



A FAMILY, A FOUNDATION, A FUTURE

Whitminster Endowed C of E
Primary School

**Intimate Personal Care and
Clinical Tasks Policy**

(based on Gloucestershire County
Council's Policy of the same name)

Agreed by Governors: June 24

Review date: Summer 2026

1. Policy Statement

1.1 The School is committed to providing personal care that has been recognised as an assessed need and indicated in the care plan, in ways 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, especially as they get older.

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 School Nurses.

7. Nail & Hair Care

7.1 Staff will not cut pupils' fingernails, unless this is required in special circumstances and arranged with School Nurses and parent/carer.

7.2 Staff will not usually cut pupils' hair, unless this is done by arrangement with the parent/carer in specific circumstances. It may be possible for Family Support Workers to arrange for a CRB checked hairdresser to cut pupils' hair at school if parents wish this.

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

Staff will be involved in changing both sanitary towels and incontinence pads and must follow the hygiene principles identified in the Infection Control policy

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.

12.1 Negotiable Care Tasks List

Reviewed May 2012 LH Oct 2012 LH June 2014 LH June 2016 LH June 2018 LH Nov 2020 June 22 June 24

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 lifesaving 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.

Appendix 1 Example of letter regarding support with intimate care

Medical Agreement for (INSERT NAME)

The school will be willing to attend to (INSERT NAME) hygiene needs that are connected to his

..... (Please print)

The school will carry out the following:

- Ensure that all staff within the school are aware of (insert name)'s condition and the support and procedures that the school have put in place
- The class teacher and teaching assistant will provide the monitoring and regulation of fruit and vegetables within the class and lunch time
- Two teaching assistants will be identified to clean and change (insert name) when needed during the school day
- A phone call will be made to mum when an incident occurs and a decision will be made about the appropriate action to be taken to make (insert name) comfortable.
- The shower room is the identified area for (insert name) to be cleaned and changed and the appropriate protective equipment will be provided by the school eg gloves, apron, disposal and cleaning of shower room

Parent will carry out the following:

- Come into school initially (first and second time an incident occurs) to demonstrate the appropriate procedure for making (insert name) comfortable to ensure that staff and (insert name) are secure with the procedures in place
- Provide a towel, clean clothes, cleansing toiletries and a bag for soiled items to be returned to her.
- Notify the class teacher and/or teaching assistant of any changes to (insert name)'s condition as appropriate
- On school trips mum or another family member will accompany (insert name)

Parent has agreed that the identified teaching assistant can apply the given cream to the relevant bottom area for (insert name) to be comfortable after being cleaned

Signed..... Head teacher Date.....

Signed..... Parent Date.....

APPENDIX 2

Taken from DFE Safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE)

In non-residential settings, what should be done if a child, young person or other learner becomes unwell with symptoms of coronavirus (COVID-19) and needs to be cared for until they can return home?

If anyone in an education, childcare or non-residential children social care setting develops symptoms of coronavirus (COVID-19): a high temperature, new and persistent cough or a loss of, or change in, normal sense of taste or smell (anosmia), however mild, they should self-isolate for at least 10 days from when the symptoms started; or if they are not experiencing symptoms but have tested positive for coronavirus (COVID-19) they should self-isolate for at least 10 days starting from the day the test was taken.

If they have tested positive whilst not experiencing symptoms, but develop symptoms during the isolation period, they should restart the 10-day isolation period from the day they develop symptoms.

If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, with appropriate adult supervision if required depending on the age of the child. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.

If they need 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.

PPE should be worn by staff caring for the child while they await collection if direct personal care is needed and a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).

In an emergency, call 999 if they are seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital.

Any members of staff who have provided close contact care to someone with symptoms, even though wearing PPE, and any other members of staff or pupils who have been in close contact with them, even if wearing a face covering, do not need to go home to self-isolate unless:

- they develop symptoms themselves, in which case, they should also arrange to have a test
- the symptomatic person subsequently tests positive
- they are requested to do so by NHS Test and Trace or the PHE advice service or PHE local health protection team if escalated

Everyone should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Cleaning the affected area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people.

Read [COVID-19: cleaning of non-healthcare settings guidance](#).

How should PPE and face coverings be disposed of?

Reviewed May 2012 LH Oct 2012 LH June 2014 LH June 2016 LH June 2018 LH Nov 2020 June 22 June 24

Used PPE and any disposable face coverings that staff, children, young people or other learners wear should be placed in a refuse bag and can be disposed of as normal domestic waste unless the wearer has symptoms of coronavirus (COVID-19), in line with [COVID-19: cleaning of non-healthcare settings outside the home](#).

Used PPE and disposable face coverings should not be put in a recycling bin or dropped as litter. Education, childcare and children's social care settings should provide extra waste bins for staff and customers to throw away disposable face coverings and PPE and should ensure that staff and customers do not use a recycling bin.

Settings should communicate clearly to pupils, staff and visitors a process for removing face coverings when those who use face coverings arrive at their setting and when face coverings are worn within a setting in certain circumstances.

The safe wearing of face coverings requires cleaning of hands before and after touching – including to remove or put them on – and the safe storage of reusable face coverings in individual, sealable plastic bags between use. Where a face covering becomes damp, it should not be worn and the face covering should be replaced carefully. See further guidance on [face coverings in education settings](#).

To dispose of waste such as disposable cleaning cloths, face coverings, tissues and PPE from people with symptoms of coronavirus (COVID-19), including people who are self-isolating and members of their household:

- put it in a plastic rubbish bag and tie it when full
- place the plastic bag in a second bin bag and tie it
- put it in a suitable and secure place marked for storage for 72 hours

This waste should be stored safely and securely kept away from children. You should not put your waste in communal waste areas until the waste has been stored for at least 72 hours.

Storing for 72 hours saves unnecessary waste movements and minimises the risk to waste operatives. This waste does not require a dedicated clinical waste collection in the above circumstances.

Settings such as residential care homes or special schools that generate clinical waste should continue to follow their usual waste policies.