



Intimate Personal Care Policy



Gordon Primary School

Written: Feb 2018

Reviewed: April 2020

Review: June 2022



***The best interests of the child must be a top priority in all decisions and actions that affect children.
(Article 3: UNICEF Children’s Rights and Responsibilities)***

A child with a disability has the right to live a full and decent life with dignity and, as far as possible, independence and to play an active part in the community. Governments must do all they can to support disabled children and their families.

(Article 3: UNICEF Children’s Rights and Responsibilities)



Aims

The aims of this policy are:

- To safeguard the dignity, rights and well-being of children and young people
- To provide guidance and reassurance to staff
- To ensure that parents /carers are involved in planning the intimate care of their child / young person and are confident that their concerns and the individual needs of their child are taken into account
- To reassure parents / carers and the child / young person that staff are knowledgeable about intimate care

GIRFEC

Children and young people have their needs assessed on an individual basis and support will be provided as required in line with GIRFEC. The Getting it Right for Every Child (GIRFEC) is a national approach to improving the Wellbeing of children and young people in Scotland. Aims from GIRFEC which particularly apply in this guidance are:

- Achieve high standards of multi-agency working based on a co-ordinated approach on identifying Wellbeing concerns; assessing need and agreeing outcomes and actions
- Proactively seeking the views of children, young people and their families, providing information and support which encourages involvement

Allied Health Professionals provide targeted interventions to secure outcomes as detailed in Ready to Act (participation and engagement, early intervention and prevention, partnership and integration, access, and leadership for quality improvement). There is a statutory requirement for education authorities and their partners to work together to ensure the wellbeing needs of the child/young person as detailed in the Children and Young People (Scotland) Act 2014.

Definition of Intimate Care

Intimate Care is any care which involves washing, touching or carrying out an invasive procedure that most children/young people would carry out for themselves but which some are unable to do due to physical disability, additional support needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.

Intimate Care may involve help with drinking, eating, dressing and toileting. Help may also be needed with changing stoma bags, catheterisation and other such processes. It also includes the administration of invasive medication and some Therapy programmes.

Examples include:



- Washing
- Dressing and undressing (including swimming)
- Support eating (including tube feeding)
- Administering medication (e.g. rectal diazepam)
- Toileting and menstruation
- Therapy exercise programme/moving and handling
- Massage/intensive interaction
- Dental hygiene
- Care of tracheostomy
- Applying topical medicines (e.g. eczema creams)

Staff providing Intimate Care must be aware of the need to adhere to good Child Protection practice in order to minimise the risks for both children /young people and staff. It is important that staff are supported and trained so that they feel confident in their practice.

Staff responsibilities

- Staff must be familiar with the Intimate Care policy/procedures. This means that the protocol must be shared with and followed by all staff involved in supporting the child/young person.
- Staff must adhere to health and safety and intimate personal care policies and procedures and must report any health and safety concerns to management within their establishment.
- Designated staff will liaise with parents/carers and other appropriate services over the development and implementation of the agreed Intimate Care protocol.
- Designated staff, as part of the Child's Plan will liaise with other professionals regarding specific aspects of Intimate Care (e.g. physiotherapy) and their advice will be included in the child or young person's individual Intimate Care protocol.
- Designated staff will take part in training for any aspect of Intimate Care Support.

Parent/carer responsibilities

- Provision of disposable nappies/pull-ups, wipes and any creams for the school to use in changing the child/young person
- Provision of catheters and all other equipment
- Provision of one or more changes of clothes as appropriate to needs in case of toileting accidents



- Provision of plastic bags for returning of soiled clothes – these should be capable of being sealed.
- Washing of soiled clothes

Child/young person responsibilities

- To work with the supporting adult, demonstrating as much independence with the process as possible
- To communicate (if able) with the supporting adult in order to ensure that needs are met.

Best Practice

All staff providing support should use best practice guidelines:

- The child / young person should be allowed to care for him / herself as far as possible to foster independence. Targets may be part of an IEP as well as within the Child's Plan for the child / young person to develop their skills
- Facilities should be available which are appropriate to the child or young person's age and individual needs
- Supporting adults should show awareness and be responsive to the child / young person's reactions and use relevant language, signs, symbols, photographs or objects to communicate before, during and after the care process. Staff should work in a reassuring, supportive and focused manner.

General Procedures

Hand Hygiene

Good hand washing is the single most effective way of stopping germs from getting into our bodies and causing infection. Liquid soap is better than solid soap because it is less likely to become contaminated. In some circumstances it may be necessary to disinfect with an alcohol disinfectant solution e.g. when a child has an infectious disease. Disposable paper towels are the best option for drying hands because damp towels can harbour germs. Don't assume children know how to wash their hands.

Hand washing procedure

- 1 Wet hands under warm running water.



