



## Intimate Care Policy

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## **Introduction**

Intimate care is any activity which is required to meet the personal care needs of each individual child, such as washing, dressing, cleaning up after any soiling, etc. In most cases such care will involve cleaning for hygiene purposes, as part of a staff member's duty of care. The issue of intimate care is a sensitive one and requires staff to be respectful of the child's needs and highly aware of the need to safeguard children at all times. The child's dignity should always be preserved with a high level of privacy, choice and control. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

## **Aims and Objectives**

Kents Hill Park School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

## **Our Approach to Best Practice**

The management of all children with intimate care needs will be carefully planned. The parents/carers of the child will be involved in the planning process. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance. Any child with intimate care needs 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 themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children (in partnership with their parents/carers) as appropriate to suit the circumstances of the child. Each child's right to privacy will be respected.

To safeguard both the child and adult, two adults will be present when a child is toileted. One adult will provide the intimate care whilst the second adult supervises. Intimate care arrangements will be discussed with parents on a regular basis and recorded on the child's care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing.

## **The Protection of Children**

The KET Safeguarding and Child Protection policy and procedures will be strictly adhered to. All children will be taught personal safety skills carefully matched to their level of development and understanding. If a staff member has any concerns about a child's physical changes (bruises, marks etc) they will immediately report concerns as per school safeguarding procedures. If a child becomes distressed or unhappy regarding being cared for by a particular member of staff, the matter will be looked into, parents will be consulted and outcomes recorded. Staffing schedules will need to be altered until the issue is resolved as the child's needs remain paramount. If a child makes allegations against a member of staff, necessary procedures will be followed.

## **Children Wearing Nappies**

Any child wearing nappies will have an intimate care plan which must be signed by the parent/carer. This plan will outline who is responsible in school for changing the child, and where and when this will be carried out. This agreement allows school and parents to be aware of all issues surrounding the task from the outset.

It is an expectation of the school that all children attending school in Foundation, Key Stage One and Key Stage Two will be able to use the toilet and clean themselves independently. Exceptions to this are children who have a medical or special educational need that means they cannot do so.

### **Health & Safety Guidance**

Staff should always wear an apron and gloves when dealing with a child who is soiled or when changing a nappy. Any soiled waste should be placed in a polythene waste disposal bag and sealed. The bag should then be placed in a bin, (with a liner) specifically designed for such waste. This bin should be collected on a weekly basis as part of the usual refuse. It is not classed as clinical waste.

### **Special Needs**

Children with special needs have the same rights to privacy and safety when receiving intimate care. Additional vulnerabilities (any physical disability or learning difficulty) must be considered when drawing up care plans for individual children. Regardless of age and ability, the views and emotional responses of children with special needs should be actively sought when drawing up or reviewing a care plan.

### **Physical Contact**

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact. Staff must be aware that even well-intentioned contact might be misconstrued by the child or an observer. Staff must always be prepared to justify actions and accept that all physical contact is open to scrutiny.

The expectation is that when staff make physical contact with pupils it will be:

- For the least amount of time necessary (limited touch)
- Appropriate, given their age, stage of development and background
- In response to the pupil's needs at the time

Arrangements must be understood and agreed by all concerned, justified in terms of the child's needs and consistently applied and open to scrutiny. Where possible, consultation with colleagues should take place where any deviation from arrangements is anticipated. Any deviation from the agreed plan must be documented and reported. Extra caution may be needed where a child has previously suffered abuse or neglect. This may lead to staff being vulnerable to allegations of abuse. Many such children are needy and seek out inappropriate physical contact. In such circumstances staff should deter the child, seek witnesses and document and report the incident.

As a basic principle, children are supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. If a child were to have a toileting accident in school, it is the school's expectation that they clean themselves, with staff giving verbal guidance where needed. Parents/carers will always be informed if a child has had a toileting accident at school. Staff cannot carry out intimate care of a child if the child does not have an intimate care plan. In incidents where a child is unable to clean themselves, parents/carers will be contacted to come into school to support them in doing so.

