

# Intimate and Invasive Care POLICY AND PROCEDURE

## CHILDREN'S HOMES AND SCHOOLS

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## 1. Definitions

**Personal care** generally carries more positive perceptions than intimate care. Although it may often involve touching another person, the nature of this 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 are certainly more valued as they can lead to positive social outcomes for individuals. Personal care tasks may include:

- Skin care/applying external medication
- Feeding
- Administering oral medication
- Hair care
- Dressing and undressing (clothing)
- Washing non-intimate body parts
- Prompting to go to the toilet

**Intimate Care** can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most children and young adults usually carry out themselves but some might be unable to do because of their disability, developmental stage, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing. It also includes supervision of individuals involved in intimate self-care. Intimate care tasks may include:

- Dressing and undressing (underwear)
- Helping to use the toilet
- Changing continence pads
- Bathing/ showering
- Washing intimate parts of the body
- Changing sanitary wear



**Invasive care** is an aspect of personal care where a procedure for the care of an individual involves a further proximity to a person's body. This is to the point where equipment or medication needs to enter the body space, for example, medication administered anally or by injection such as blood tests, immunisations, administration of medication by injection such as insulin, adrenaline auto injector, buccal midazolam, rectal diazepam, taking swabs or other samples and other appropriate prescribed treatments. These are medical procedures and can only be undertaken by an appropriately trained person. These procedures need to be supported by clear medical protocol, endorsed by the Head of Service and approved by Clinical Director.

## 2. Legislation

### Regulations and Standards

- The National Minimum Standards for Residential Special Schools/Boarding Schools
- Children's Homes (England) Regulations 2015 – the amended 2018 version: <http://www.legislation.gov.uk/ukxi/2018/540/contents/made> the amendments do not affect this policy: <http://www.legislation.gov.uk/ukxi/2018/540/regulation/2/made>
- Section 175 of the Education Act 2002 <http://www.legislation.gov.uk/ukpga/2002/32/section/175>
- Health and Social Care Act 2008, Regulations 2014
- NMS for Care Homes (Wales) for Younger Adults 2002
- Supporting pupils with medical conditions at schools. Department of Education, 2014.
- The Mental Capacity Act 2005 – Code of Practice 2005

## 3. Introduction

This policy offers guidance and instructions to staff who provide intimate and invasive health care to individuals in our care who need a high level of assistance in their personal or health care needs. No member of staff should be involved in such intimate or invasive health care without first understanding and then following this policy and its procedures.

This policy affects all staff.

Staff should ensure that they familiarise themselves with the detail and what is expected of them under the policy.



Individual focused principles of intimate care:

- Every individual has the right to be safe
- Every individual has the right to personal privacy
- Every individual has the right to be valued as an individual
- Every individual has the right to be treated with dignity and respect
- Every individual has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every individual has the right to express their views on their own intimate care and to have such views considered.
- Every individual has the right to have levels of intimate care that are as consistent as possible.

#### 4. Purpose

To provide the best possible standards of intimate and invasive health care for those individuals requiring a high level of support/assistance with either intimate or invasive health care.

To provide intimate and invasive health care in a manner which preserves the individual's privacy, rights and dignity.

To prevent the abuse of individuals during the provision of intimate or invasive health care.

To encourage and develop the independence of individuals in our care in terms of personal hygiene, dressing and attending to bodily functions and self-management of invasive health care if possible or appropriate.

To provide written procedures and guidelines/protocol for staff involved in the provision of intimate and invasive healthcare in order to protect both individuals and staff.

To provide staff with training and opportunities for discussion on all aspects of intimate and invasive health care.

To maintain the continuity of the individual's personal care programme in order to reduce the risk of harm from the consequences of poor hygiene to tissue viability and promote better health outcomes.

To meet the national standard as set by all relevant Regulators.



## 5. Policy

Intimate and invasive health care shall only be provided for those individuals in our care requiring it, as detailed in their individual care plans.

When providing intimate and invasive health care for individuals, staff shall have due regard to the dignity and the rights of the individual and must also ensure that individuals are protected from all forms of abuse which could be possible as a consequence of the procedure as highlighted in their individual risk assessment and Health Care Plan(HCP).

