Intimate Care Policy West Hill Primary School



| Approved by: | Date: | |
|---------------------|----------------|--|
| Last reviewed on: | September 2023 | |
| Next review due by: | September 2024 | |

Introduction:

West Hill Primary 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 the Equality Act 2010 which requires that any child with an impairment that affects his/her ability to carry out normal day-to-day activities must not be discriminated against.

We recognise that there is a need for children and young people to be treated with respect when intimate care is given.

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.

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.

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 those 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 such as the onset of puberty and menstruation.
- Pupils will be supported to achieve the highest level of independence possible, according to their individual condition and abilities
- Individual care plans will be drawn up for any pupil requiring regular intimate care
- Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. Where possible one pupil will be cared for by one adult unless there is a sound reason for having more adults present. In such a case, the reasons will be documented.
- Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the care plan
- The needs and wishes of children and parents will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation
- Where a care plan is not in place and a child has needed help with intimate care (in the
 case of a toilet 'accident') then parents/carers will be informed the same day. This
 information should be treated as confidential and communicated in person, via telephone
 or by sealed letter (not via the home school diary)

Child Protection:

The Governors and staff of West Hill Primary 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 Person for Child Protection.

If a child becomes distressed or unhappy about being cared for 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.

Intimate Care Checklist

| Pupil's Personal Details | | | | |
|---|--|---------------------|---------|--|
| Full Name: | | | | |
| Date of Birth: / / | | Admission date: / / | | |
| Discus | | sion | Actions | |
| Facilities | | | | |
| Suitable toilet identified? | | | | |
| Adaptations required? | | | | |
| Changing table/bed Grab rails Step Locker for supplies Hot and cold water Lever taps Mirror at suitable height Disposal unit/bin Hoist Other moving and handling equipment Emergency alarm Other | | | | |
| Family provided supplies | | | | |
| Nappies/padsCathetersWipesSpare clothesOther | | | | |
| School provided supplies | | | | |
| Toilet rolls Antiseptic cleanser Cloths/paper towels Soap Disposable gloves/aprons Disposal sacks Urine bottles Bowl/bucket Milton/sterilising fluid Other | | | | |
| Good practice | | | | |
| Advice sought from Health professionals? | | | | |

| Moving and Handling Coordinator? Parent/carer views Pupil's views How does child communicate? Agree use of language to be used Preferences for gender of carer Training required for staff? Awareness raising for all staff Other | | | | |
|---|--|--|--|--|
| PE issues | | | | |
| Discreet clothing required?Privacy for changing?Other | | | | |
| Specific advice for swimming | | | | |
| From parents/carers From Health professionals Moving and Handling Coordinator | | | | |
| Support | | | | |
| Designated staff | | | | |
| Back-up staff | | | | |
| Training for back-up staff | | | | |
| Transport | | | | |
| School visits | | | | |
| After school clubs | | | | |
| Toilet management/intimate care plan to be prepared | | | | |
| By whom | | | | |
| WhenTo be reviewed when | | | | |

Initmate Care - Toileting plan discussion with parents/carers

| Pupil's Personal Details | | | |
|--|---------|--|---------|
| Full Name: | | | |
| Date of Birth: / / Date of meeting: / / | | | ng: / / |
| Persons present: | | | |
| | Details | | Action |
| Working towards independence, e.g. taking pupil to toilet at timed intervals, rewards | | | |
| Arrangements for nappy changing, e.g. who, where, privacy | | | |
| Level of assistance needed, e.g. undressing, hand washing, dressing | | | |
| Moving and handling needs, e.g. equipment, training needs, hoisting equipment | | | |
| Infection control, e.g. wearing gloves, nappy disposal | | | |
| Sharing information, e.g. nappy rash, infection, family/cultural customs | | | |
| Resources needed, e.g. toilet seat, step, nappies, creams, nappy sacks, change of clothes, gloves | | | |
| Other | | | |

Intimate Care Permission Form

| Pupil's Personal Details | | | | |
|---|---|--|--|--|
| Full Name: | | | | |
| Date of Birth: / / | Parent/Carer name: | | | |
| Address: | | | | |
| | | | | |
| | | | | |
| I/We give permission for school to provide in | ntimate care to my/our child. | | | |
| I/We will advise the school of anything that r is changed or my child has an infection for e | may affect issues of personal care (if medication example) | | | |
| I//We understand the procedures that will be carried out and will contact the school immediately if there are any concerns. | | | | |
| Signature | | | | |
| Name: | | | | |
| Relationship to child: | | | | |
| Date: / / | | | | |

Intimate Care - Record of other agencies

| Pupil's Personal Details | | | | |
|-----------------------------|---------------------|--|--|--|
| Full Name: | | | | |
| Date of Birth: / / | | | | |
| Name/Role | Address/Phone/email | | | |
| Parent/Carer | | | | |
| GP | | | | |
| School nurse/Health visitor | | | | |
| Continence adviser | | | | |
| Physiotherapist | | | | |
| Occupational Therapist | | | | |
| Hospital consultant | | | | |
| Educational Psychologist | | | | |
| Social Worker | | | | |

Intimate Care Record Sheet

| Pupil's D | Pupil's Details | | | |
|--------------------------|---|--|--|----------|
| Full Name: | | | | |
| Names of staff involved: | | | | |
| Date | rate Time Procedure Signature(s) Comments | | | Comments |
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