2 Apply a small amount of liquid soap.

3 Rub hands together vigorously ensuring soap and water is applied to all surfaces of the hands. Be sure to rub between fingers, the palms and the back of the hands.

4 Rinse hands under running water.

5 Dry hands, preferably using paper towels.

Never allow children to eat without showing you their washed hands

Dressing (Including swimming)

Ensure facilities provide privacy and modesty e.g. separate toileting and changing for boys and girls or at least adequate screening. Separate changing cubicles should be available for swimming sessions. Pupils should be encouraged to dress/undress themselves independently. There should be a clear plan, appropriate to each individual for un/dressing for those who require supervision.

When using Public Facilities e.g. staff should be aware in advance of the nature of the facilities, and to ensure the dignity of each participant in the activity.

Procedure for undressing and dressing pupils who require full support: (swimming or when soiled)

Ensure privacy before procedure

1 Remove clothing from lower body first

2 Put on swimming costume/or wash as required

3 Ensure lower regions are covered before removing garments from upper body

4 Encourage pupil to assist whatever way possible

5 Refer to moving and handling procedure for safe movement of pupil and safety of staff

6 Refer to swimming pool procedures for further information.

Supported Eating (including gastrostomy/jejunostomy feeding)

Eating is a social occasion

Positioning: a clear description, agreed by the team involved as to where the pupil will eat meals

Communication: individually chosen for each pupil - such as object of reference, to indicate to them that it is time to eat

Pupils should be encouraged to eat as independently as possible and make choices where appropriate

Procedure for supported eating



- 1 Ensure pupil is well positioned in chair in a stable upright position (preferably with feet on the floor)
- 2 If protection for clothing is required it should be appropriate to the age of pupil i.e. disposable paper napkin
- 3 Use communication i.e. object of reference
- 4 Follow each pupil's guidelines for feeding
- 5 Dry hands, preferably using paper towels

Liaise with Occupational Therapy for further advice

Gastrostomy / Jejunostomy feeding

A gastrostomy is a surgical opening through the abdomen into the stomach. A feeding device is inserted through this opening allowing a child to be fed directly into their stomach. A jejunostomy is where a child is fed directly into the jejunum (the small bowel). These types of feeding may be used for medicines or fluids as well as feeds.

All staff caring for children/young people with a gastrostomy or jejunostomy tube should attend training from NHS Grampian to be able to safely administer gastrostomy or jejunostomy feeds. The procedure for each child will be specific to their needs and provided by the specialist nurse, please refer to the child's protocol for exact requirements.

The following is an *example* for gastrostomy feeding via a PEG tube:

Wash your hands and ensure that you have a clean surface to work on.

1. Collect all of the equipment you are going to need.
2. Wash hands again.
3. Put the required amount of feed in the delivery bottle if a pump is being used, connect and prime (run the feed through) the tubing to expel all air.
4. Place the feeding set in the pump if appropriate.
5. Flush the PEG tube using 20mls of cooled boiled water to ensure that it is not blocked, clamp the tube.
6. If you are not using a feed pump attach the syringe directly onto the PEG tube.
7. Unclamp the PEG tube and allow the feed to run in.
8. Tube feeds should be given as directed by the dietician.
9. Clamp tubing and disconnect feeding equipment.
10. Once the full feed has been delivered, flush through using 20mls of cooled boiled water to remove any remaining feed from the tube.

Spoon Feeding



Positioning: ensure that the child is well positioned in his/her chair in a stable, upright position and that his/her head is in the mid-line and aligned with his/her body.

Communication: i.e. object of reference: spoon and his/her bib

Procedure for supported spoon feeding

- 1 Give the child his/her signifier for the mealtime and allow him/her to smell the food he/she is about to taste.
- 2 Take the spoon to child's mouth and hold it still just in front of his/her mouth so that he/she is aware of where it is. Let him/her choose to touch it and see it.
- 3 Allow pupil to come forward and taste the food of the spoon and move away from it as he/she pleases.
- 4 Do not force him/her to eat the food. Let it be on his/her own terms.
- 5 Given time, the pupil may bring his/her own hand to the spoon and guide it to his/her mouth.
- 6 When placing the spoon inside child's mouth apply firm pressure downwards and slightly back on his/her tongue with the bowl of the spoon.
- 7 Hold the spoon still and wait for a reaction.
- 8 Look for child's upper lip to come downwards towards the spoon.
- 9 Remove the spoon on a horizontal angle and try not to scrape the food off his/her teeth and upper lips.
- 10 Allow the child plenty of time to finish one spoonful completely before giving him/her another spoonful.
- 11 If the child tightens his/her lips and clenches his/her teeth on presentation of the spoon, do not try to force him/her. Acknowledge that he/she has communicated that he/she is finished.