The written procedures for guidance of staff in providing such care are set out below.

A hygienic, comfortable, private, safe and appropriately resourced environment shall be provided.

The provision of intimate and invasive health care for individuals shall only be carried out by staff that have been trained in Intimate and Invasive Healthcare on induction and annual updates.

Wherever possible, intimate care shall be delivered to male individuals in our care by male staff and to female individuals by female staff. The individuals should be offered, whenever possible, the choice of person to carry out intimate care with them. As a provider we have a duty to encourage equality of opportunity and foster good relations between different groups of young people including lesbian, gay, bisexual and transgender population (LGBTQ+). LGBTQ+ young people need to be able to choose intimate care related services that are supportive, safe and culturally appropriate for them. Therefore, a choice of who provides such service should be a fundamental part of personalized care delivery.

Staff shall be encouraged to view intimate and invasive health care as an opportunity to help develop the necessary skills of the individual concerned and ensure that the actions are carried out with, the individual and according to their individual plan

Support and guidance shall be given to staff regarding the provision of intimate and invasive health care for individuals as part of their on-going training and supervision within the areas of sex education, sexuality and learning difficulties.

There shall be a forum for the open discussion of issues and concerns arising from the intimate and invasive health care for individuals in a residential setting. Any non-compliances to this policy should be documented, discussed by SMT and appropriate actions taken.

Written records shall be kept (diaries, log sheets, individual files etc.) of when intimate and invasive health care is provided and also when it's refused by an individual. These records should note the staff present during such provision according to individual need.



Consent to provide intimate care should be sought at every occasion there is a need for such routine to take place.

As far as is possible, and if appropriate to the procedure taking place, individuals shall be told what is happening to them during the provision of intimate and invasive health care, explaining to them where and why they are being touched, using their preferred method of communication, and seeking their agreement to the tasks involved.

Staff shall plan off-site activities for individuals with due regard to the location and availability of toilets and changing areas, the provision of same-sex carers, where appropriate, and the need for clothing and other suitable resources.

### The Head of Service must:

- ensure that the intimate and invasive health care of individuals is carried out by a limited number of named staff, who are well known to the individual, familiar with his/her needs and trained for the task.
- ensure the continuity of an individual's personal care programme within the waking day curriculum/planned activities (outside education).
- ensure that professionals who practice in the location are suitably qualified, licensed and contracted to do so. They will also check that they all receive appropriate clinical supervision in line with requirements and have their own appropriate insurance.
- ensure that any therapy programmes carried out by non-therapists are done so under the guidance of therapists, and that any other procedure, such as massages, undertaken by staff is confined to parts of the body such as the hands, feet and face to safeguard the interests of all Individuals.

## 6. Procedures

### Responsibility of the Head of Service

- To ensure that staff are given and are conversant with these written procedures for the provision of intimate and invasive health care in their particular establishments.
- To contact the Operations Director without delay if they feel that they cannot provide the appropriate environment and facilities for the provision of intimate and invasive health care as required by the policy.



- To ensure that any cases of an Individual refusing intimate care or invasive health care are fully recorded and discussed with the Manager and steps taken including investigating the reason why - to ensure Individual's wellbeing, safety and dignity are maintained.
- To ensure that, as far as possible, every individual has a limited number of designated staff, of same- sex where appropriate, assigned to him/her for the provision of intimate and invasive health care. Note should be taken of paragraph 7.6 above concerning the choice of person by an individual in our care to provide intimate or invasive health care whenever possible.
- To ensure that consent to provide intimate care is sought at every occasion there is a need for such routine to take place. It is best practice to seek consent every time intimate care or support with such routine is going to be provided to enable the Individual to make an informed decision. Any reoccurring refusals including where this may lead to the risk of self-neglect are to be identified, discussed with the Manager in a timely manner and safety measures implemented to ensure Individuals' wellbeing, safety and dignity are maintained. Where possible, risk of self-neglect should be assessed, discussed with the Individual and - where appropriate his/her family. Behaviour Support Plan should then be reviewed and supportive measures identified. This part must be read in conjunction to Mental Capacity and Consent policy.
- To ensure that where lack of consent is an issue due to the Individual age or lack of mental capacity to provide such consent, personal care arrangements are reviewed with relevant people (including the family/those with parental responsibility, LA, Advocates if appropriate) and best interest decision recorded, clearly identifying an agreed way of intimate care delivery. This should be reflected in Individual Care/Placement Plan accordingly and reviewed regularly as per Individual LA Plan/SEN/EHCP.
- To ensure that all staff are made aware of the relationship between the Intimate and Invasive Health Care of Individuals and Child/Adult Safeguarding policies.
- To ensure that staff organising off-site activities for individuals requiring intimate or invasive health care have satisfied senior management that they have taken account of the availability of toilets and changing areas, same-sex carers where appropriate and changes of clothing and other resources

