

Howard Park Community School
Intimate Personal Care Policy

Policy Statement

1. Introduction

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).

1.1 The School is committed to providing personal care that :

- Maintain the dignity of the individual.
- Are sensitive to their individual needs and preferences.
- Maximise safety and comfort.
- Protect against intrusion and abuse.
- Respect the pupil's right to give or withdraw their consent or for their legal guardian to do so as deemed appropriate
- Encourage the individual to care for themselves as much as they are able.

1.2 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.

2. Definitions

2.1 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.

2.2 Clinical tasks

This care falls into three main categories:

(1) Acceptable care tasks i.e. tasks which just require additional training e.g. catheter and stoma care; gastrotube feeding

Negotiable care tasks which include:

(2) 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

(3) Emergency care procedures e.g. anaphylactic pens

3. Scope

This policy applies to all class staff. The aim of all staff should be to promote as much independence as is reasonably possible and to respect the pupil's dignity.

4. Mandatory Procedures

4.1 All staff will already have enhanced DBS clearance

4.2 Staff undertaking personal care and the more complex clinical tasks should always act in accordance with the policy.

4.3 Staff must have received training before undertaking any of the tasks detailed in the care plan.

4.4 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.

5. Practice Guidance – General Personal Care

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

5.2 Where both men and women are working in class, boys & girls may be cared for by women. Male staff will generally assist only boys, but if necessary at any time they may assist female staff with girls' personal needs. All staff will carry out such care professionally and sensitively, as expected in all areas of their work.

5.3 Staff must be culturally sensitive and aware of different concepts of privacy, nudity and in/appropriate touch.

6. Washing, Dressing, Toileting

6.1 Pupils 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.

6.2 Staff should be mindful of pupils' need for privacy.

6.3 If staff notice any changes in an individual's appearance that may require attention e.g. rashes, blisters, sores etc these should be reported to the Inclusion team

7. Children Wearing Nappies

7.1 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. To reassure staff members, two members of staff will always be present at the time of changing

7.2 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.

8. Contact Lenses and Spectacles

8.1 Staff may assist service users to clean and put on glasses.

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

9. Dental Care

Staff may assist pupils to clean their teeth and perform mouth care tasks as part of 'Tooth Club' and/or general personal hygiene guidance.

10. Hearing Aids

10.1 Once taught the proper technique by an appropriate person, staff may assist pupils to insert and adjust hearing aids.

10.2 Following training staff may clean hearing aids.

11. Sanitary/ Incontinence Protection

Named staff will be involved in changing both sanitary towels and incontinence pads and must follow the hygiene principles.

12. Category 1 – Acceptable Tasks; & Category 2 – Tasks that may be delegated by a health professional

Acceptable Care Tasks List

- Application of topical creams and ointments
- Administration of ear drops and eye drops
- Mouth care
- Fitting supports, artificial limbs, or braces.
- Awareness of pressure care in relation to prevention and good practice.
- Assisting with the cleaning of a supra-pubic catheter site.
- Emptying, changing/replacing urostomy bags
- Emptying, changing/replacing colostomy bags.
- Emptying, changing/replacing ileostomy bags.

12.2 Negotiable Care Tasks List

Complex care

- Any appropriate complex care is given only following advice from appropriate health professional or parent as to how (and how frequently) this task should be performed.
- Changing a two piece system of stoma
- Gastrostomy tube feeding, by inserting water through the tube before and after the feed and attaching the feed tube to the PEG/PEJ
- Cleansing of gastrostomy tube sites

Treatments

- Assist a pupil to self-administer routine, pre-measured doses of prescribed medicines via an inhaler or nebulizer as a regular procedure for chronic conditions only. The health professional must regularly monitor and review this

process.

- Administering medication via a gastrostomy tube but only where staff have received accredited medication training
- Administer oxygen to a pupil via a pre-set facility.
- Fitting Transcutaneous Nerve Stimulation (T.E.N.s) machines, only where their use has been approved by the GP or other appropriate health care professional.
- Taking of temperatures only when there are clear guidelines in any written procedure from a health professional on what action to take to alert health staff if the temperature should exceed certain pre-defined limits. Class staff should never be expected to interpret any temperature readings.

Emergency Care Procedures

- Administering rectal Diazepam (Stesolid) or buccal Midazolam, only as an emergency procedure and subject to current medical protocols
- Oral aspiration of excess saliva from the front of the mouth with suction equipment.
- Administering anaphylactic pens, as an emergency procedure only.

This list is not exhaustive and there may be occasions when managers would be willing to negotiate to establish an individual procedure, based on the experience and willingness of staff to be trained and the nature of the task.

13. Category 3 Tasks – Not to be performed by staff in any circumstances

13.1 Generally any task which is invasive or requires a member of school staff to make a judgement without the guidance of a health professional is unacceptable.

13.2 Unacceptable Tasks List –

- The administration of medicines through a nebuliser for acute or emergency conditions (apart from administration of emergency medication as indicated in 12 above)
- Flushing to unblock any tube or line (this doesn't include care of gastrostomies)
- Assisting with the cleaning and replacement of tracheostomy tubes
- Assisting with syringe driver pain relief systems
- Aspiration of naso-gastric tube
- Naso-gastric tube feeding
- Oral suction, other than oral aspiration of excess saliva from the front of the mouth with suction equipment.
- Suction through tracheostomy tube
- The administration of medicine via a naso-gastric tube

14. Emergency Procedures

14.1 An emergency is defined as a life threatening situation so there will be occasions when a service user's personal safety may be at risk and where urgent intervention is required. However, whatever the circumstances, staff should not put themselves at risk.

14.2 If a staff member is seriously concerned about a pupil's physical condition and they have had the appropriate first hand training from a health care professional or qualified trainer in emergency procedures and feel confident of intervening in an emergency situation, they can do so only as a first aid measure, and whilst ensuring that an ambulance is called first through the 999 emergency service.

14.3 Designated school staff are trained in the administration of rectal diazepam or buccal midazolam. Individual protocols are devised by the pupil's paediatrician and carried with the medication by a designated member of staff throughout the school day.

Medication is administered according to the protocol when necessary. School staff/School Nurses may also deem it necessary to call 999 for an ambulance, depending on the protocol, relevant indicators and knowledge of pupil's condition.

15. Cardiac and Respiratory Resuscitation/DNR notices

15.1 In the event of a pupil appearing to suffer a cardiac or respiratory arrest, an ambulance must be called using the 999 emergency service. In addition, emergency life saving procedures should be carried out by a trained first aider, if one is available.

15.2 If a pupil has a Do Not Resuscitate decision in place this is recorded in his/her medical protocol & Individual Pupil Profile.

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