



## **Introduction**

Intimate care is any care which involves washing or touching intimate personal areas. In most cases such care will involve cleaning up a pupil after they have soiled themselves. In the case of a specific medical procedure only a person suitably trained and assessed as competent will undertake the procedure, e.g. the administration of rectal diazepam.

The issue of intimate care is a sensitive one and requires staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy and there will be a high awareness of child protection issues. Staff behaviour will be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children wherever possible. All staff responsible for the intimate care of children will undertake their duties in a professional manner at all times and no child will be attended to in a way that causes distress or pain. **Two** members of staff will always be present during an intimate procedure however usually only one member of staff will carry out the procedure.

Staff who provide intimate care at Alwyn Infant School have safeguarding/child protection training and First Aid training and are fully aware of best practice regarding infection control, including the need to wear disposable gloves at all times during a procedure and aprons where appropriate.

## **Best Practice**

There is careful communication with the parents/carers of each child who needs help with intimate care to discuss their needs and preferences. All children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for his/herself as possible. This may mean, for example, giving the child responsibility for washing themselves. Personal care plans (appendix 2) will be drawn up for particular children, as appropriate, to suit the circumstances of the child. The religious views and cultural values of families will be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

Children who require regular assistance with intimate care have written care plans agreed by staff, parents/carers and any other professional actively involved (appendix 5). These plans include a full risk assessment (appendix 3) to address issues such as moving and handling, personal safety of the child and the carer. Any historical concerns should be noted and taken into account. The Record of Intimate Care Sheet (appendix 4) will be completed after every incident and shared with the parent/carer as and when appropriate. The parent/carer will be informed verbally at the end of the school day if there has been an incident.

Where a care plan is not in place, parents/carers will be informed, by phone, if their child presents with intimate care needs e.g. they have soiled themselves. The parents/carers will be asked to come to school and clean their child or they may prefer to take their child home to clean them. If parents/carers are unable to come to school then a member of staff will deal with their child's intimate care needs with the verbal permission of the parent/carer. Only in

exceptional circumstances will a child's intimate care needs be managed by members of staff without the parents/carers personal permission.

This policy is on the school website and all parents/carers should be aware that their child's intimate care needs will be managed by a member of staff, without their direct permission, if they cannot be contacted.

This policy should be read alongside the Child Protection Policy. If a member of staff has any concerns about physical changes in a child's presentation, e.g. unexplained marks and bruises they will immediately report concerns to the headteacher/deputy headteacher.

### **Changing facilities**

The dignity and privacy of the child should be paramount concern and an area, which can be made as private as possible should be used, however the procedure must be observed by the other member of staff.

If it is not possible to clean/change the child in a standing position a changing mat will be used on the floor. This is our recommended method of changing a child as it avoids the adult having to lift a child and possibly drop them or cause possible back injury and avoids the possibility of the child falling from a changing table.

Areas identified as suitable locations are:

The area in 'Little Alwyn' next to the shower in the children's toilets if appropriate or in the adult/accessible toilet.

### **Equipment provision**

Parents/carers have a role to play when their child is still wearing nappies/pull-ups. The parents/carers will provide nappies/pull-ups, disposal bags, wipes, changing mat etc. and will be informed of this responsibility. Alwyn is responsible for providing gloves, plastic aprons, and bags to dispose of any waste.

Clear processes, individual to the child will be agreed by the parents/carers and staff. Where changes of clothes are anticipated, parents/carers should provide these.

No creams should be used unless prescribed by a doctor and only administered as part of the child's care plan.

### **Health and Safety**

Staff will always wear gloves and may wear an apron when dealing with a child who is soiled or when changing a soiled nappy. All soiled waste will be placed in a disposable bag, which can be sealed/tied up. This bag will then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste. The bin will be emptied on a daily basis as it can be collected as part of the usual refuse collection service as this waste is not classed as clinical waste.

## **Appendix 1**

### **Suggested Procedure for Changing a Nappy/Pull Ups/Soiled Pants**

1. Consider whether the child can be changed in a toilet cubicle (standing up).
2. Wash your hands.
3. Assemble the equipment.
4. Help the child onto the changing mat, if appropriate
5. Put on gloves. Put on apron if required.
6. Remove wet/ soiled nappy/pull-ups/clothes.
7. Fold the nappy/pull-ups/clothes inwards to cover faecal material and place into bags. Tie nappy/pull-up bag and place into designated covered bin with a disposable liner. Any clothes to be put into a bag and handed to the parent/carer at the end of the day.
8. Used wipes and gloves are to be disposed of in the designated covered bin with a disposable liner. The bin should be emptied at least once a day and the liner replaced.
9. Once the child has been changed and returned safely to their class, clean the changing area with a detergent spray or soap and water. Hands should be washed thoroughly after removing gloves as an additional precaution.

## Appendix 2

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

Child's Name:	Class:
Completed by:	Signature:

<b>Who will change the child?</b>
<b>How will the child be changed?</b> E.g. standing in toilet cubicle, standing on shower tray, lying on mat on the floor
<b>Resources:</b> <i>Nappies, pull-ups and wipes, disposal bags and changing mat will be provided by the parent/carer. Gloves, aprons and large bags to dispose waste will be provided by Alwyn.</i>
<b>How the changing occasions will be recorded and communicated to the parent?</b> <i>Record of Intimate Care Sheet - Appendix 5</i>
<b>Any other comments/important information?</b>

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: \_\_\_\_\_

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

### Appendix 3

#### Risk Assessment

Child's Name:	Yes/No	Comments
Does weight /size/ shape of pupil present a risk?		
Does moving and handling present a risk?		
Does communication present a risk?		
Does comprehension present a risk?		
Is there a history of child protection concerns?		
Are there any medical considerations? Including pain / discomfort?		
8. Does behaviour present a risk?		
9. Is staff capability a risk e.g.back injury / pregnancy?		
Are there any risks concerning individual pupil capability e.g. fragile bones, head control, epilepsy?		
Are there any environmental risks?		
Anything else??		

**Date:**

**Signed:**



## Appendix 5

### Permission for school to provide intimate care

Childs full name	
Male or Female	
Date of Birth	
Address	

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

I will advise the head teacher of any medical complaint my child may have which affects issues of intimate care

Signed \_\_\_\_\_

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

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

Date \_\_\_\_\_