

Intimate care policy

Approved by:	Governing Board	Date: September 2023
Last reviewed on:	Autumn 2023	
Next review due by:	Autumn 2023	

Contents

1. Aims	2
2. Legislation and statutory guidance	2
3. Role of parents/carers	2
4. Role of staff	
5. Intimate care procedures	3
6. Monitoring arrangements	
7. Links with other policies	4
Appendix 1: Template intimate care plan	5
Appendix 2: Risk Assessment	6
Appendix 3: Record of care	7
Appendix 4: Template parent/carer consent form	
•••	

1. Aims

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, rights and wellbeing of children are safeguarded
- Pupils who require intimate care are not discriminated against, in line with the Equality Act 2010
- Parents/carers are assured that staff are knowledgeable about intimate care and that the needs of their children are taken into account
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved

Intimate care refers to any care that involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

2. Legislation and statutory guidance

This policy complies with statutory safeguarding guidance.

3. Role of parents/carers

3.1 Seeking parental permission

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents/carers will be asked to sign a consent form.

For children whose needs are more complex or who need particular support outside of what's covered in the permission form (if used), an intimate care plan will be created in discussion with parents/carers (see section 3.2 below).

Where there is not an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure.

If the school is unable to get in touch with parents/carers and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents/carers afterwards.

3.2 Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents/carers, the child (when possible) and any relevant health professionals.

The school will work with parents/carers and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents/carers will be consulted.

The plan will be reviewed twice a year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

See appendix 1 for a blank template plan.

3.3 Sharing information

The school will share information with parents/carers as needed to ensure a consistent approach. It will expect parents/carers to also share relevant information regarding any intimate matters as needed.

4. Role of staff

4.1 Which staff will be responsible?

Any roles who may carry out intimate care will have this set out in their job description. This includes teachers and teaching assistants.

No other staff members can be required to provide intimate care.

All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

4.2 How staff will be trained

Staff will receive:

- Training in the specific types of intimate care they undertake (if needed)
- · Regular safeguarding training
- If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as possible

They will be familiar with:

- The control measures set out in risk assessments carried out by the school
- · Hygiene and health and safety procedures

They will also be encouraged to seek further advice as needed.

5. Intimate care procedures

5.1 How procedures will happen

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.

<u>Two</u> members of staff will always be present during an intimate procedure however usually only one member of staff will carry out the procedure and the other will be nearby.

The care will be carried out in the Little Alwyn's toilet or the disabled toilet in Big Alwyn.

If it is not possible to clean/change a 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.

The parents/carers will provide nappies/pull-ups, disposal bags, wipes and will be informed of this responsibility.

The school is responsible for providing gloves and plastic aprons.

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.

Hands should be washed before and after changing a child.

Remove the wet/ soiled nappy/pull-ups/clothes.

Fold the nappy/pull-ups inwards to cover faecal material and double bag.

All soiled waste (nappies) will be double bagged and sealed/tied. 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.

Any soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents/carers at the end of the day.

5.2 Concerns about safeguarding

If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this by completing a safeguarding report form and speaking to the DSL.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to the DSL or senior leader.

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures.

6. Monitoring arrangements

This policy will be reviewed by the DSL and Head of School. At every review, the policy will be approved by the governing body.

7. Links with other policies

This policy links to the following policies and procedures:

- Accessibility plan
- · Child protection and safeguarding
- · Health and safety
- SEND
- Supporting pupils with medical conditions

Appendix 1: Template intimate care plan

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

Child's Name:	Class:	
	le:	
Completed by:	Signature:	
Who will change the child?		
How will the child be changed? E.g. standing in toilet cub on the floor	icle, standing on shower tray, lying on mat	
Resources:		
Nappies, pull-ups and wipes, disposal bags will be p	rovided by the parent/carer.	
Gloves, aprons and large bags to dispose waste will	l be provided by Alwyn.	
How the changing occasions will be recorded and comm	unicated to the parent?	
Record of Intimate Care Sheet		
Any other comments/important information?		
This plan has been discussed with me and I agree to chang	ge my child at the last nossible 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 2: Risk Assessment

Risk Assessment

Child's Name:	Yes/No	Comments
Is the child able to communicate and understand toileting needs?		
Does the child have a set intimate care routine at home?		
Does the child have any medical or physical considerations? Including pain / discomfort?		
Does the child's behaviour present a risk?		
Is there a history of child protection concerns?		
Are there any environmental risks?		
Check staff capable of providing intimate care e.g.back injury / pregnancy?		

Date:	

Signed: (Teacher)

Record of Intimate Care Sheet

Child's Initials:	Class:
-------------------	--------

Date	Time	Procedure	Staff name & signature	Second staff name & signature
			Signature	& Signature

Appendix 4: Template parent/carer consent form

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE				
Name of child				
Date of birth				
Name of parent/carer				
Address				
I give permission for the school to prochild (e.g. changing soiled clothing, w				
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)				
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns				
I do not give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident).				
Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed).				
I understand that if the school cannot reach me or my emergency contact, if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.				
Parent/carer signature				
Name of parent/carer				
Relationship to child				
Date				