



## **Intimate Care Policy**

Agreed by Governing Body: Autumn 2018

To be reviewed: Autumn 2019

Group Responsible: Headteacher

## **1. Introduction:**

- At Spixworth Infant School we recognise that there is a need for children and young people to be treated with dignity and respect at all times, including when intimate care is given.
- Spixworth Infant School is committed to ensuring that all staff responsible for intimate care of children and young people will undertake their duties in a professional manner at all times.
- This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care.
- The Governing Body recognises its duties and responsibilities in relation to safeguarding and welfare requirements of the Early Years Foundation Stage (EYFS) and the Disability Discrimination Act. The Governing Body will ensure that: No child's physical, mental or sensory impairment will have an adverse effect on their ability to take part in day to day activities; No child with a named condition that affects personal development will be discriminated against; No child who is delayed in achieving continence will be refused admission; No child will be sent home or have to wait for their parents/carer due to incontinence; Adjustments will be made for any child who has delayed continence
- No child shall be attended to in a way that causes distress, embarrassment or pain.
- Staff will work in close partnership with parents and carers to share information and provide continuity of care.

## **2. Definition:**

- Intimate care is defined as any care which involves washing, touching or carrying out an invasive procedure that most children and young people carry out for themselves, but which some are unable to do. Disabled pupils may be unable to meet their own care needs for a variety of reasons and will require regular support.

## **3. Our approach to best practice:**

- The management of all children with intimate care needs will be carefully planned.
- Staff who provide intimate care are trained to do so (including Child Protection, and Moving and Handling where appropriate) and fully aware of best practice.
- Where specialist equipment and facilities above that are currently available in the school are required, every effort will be made to provide appropriate facilities in a timely fashion, following assessment by a Physiotherapist and/or Occupational Therapist.
- There is careful communication with any pupil who requires intimate care in line with their preferred means of communication to discuss needs and preferences
- Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes.

- We encourage the children to inform us when they have wet or soiled themselves.
- Pupils will be supported to achieve the highest level of independence possible, according to their individual condition and abilities. For wet accidents children will be encouraged to change themselves in a toilet cubicle with a staff member available for support.
- Where more support is required for cleaning of soiling accidents then gloves will be used. Gloves and an apron will be used where a child requires intimate care due to illness. Hand washing and hygiene is of utmost importance.
- Body fluids – Urine, faeces, blood and vomit will be cleaned up immediately and disposed of safely using medical bins or double bagging.
- Soiled children's clothing will be bagged to go home – staff will not rinse it.
- Children will be kept away from the affected area until the incident has been completely dealt with.
- All staff maintain high standards of personal hygiene, and will take all practicable steps to prevent and control the spread of infection.
- Parents are asked to provide spare underwear, clothes, nappies, wipes as required. A small range of spare underwear and clothes are kept in school for emergency use.
- Individual care plans will be drawn up for any pupil requiring regular intimate care and permission will be sought from parents.
- Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. Generally it is acceptable for one pupil to be cared for by one adult unless there is a sound reason for having more adults present. Eg heavy soiling where cleaning of intimate areas may be required. In such a case, the reasons will be documented.
- When dealing with intimate care it is imperative that another staff member is aware of where the intimate care is taking place, what intimate care is required and who with. This should be communicated in a sensitive way.
- Intimate care should only be dealt with by staff. No volunteers should be asked to deal with or assist with intimate care issues.
- All incidents involving intimate care must be recorded straight away in the book in the Medical Room. The minimum information to be kept is the date and time, the name of the child, the adults in attendance, the nature of the incident, the action taken and any concerns or issues.
- If a child has received intimate care then a letter will be sent home to the parents at the end of the day detailing the nature of the intimate care.
- In the event of a child being ill then staff will contact their parents for collection. While waiting for collection it is appropriate for staff to assist the child with cleaning themselves.
- If a child denies soiling or wetting, but it is suspected then children should not be forced to prove otherwise. However we also recognise that it is important that children are not left in

wet or soiled clothes. In this event parents should be contacted and the problem discussed. Parents are then welcome to attend to their child themselves.

- Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the care plan where intimate care is regular and/or expected.
- The needs and wishes of children and parents will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation.
- All records regarding intimate care including care plans and logs will be kept in line with General Data Protection Regulations.

### **3. Child Protection:**

- The Governors and staff of Spixworth Infant School recognise that disabled children are particularly vulnerable to all forms of abuse.
- Child Protection and Multi-Agency Child Protection procedures will be adhered to at all times.
- If a member of staff has any concerns about physical changes in a child's presentation (unexplained marks, bruises or soreness for example) s/he will immediately report concerns to the Designated Safeguarding Lead (Person responsible for Child Protection).
- If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated at an appropriate level and outcomes recorded.
- Parents/carers will be contacted at the earliest opportunity as part of the process of reaching a resolution. Further advice will be taken from partner agencies.
- If a child makes an allegation about a member of staff this will be investigated in accordance with agreed procedures.

### ***APPENDICES***

Personal Care Plan for children wearing nappies/ pull-ups in school

Risk Assessment – Personal Care

Record of Personal Care Intervention (for regular, agreed care for one child)

Permission for School to Provide Personal Care



**Personal Care Plan**

**for children wearing nappies/ pull-ups in school**

Child's Name:	DOB:
Name of School:	

Completed by: \_\_\_\_\_

Completed with: \_\_\_\_\_

Date of Plan: \_\_\_\_\_ Date to review Plan: \_\_\_\_\_

Details of assistance required:

Minimum number of changes:

Facilities and equipment: (inc responsibility for provision of supplies)

Staffing:

Regular

Back up

Any training requirements

Communication and Records:

Curriculum specific needs: (e.g. PE, visits)

Arrangements for dealing with wet/soiled clothes:

Procedure for staff if the child is unduly distressed or if marks or injuries are noticed:

Consider referring to the schools child protection policy and procedures

How the child will be encouraged to participate in the procedure:

Any other comments/ important information:  
e.g. medical information

**This plan has been discussed with me and I agree to change my child at the last possible moment before he/ she comes to school, provide the resources indicated above and encourage my child's participation in toileting procedures at home as appropriate and where possible.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Carer's Full Name: \_\_\_\_\_



**Risk Assessment – Personal Care**

Child's Name: \_\_\_\_\_

Name of School: \_\_\_\_\_

Date of Risk Assessment: \_\_\_\_\_

	Y/N	Notes
1. Does weight /size/ shape of pupil present a risk?		
2. Does communication present a risk?		
3. Does comprehension present a risk?		
4. Is there a history of child protection concerns?		
5. Are there any medical considerations? Including pain / discomfort?		
6. Has there ever been allegations made by the child or family?		
7. Does moving and handling present a risk?		
8. Does behaviour present a risk?		
9. Is staff capability a risk? (back injury / pregnancy)		
10. Are there any risks concerning individual capability (Pupil) Fragility Head control Epilepsy Other		
Are there any environmental risks? Heat/ Cold		

If Yes to any of the above complete a detailed personal care plan.

**Date:**

**Signed:**

**Name:**







***Permission for school to provide personal care***

Child's Full Name	
Date of Birth	
Parent/ Carer's Full Name	

I understand that;

I give permission to the school to provide appropriate personal care support to my child e.g. changing soiled clothing, washing and toileting.

I have been involved in the completion of a personal care plan for my child. I understand and agree with the contents of the plan.

I will advise the headteacher of any medical complaint my child may have which affects issues of personal care.

Signed \_\_\_\_\_

Full Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Date \_\_\_\_\_