Dental Hygiene

The Child Smile tooth brushing programme has developed National Standards for Tooth brushing during Early Years and Childhood. The Child Smile website contains much useful information.

Toileting and Menstruation

Guidelines

Provide facilities, which afford privacy and modesty. Screening should be provided where necessary e.g. when an individual requires nappy changing. There should be sufficient space, heating and ventilation to ensure the individual's safety and comfort. There should be appropriate and specialised toilet seats provided for the size and physical needs of the child



or young person. A step may be necessary for younger children. NHS Grampian occupational therapists will advise as required and resources may be purchased via the QIM ASN

Staff must receive training in good working practices, which comply with health and safety regulation, such as wearing of appropriate disposable gloves for certain procedures and methods of dealing with body fluids.

Ensure that adequate facilities are provided. Such as toilet paper, liquid soap, paper towels, "potties", bin for disposal of soiled pads.

Supplies of suitable cleaning materials must be provided for cleaning and disinfecting areas.

Items of protective clothing such as disposable gloves and aprons must be provided and readily accessible.

Supplies of fresh clothes should be available when required.

Some children may only have a single or infrequent occurrence of soiling.

Where a child has the need to be assisted regularly there should be an intimate care protocol in place (see Appendix 1). This protocol should be written in collaboration with parents and professional involved and where ever possible with the child or young person. This protocol should be based on a risk assessment of all aspects of the task to be carried out. Any issues, such as staffing required for the task should be based on that risk assessment. This protocol should be reviewed regularly especially when any circumstances change.

Some children and young people may prefer to be changed by a single member of staff for reasons of privacy and dignity. Where an individual expresses a clear preference this must be respected if possible. It is acceptable for a single member of staff to change a child providing they ensure that:

- Another member of staff is aware of what is happening.
- The event is recorded and initialled by the member of staff who changes the child. Any issue or problem, such as bad nappy rash, which may have arisen or been noticed should also be recorded. This should be shared with the parent/carer and a copy of the written record supplied.
- The task has been risk assessed as being safe for one person to carry out

It may be necessary, however, to have more than one member of staff to help while toileting a child or young person because of health and safety or other considerations. Children who are heavier and with physical disabilities may require hoists and a hydraulic changing table and these should be provided. Staff must be trained in the use of these aids and equipment.

All staff must be made aware of good hygiene and its implications and clear up bodily spills using an approved procedure.

Appendix 1: Individual Pupil Protocol for a child/young person with intimate care needs



Name of Pupil _____ Date of Birth _____ Class _____

Additional support need

Contact Information

Family contact 1

Name

Phone No: (home) (work)

Relationship

General Practitioner

Name

Phone No

Clinic/Hospital

Contact Name

Phone No

Protocol prepared by:

Name

Designation

To be reviewed by date:

Equipment required (if appropriate) and where it is stored in school



Details of the process to be followed:

Arrangements for changing:
Arrangements for toileting:
Other arrangements (e.g. feeding):

Agreed time/s for the procedure/s

--

Possible risks with the procedure/s and action to be taken in an emergency

--

Members of staff trained to provide intimate care for this child / young person (*State if different for off-site activities and write name staff against specific procedures*)

--

I give permission to the school/centre to provide appropriate intimate care to my child e.g. changing, toileting, feeding, showering, medical support or other.

I agree that the information contained in this protocol may be shared with appropriate individuals involved with the care of _____ (*Name of pupil*)

Signed *Parent or Carer:*

Date:



Permission Record for Intimate and Personal Care Procedures

Child's Name _____ D.O.B _____

Staff have a duty of care to attend to the safety, comfort and well-being of all pupils and also to ensure they are treated with dignity and respect. Please tick the procedures you give permission for our trained staff to provide or support:

Intimate/Personal Care

- Dressing and undressing (including swimming)
- Washing
- Hair care after swimming
- Dental care (supporting Childsmile visits)
- Assisting toileting
- Nappy changing (including application of barrier creams)
- Supporting eating/feeding (including tube feeding)
- Application of topical creams, sprays (e.g. eczema)
- Application of sun cream
- Administering oral medication
- Care of tracheostomy

Please note it is the responsibility of parents/carers to provide: nappies, pull ups, swim nappies/pants, wipes, topical creams, spare clothing and sun cream.

Other

- Massage (treatment to relax or stimulate senses)
- TACPAC (sensory communication using music and touch)
- Intensive interaction (a play-based approach to develop communication & interaction)
- Sensory Input/Diet (stimulation of the sensory systems)
- Therapy exercises (stretches & exercise)

Signed _____ Date _____

Individual care procedures and plans are in place where required.

Staff record all toileting and nappy changing.

Please note for the dignity of pupils, staff may change pupils on their own. Please give consent below:

I do/do not consent to my child being changed/toileted by one member of staff

Signed _____ Date _____