

# Mapplewells Primary and Nursery School



## Intimate care policy

Approved by:	Mr A Whittle	Date: 17.05.2023
Last reviewed on:	16.05.2023	
Next review due by:		



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## Introduction

Intimate care is any care which is associated with invasive procedures relating to bodily functions, bodily products and personal hygiene which demands direct or indirect contact with or exposure of intimate parts of the body, such as cleaning up after a child who has soiled themselves. In addition, some children may need help with dressing/undressing or using the toilet. Most children can carry out these functions themselves, but it is recognised that some are unable to due to physical disability, learning difficulties, medical needs or needs arising from the child's stage of development.

This Intimate Care Policy has been developed to safeguard children, support staff and ensure good practice is followed. Staff are checked with the Disclosure and Barring Service (DBS) and we are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional and caring manner at all times. We believe that the intimate care of children cannot be separated from other aspects of their learning and development and we believe that every child has the right to feel safe and secure. We do not discriminate against children who have not reached a stage where they can manage their own personal hygiene and as such welcome all children to participate in our school and provide appropriate support for each child on an individual basis. We recognise the need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

## Aims

This policy aims to ensure that:

- Safeguard the rights and promote the welfare of all children and young people including those who may be more vulnerable to abuse.
- Provide guidance and reassurance to staff whose duties may include intimate care.
- Assure parents and carers that staff are knowledgeable about personal care and that their child's individual needs and concerns are taken into consideration.
- Remove barriers to learning and participation, protect from discrimination and ensure inclusion for all children and young people within our setting.

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

## Our approach to Best Practice

Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

We will work with parents of a child who requires intimate care to establish a preferred procedure for supporting the child.

Where these procedures may require specialist training, we will seek out training for the staff who will be involved in a child's care, ensuring that the child's key-person and at least one other member of staff accesses the training.

Staff members who are known to the child will take on that responsibility for changing children. The staff member who is involved will always ask the child for permission to assist them. The child will be supported to achieve the highest level of autonomy and independence that is possible given their age and ability. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. It is the parent's responsibility to provide nappies, disposal bags, wipes, and changing mats.



## Legislation and statutory guidance

This policy complies with [statutory safeguarding guidance](#).

It also complies with our funding agreement and articles of association.

## 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 as part of the home/ school agreement.

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 isn't 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 to see what this will cover.

### 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.

## 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.

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
- › 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.

## Intimate care procedures

### 5.1 How procedures will happen

Guidelines for Changing Children

- If possible children should be changed standing up or using the variable height changing table, to avoid staff lifting children.
- The child's skin should be cleaned with a disposable wipe.
- Nappy creams/lotions should be labelled with the child's name and used only if prescribed for that child (by their parents) they must not be shared.
- Disposable gloves should be worn when changing nappies. The nappy should be folded inward to cover faecal material and double wrapped in a nappy bag. Soiled nappies should be disposed of into the bin provided. The disposal bin should be lined and emptied daily, replacing the used bin liner.
- Any soiled or damp clothing should be placed in a plastic carrier bag in the bin provided in the hygiene suite.
- Once the child has been changed and removed from the changing area, the surface should be cleaned with an antibacterial detergent spray or wipe and left to dry.
- Gloves, apron and any items used for cleaning the changing area will be wrapped and disposed of via domestic waste. • Hands should be thoroughly washed afterwards.

Procedures will be carried out in toilets, changing area or hygiene suite.

When carrying out procedures, the school will provide staff with: protective gloves, disposable aprons, cleaning supplies, changing mats and bins.

For pupils needing routine intimate care, the school expects parents/carers to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and/or a spare set of clothing.

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

### 5.2 Special/ Complex Health Needs

Pupils with special/ complex needs have the same rights to safety and privacy when receiving intimate care. Additional vulnerabilities that may arise from a physical disability or learning difficulty must be considered with regard to the individual teaching and care plans for each pupil. As with all arrangements for intimate care needs, agreements between the pupil, those with parental responsibility and the school should be easily understood and clearly recorded.



Regardless of age and ability, the views and emotional responses of pupils with special needs should be actively sought (with advocacy arrangements in place for those who require assistance) in regular reviews of the intimate care arrangements.

### **5.3 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 using the school's safeguarding procedures.

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 Headteacher or Deputy Headteacher.

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.

## **Monitoring arrangements**

This policy will be reviewed by the Headteacher annually. At every review, the policy will be approved by the governing body.

## **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

**INDIVIDUAL ASSESSMENT  
INTIMATE CARE PLAN**

<b>Name</b>		<b>Condition</b>	
<b>School/Setting Mapplewells Primary School</b>			
<b>Child or Young Person's preferred method of communication:</b>			
<b>Does the Child or Young Person have any allergies or sensitivity?</b>			
<b>Does the Child or Young Person require assistance with mobility or transfers?</b>			

<b>Procedure</b>			<b>Named/trained staff</b> e.g. 1:1 /departmental staff
<b>Eating and drinking</b>	Assistance required at mealtimes		
	Supervised at mealtimes		
	Nasal Gastric tube feed		
	Gastrostomy feed		
	Continuous pump feed		



	Periodic pump feed		
	Manual feed		
	Other specialist feed.		
<b>Airways/suction</b>	Oral		
	Tracheotomy		
<b>Medication: Emergency</b>	Epipen		
	Oral		
	Rectal e.g. diazepam		
	Supervised medication		
	Administered		
	Supervised		
<b>Routine</b>			
<b>Toileting</b>	Rectal procedure e.g. enema		
	Catheterisation		
	Supervised self catheterisation		
	Pad/nappy change		
	Menstruation		
	Assistance with toileting		
	Supervised toileting		
<b>Personal Care</b>	Washing		
	Showering		
	Dressing		
	Cleaning		
	Teeth		
	Shaving		
	Hair / grooming		

### SAFE SYSTEM OF WORK

**IT IS ASSUMED THAT THE NAMED STAFF FOLLOWING THESE SYSTEMS OF WORK HAVE BEEN TRAINED TO CARRY OUT ALL TECHNIQUES DOCUMENTED**



**PROCEDURE :**

**Pupil's level of ability:**

Independent		Fully assisted 1 carer	
Independent /supervised		Fully assisted 2 carers	
Partially assisted 1 carer		Fully assisted more than 2 carers	

**Environment Required**  
**E.g. Adapted Bathroom**

**Equipment Required**

Additional notes:

<b>Date Assessed:</b>					
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<b>Assessors Signature</b>					
<b>Pupil / parent / guardians signature</b>					
<b>Proposed review dates:</b>					

