting with the administration of oxygen
- **Emergency care procedures** e.g. anaphylactic pens

Scope

This policy applies to all staff.

Mandatory Procedures

- All staff will already have enhanced DBS clearance.
- Staff undertaking personal care and the more complex clinical tasks should always act in accordance with the policy.
- Staff must have received training before undertaking any of the tasks detailed in an individual child's care plan.
- This policy must be read in conjunction with the School's protocols for administering medication, safe storage of medication and all other relevant policies and procedures.

Practice Guidance – General Personal Care

Children should be encouraged and supported to be as independent as possible in all their care tasks. Staff should not undertake tasks which children are able to perform themselves provided they have sufficient time and support.

If intimate care is needed it will be part of an agreed plan with parents, which is regularly reviewed. The additional vulnerabilities that may arise from a physical or learning disability should be taken into account to protect the child. The views of the child should be actively sought, wherever possible, when drawing up and reviewing formal arrangements. When intimate care is undertaken it will be recorded.

The aim of staff should be to promote as much independence as is reasonably possible and to respect the children's dignity.

Washing, dressing, toileting.

Children must be encouraged and supported to conduct their own self-care as much as possible. It must not be undertaken by staff because they feel it is quicker or more convenient.

Staff will be mindful of children's need for privacy.

If an adult was needed in changing/cleaning after a toileting accident, two adults would be present. This would be inline with the intimate care plan for the child. The changing/cleaning would be logged/the child's parent would be informed. The parent would be called if the child needed to washed to be comfortable.

The emotional responses of any child to intimate care should be carefully and sensitively observed and any distress/concerns passed to the Headteacher and/or parents/carers.

If staff notice any changes in a child's appearance that may require attention e.g. rashes, blisters, sores etc these should be reported to the DSL – who seek the advice of a First Aid trained staff member/parents as soon as possible.

Toileting accidents for very young children are not common but do happen. Children who have had a toilet accident should be reassured by the staff member. The staff member would inform another adult they were helping a child in advance of supervising the child get changed/clean. The staff member could help a child out of outer clothing if needed and offer replacement clothing from the store in the Reception class/child's PE kit. The child would be asked to clean themselves privately while the staff member waited outside the toilet but nearby.

Nail & Hair Care

Staff will not cut children's fingernails, unless this is required in special circumstances and arranged with the School Nurse and parent/carer.

Staff will not usually cut children's hair, unless this is done by arrangement with the parent/carer in specific circumstances.

Contact Lenses and Spectacles

Staff may assist children to clean and put on glasses.

Due to the risk of harm, staff must not insert contact lenses.

Dental Care

Staff may assist children to clean their teeth and perform mouth care tasks as part of a science lesson or general personal hygiene guidance.

Hearing Aids

Once taught the proper technique by an appropriate person, staff may assist children to insert and adjust hearing aids. Following training staff may clean hearing aids.