## Guiding principles

Individuals in Caretech locations have a range of needs, either medical or personal, which may lead to them requiring intimate or invasive health care procedures. These are only ever recommended in the best interests of the individual in our care concerned.

Any historical concerns (such as past abuse) should be considered. Please refer to the individualised care plans for details of this.



At the same time, we need to respect the privacy, rights and dignity of individuals and this should be reflected in our approach to managing intimate and invasive procedures. Staff will follow Guidance on Privacy and Dignity.

These are only ever recommended after careful consideration by all concerned including the school, doctors, parents/guardians, authorities or other appropriate agencies.

As with other areas of their daily routines, individuals should be encouraged to be as independent as possible according to their individual needs. Individuals should only receive assistance with intimate and invasive health care where necessary and at a minimum intervention level.

It is, however, paramount to maintain trust between the individuals and their carers and any recommended intimate or invasive health care should be carried out sensitively with every possible respect for the individual in our care involved.

Staff should respectfully communicate their intention, where appropriate, throughout the process of intimate or invasive health care, gaining permission where individuals have the ability to give it.

### Procedures for Intimate Care

Where possible doors should be shut and individuals given complete independence. Individuals requiring supervision should receive the minimum supervision required in line with their assessed/identified individual needs, examples as follows:

- door shut with occasional verbal checking
- door shut with occasional opening, after knocking, for checking
- door slightly ajar with head averted whenever possible
- holding of hands to prevent smearing with head averted whenever possible
- inner door open, outer door shut

Individuals should carry out as much as possible of the process with verbal and gestural prompting as necessary, in order to both respect their dignity and encourage the learning of independence skills.

Staff should never be isolated with an individual in the process of personal or intimate care, e.g. behind a closed door, without the knowledge of another member of staff.

Individuals should, wherever possible and appropriate, be assisted with personal and intimate care by staff members of the same gender. However, this point must be read in conjunction with paragraph 7.6 to ensure personalised approaches and individual preferences are recognised.



A staff member of a different gender should always be in the sight of a second staff member, and should avert their eyes and not be involved in any intimate care where assistance is likely to be required. There should be no prompting or touching of the individuals intimate body parts. Should assistance be required, a staff member of the same gender should be called upon to carry out the necessary support.

If physical assistance is necessary, wherever possible this should be carried out by the individual with hand- over-hand staff help.

Should assistance be required in the intimate care of sexual organs this should be as part of the individual agreed personal plan and carried out with a witness and recorded for appropriate monitoring.

### Communication

There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

### Safeguarding

All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

Health & Safety guidelines should be adhered to regarding waste products, if necessary, advice should be taken from the Caretech's Procurement Department regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.

No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

If a member of staff has any concerns about physical or behavioural changes in an Individual presentation, e.g. marks, bruises, soreness or reluctance to go to certain places/people etc.



he/she will immediately pass their concerns to the designated person for child protection and safeguarding purposes as per Caretech's Child Protection and Safeguarding policy.

### Consent to a treatment

This section must be read in conjunction with our policy 13.00 Mental Capacity and Consent, section related to Consent to care and treatment.

It must be checked if the Individual made any advanced decisions in relation to a particular treatment the details of which must be recorded in the Individual Care Plan. This is in relation to a decision to refuse particular medical treatment/s for a time in the future when they may be unable to make such a decision.