**Appendix 1 - Toileting plan discussion with parents/carers**

<b>Pupil's Name:</b>	
<b>DoB:</b>	
<b>Date of meeting:</b>	
<b>Persons present:</b>	

	<b>Details</b>	<b>Agreed Action</b>
<b>Working towards independence e.g. taking pupil to toilet at aimed intervals, rewards</b>		
<b>Arrangements for nappy changing e.g. who, where, privacy</b>		
<b>Level of assistance needed e.g. undressing, handwashing, undressing</b>		
<b>Moving and handling needs e.g. equipment, training needs, hoisting equipment</b>		
<b>Infection control Eg. wearing gloves, nappy disposal</b>		
<b>Sharing information Eg. nappy rash, infection, family/cultural customs</b>		
<b>Resources needed Eg. toilet seat, step, nappies, creams, nappy sacks, change of clothes, gloves</b>		
<b>Other</b>		

## Appendix 2 – Intimate Care Plan

### Planning for intimate care

<b>Pupil's Name:</b>	
<b>DoB:</b>	
<b>Admission Date:</b>	

<b>Factors for Consideration</b>	<b>Action Plan</b>
<p><b>Facilities</b></p> <p>Suitable toilet identified?            Adaptations required?</p> <ul style="list-style-type: none"> <li>• Changing table/bed</li> <li>• Grab rails</li> <li>• Step</li> <li>• Locker for supplies</li> <li>• Hot and cold water</li> <li>• Lever taps</li> <li>• Mirror at suitable height</li> <li>• Disposal unit/bin</li> <li>• Hoist</li> <li>• Other moving and handling equipment</li> <li>• Emergency alarm</li> <li>• Other</li> </ul>	
<p><b>Family provided supplies</b></p> <ul style="list-style-type: none"> <li>• Nappies/pads</li> <li>• Catheters</li> <li>• Wipes</li> <li>• Spare clothes</li> <li>• Other</li> </ul>	
<p><b>School provided supplies</b></p> <ul style="list-style-type: none"> <li>• Toilet rolls</li> <li>• Antiseptic cleanser</li> <li>• Cloths/paper towels</li> <li>• Soap</li> <li>• Disposable gloves/aprons</li> <li>• Disposal sacks</li> <li>• Urine bottles</li> <li>• Bowl/bucket</li> <li>• Milton/sterilising fluid</li> <li>• Other</li> </ul>	
<p><b>Good practice</b></p> <ul style="list-style-type: none"> <li>• Advice sought from Health professionals?</li> </ul>	

<ul style="list-style-type: none"> <li>● Moving and Handling Co-ordinator?</li> <li>● Parent/carer views</li> <li>● Pupil's views</li> <li>● How does the child communicate?</li> <li>● Agree use of language to be used</li> <li>● Preferences for gender of carer</li> <li>● Training required for staff?</li> <li>● Awareness raising for all staff</li> <li>● Other</li> </ul>	
<p><b>PE Issues</b></p> <ul style="list-style-type: none"> <li>● Discreet clothing required?</li> <li>● Privacy for changing?</li> <li>● Other</li> </ul> <p><b>Specific advice for swimming</b></p> <ul style="list-style-type: none"> <li>● From parents/carers</li> <li>● From Health professionals</li> <li>● Moving and Handling Co-ordinator</li> </ul>	
<p><b>Support</b></p> <p>Designated staff  Back-up staff  Training for back-up staff  Transport  School visits  After school clubs</p> <p><b>Toilet management / intimate care plan to be prepared</b></p> <ul style="list-style-type: none"> <li>● By whom</li> <li>● When</li> <li>● To be reviewed when</li> </ul>	

### Appendix 3 – Permission Form

#### Permission for school to provide intimate care

<b>Pupil's Name:</b>	
<b>DoB:</b>	
<b>Parent / Carer Name(s):</b>	
<b>Address:</b>	

I/We give permission for school to provide intimate care to my/our child.

I/We will advise the school of anything that may affect issues of personal care (if medication is changed or my child has an infection for example)

I//We understand the procedures that will be carried out and will contact the school immediately if there are any concerns.

<b>Length of provision:</b>	
<b>Review date:</b>	

<b>Name:</b>	<b>Name:</b>
<b>Signature:</b>	<b>Signature:</b>
<b>Relationship to child:</b>	<b>Relationship to child:</b>
<b>Date:</b>	<b>Date:</b>





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