For consent to treatment or refusal of treatment to be valid, the decision must be voluntary and the Individual must be appropriately informed:

**Voluntary:** they must make their decision to consent to or refuse treatment alone, and their decision must not be due to pressure by healthcare professionals/treating clinician, friends or family.

**Appropriately informed:** they must be given full information about what the treatment involves, including the benefits and risks, whether there are reasonable alternative treatments, and what will happen if treatment doesn't go ahead.

The one exception to this rule is if the healthcare professionals/ treating clinician in charge of the Individual's treatment think the Individual lack the capacity to make an informed and voluntary decision.

### Procedures for Invasive Health Care

Where relevant, parental permission for any invasive health care procedure should be authorised in writing in advance. In an emergency the establishment may have to give agreement in loco parentis as per the medical consent form signed by parents/guardians when individuals are admitted to the establishment.

Individuals will be given every opportunity to accept invasive health care procedures willingly. If this is not possible and if deemed necessary, careful planning for the procedure will take place, which may involve the use of physical support in line with Physical Intervention strategies.

Any staff members involved in the invasive health care procedures will be selected carefully with special regard to their relationship with the individual and where appropriate the individual's choice.

Staff are consulted as to their involvement or otherwise with any invasive health care procedures.

Many of the invasive health care procedures will only be administered by a qualified nurse or doctor (e.g. blood test, immunizations, etc.). Other procedures would be administered



by staff following training by the L& D Team and where necessary appropriate healthcare professionals and in line with a doctor's written protocol. This should be done in conjunction with the medication administration policy.

Staff who have already received training e.g. rectal diazepam, auto adrenaline injector, Buccal Midazolam etc. must attend annual updates to maintain their level of competence.

All relevant personnel, parents/guardians, local authorities etc. will be informed of any changes to an Individual's protocol.

Caretech holds appropriate insurance cover for staff carrying out invasive health care in line with this policy.

This insurance contains a clause, relating to the use medical instruments when staff are conducting intimate and invasive care. Staff must comply with the conditions of this clause when undertaking invasive tools and implements. The clause is as follows:

“Any tool or implement used or intended for use in the performance of the insured's business and which is intended to be in contact with bodily fluid or penetrate tissue shall be:

- Handled, used applied and stored in accordance with the manufacturer's and supplier's instructions; and
- Where approved by the manufacturers and suppliers and by the Department of Health and Medical Services or equivalent body for re-use, sterilised prior to such re-use
- Using only sterilised apparatus specifically approved by the manufacturer and supplier and in accordance with instructions, recommendations or rules of such manufacturer/supplier, and
- In accordance with Department of Health guidelines or equivalent body”

## Insulin

The Forum School ensures that insulin is administered safely, consistently, and in line with individual healthcare plans, statutory guidance, and best practice. Insulin administration takes place in a designated medical room or another suitable private space that provides dignity, confidentiality, and a calm, low-arousal environment appropriate for autistic pupils. The room includes secure storage for medication and sharps, cleanable surfaces, and immediate access to handwashing facilities. Only staff who have received appropriate training from the diabetes care team and been deemed competent may administer insulin. Two adults will be present where required by the pupil's care plan. All insulin doses are recorded immediately and accurately in the pupil's medical administration record in line with the pupil's individual protocol. Staff will ensure that good infection control procedures are followed. Sharps are disposed of in approved containers, and medication is stored securely at all times. Staff must follow the pupil's school diabetes care plan, including any sensory, communication, or regulation needs, and ensure that the pupil is supported safely and respectfully throughout the process. Any concerns, errors, or incidents are



reported in line with safeguarding and medical reporting procedures. The diabetes team and GP will provide clinical oversight of the pupil's diabetes, in terms of its management, reviews and monitoring.

### Inserting objects by Individuals

It is not unusual for staff to deal with individuals who may have caused harm to themselves by using various objects. The severity of self-harm will vary from case to case, and in extreme cases individuals may try to insert items in their orifices (mouth, nose, eye socket, anal, vagina etc). Such incidents can be very distressing to both the young person and for staff caring for them. In such situation staff is to remain calm and offer reassurance. Staff should be encouraging the young person to hand over any items likely to harm them. The individual will have a Care Plan/Behaviour Support plan and Individual Risk Assessment in place to manage safely such behaviours and this must be followed. The privacy and dignity of the individual must be respected at all time if they are self-harming in their private areas and no attempt should be made by staff to remove objects. Staff is to risk assess every situation and seek advice if necessary.

### Other procedures - Toe nail trimming

If toe nail trimming does not take place, the consequences of untrimmed nails can be considerable, and ultimately, reduce an individual's quality of life. However, toe nail trimming should not be performed by anyone who hasn't been trained to do so and is not competent to perform such activity. If there are any perceived risks associated with an Individual such as diabetes, then GP should be contacted and if assessed as appropriate - a referral made to the chiropody service.

Unlike toenails, which should be cut by a chiropodist, gentle filing or cutting of fingernails with clippers – not scissors- can take place if no risk assessment suggests otherwise and providing care workers are trained and competent to do so, however written consent from parents and where appropriate Individual should be sought and recorded. Head of Service must be satisfied that the individual does not have a condition or a disorder relating to circulation or blood thinning before the procedure takes place and that the consent have been sought and recorded. Each Individual must have risk assessment in place around nail cutting clearly identifying risk/s and safety measures including management plan.

### Recording and Reporting of Intimate Care

Any reference to intimate touching or sexual language or acts from the Individual should be recorded on an Incident Form.

Assistance as detailed above should be recorded on an appropriate recording sheet such as the daily reports, behaviour protocol etc.



## Procedures for conducting Body Checks and completing Body Maps

Body maps may be completed to ensure that there is a record of any injury or marks which occur to individuals.

Body maps will only be used where appropriate and when essential to safeguard an individual. For example, in establishments which support individuals with limited communication it may be necessary to undertake body checks in order to ensure that individuals are safeguarded and that their health and wellbeing are being monitored.

In all circumstances body checks must be conducted unobtrusively and be sensitive to the individual's gender and culture. In most instances this can be carried out during times when staff are supporting the individual with planned personal care. Unless directed for safeguarding purposes a specific request for the individual to undress for a check to be carried out should not be conducted.

If staff are unable to account for body marks they must complete a concern form and follow guidance within the Child Protection – Safeguarding policy following the Unknown Body Marks flowchart.

Where it is practicable, students should be made aware of what is happening and be supported to refuse if they wish. There needs to be a sound balance between the needs of reporting and the dignity and respect of the individual.

## Standard Forms, Letters and Relevant Documents

### Policies and Procedures, other guidance

- Privacy and Dignity Guidance
- Child Protection – Safeguarding
- Guidance for Investigating Unknown Body Marks
- Behaviour Support
- Physical Intervention (MAPA and PILLARS)
- Medication
- Contracts, Admissions and Numbers
- Mental Capacity and Consent
- Recruitment, Selection and Appointment of Staff
- DBS Checks on Potential Employees and Employees
- Code of Practice for Staff
- Infection Control



- Health and Safety
- The DfE guidelines and other documents on safeguarding children - [www.education.gov.uk](http://www.education.gov.uk)

## Equality Statement

At Caretech we are committed to respect, inclusion, and equal opportunities for all our children and young people. We follow the Equality Act 2010, ensuring a safe and welcoming environment free from discrimination. Our staff promote fairness and diversity, helping every child feel valued and supported.

Together, we create a home where everyone belongs.

## Policy Review Statement

This policy will be reviewed annually to ensure it remains effective and compliant with current regulations. However, if there are changes in guidance, legislation, or operational needs, an earlier review will be undertaken. Updates will also incorporate lessons learned from practice and inspections.

Our commitment is to continuous improvement and ensuring the best possible experience for all children.

Last Review – June 2025 by Alain Sockalingum (Clinical Transitions Director), Dawn Storey (Consultant Nurse (South) & Clinical Specialist Lead/Nursing) and Laura Dickie (Head of Policy)

Next Review – June 2026

Version 4

Signed:



John Ivers  
Proprietor, Caretech  
June 2019



Tracey Wilson  
Principal  
January 2026