

Intimate Care Policy

Intimate Care at Consortium Trust Schools

Consortium Trust takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a learner's intimate care needs is one aspect of safeguarding. There are also duties and responsibilities in relation to the Equalities Act 2010 which requires that any learner with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against. In meeting a child's intimate care needs it must be recognised that staff will undertake their duties in a professional manner, at all times. It is acknowledged that these adults are in a position of great trust. Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care to ensure that the needs of learners are met.

Where the guide includes references to health and safety, staff should be aware that the Trust as employer carries the principal responsibility for compliance with the law.

The following are the fundamental principles upon which the school practice is based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some learners are unable to do because of their young age, physical difficulties or other special needs.

Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing. It also includes supervision of learners involved in intimate self-care or supporting or cleaning a child that requires additional support after unexpectedly soiling themselves. It also includes providing comfort and support for a distressed or grieving pupil.

Aims

- This guide is intended to provide practical help to schools and other settings that may need to help children and young people that require intimate care. It is not intended to replace more specific information on safeguarding (see **Appendix 3**). This guidance should be read in conjunction with the policy 'Supporting Pupils with Medical Conditions'.
- To ensure that all intimate care needs for learners is carried out in lines with the agreed plans.
- To ensure that staff are aware of agreed practice and the planning process involved, and are able to implement them.
- To ensure that where possible all intimate care plans are written involving the learner, family and agencies involved.

Management Principles

The setting must be organised, both in terms of staffing and physical surroundings, in a way that makes it easy for staff to provide intimate care in a satisfactory fashion with the minimum of risk consistent with the maintenance of dignity, professional standards and the requirement for suitable records (**see Appendix 1 & 2 for mainstream schools, Appendix A, B, C & D special schools**).

The policy provides a guide for parents and young people that help them frame their expectations of the service and the establishment's fulfilment of them. The policy statement can be part of the Trust's overall safeguarding documentation.

All settings are advised also to make their arrangements for the provision of intimate care known to parents/carers in writing, perhaps as part of a prospectus or website. For certain aspects of intimate care, the Academy Head of the school or Nursery Manager is advised to have obtained parental consent. A 'contract' with the parent/carer can be a very useful means of agreeing levels of service and assistance for both parties and is therefore recommended (**see Appendix 4 mainstream, appendix C special schools**).

Medical needs as part of intimate care

In the event of incident, and particularly an unforeseen emergency, every member of staff has a duty of care to respond either by taking action or seeking prompt assistance if they do not feel confident or competent. It is incumbent on every member of staff to behave as a reasonable adult and to put the health and welfare of the child first, in most cases.

Teachers' conditions of employment also do not include cleaning a child who has soiled him/herself or giving or supervising a pupil taking medicines. Although all adults have a duty of care to all children at all times. Therefore, the Trust encourages schools to develop roles for support staff that build the administration of medicines, first aid and intimate care into their core job description, (**see Appendix 5**) or their contract of employment.

Training

All staff who provide intimate care should be trained to do so. This must include safeguarding and may include health and safety training such as lifting and moving of people. Personal care training in mainstream schools can usually be accessed through Outreach Services from Special Schools as well as through established personal care training such as an NVQ. For those staff routinely called upon to undertake the tasks, it would also be useful to make a short amendment to a job description to say that intimate care of individual children may be required. In Special Schools, all staff will be given training in the school's procedures for intimate care. This will be done as part of the Induction Process.

Learners who require hoisting will be supported by a lead member of staff who has received manual handling training and has been deemed competent.

Training standards

It is unlikely that a single course currently available will meet all the relevant training needs in a convenient package. However, if an Academy Head/Line Manager arranges for development work with the various agencies and in particular the SEND outreach, as well as the normal child safeguarding training then staff should be provided with the necessary information and skills to assist children and young people who have intimate care needs.

Qualifications such as the Level 2 NVQ/SVQ in Health and Social Care will be very relevant and the Academy Head/Line Manager must consider how staff development needs can be met. This qualification is aimed at those who support and assist individuals with their physical or emotional care, daily living needs or maintaining their independence.

Elements of the Level 3 NVQ are suitable for managers and some staff caring for children and young people. The individual elements of the NVQs are available online from the training organisations such as City and

Guilds and these resources are a useful aid to the Academy Head/Line Manager in deciding the development needs of individual members.

Communication

In all settings, there must be careful communication with each learner who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where the learner is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

Staff who provide intimate care should speak to learners personally by name, explain what they are doing and communicate with all children in a way that reflects their ages. If a learner is able to assist with their personal care you must always encourage them to do so by saying, for example “roll John” or “lift John”

Guidelines

- *Encourage Learners to have a positive image of their own body*

Confident, assertive Learners who feel their body belongs to them are less vulnerable to sexual abuse. As well as privacy, the approach taken in a pupil’s personal care can convey many messages about what his or her own body is “worth”.

- *Staff attitude to the pupil’s personal care is very important.*

As far as appropriate and keeping in the mind the pupil’s age, routine care should be enjoyable and relaxed.

- *Treat every learner with dignity and respect and ensure privacy appropriate to their age and the situation.*

Privacy is an important issue. Much personal care is carried out by one staff member alone with one pupil. This practice is actively supported unless the task requires two people. The Trust’s practice is for staff to carry out the personal care of Learners alone unless the task requires the presence of two people. It is essential that a member of staff inform another member of staff that they are going to take a child to the toilet/change their nappy. They should inform the other member of staff when they have returned.

In cases where a decision has been made that two members of staff are required for intimate care work, it is not always necessary for supervision to be ‘close’. In some cases it is acceptable for the second member of staff to be nearby, but not so close as to distress the child or young person or cause them to feel that their dignity has been unduly compromised.

Where reasonably practicable the same child will not be cared for by the same adult on a regular basis unless this has been decided in advance for particular reasons; ideally there will be a rota of carers, all known to the child, and discussed with the young person and the parents/carers.

- *Follow Individual Intimate Care Plans*

All Learners in Special School settings and some with more complex needs in mainstream schools will have an individual intimate care plan. This will be approved by parents / carers and will be reviewed by the class staff as appropriate or at least once a year at annual review/PCR.

Responsibilities should be discussed, agreed and recorded with parents/carers. In mainstream schools it may be possible for the setting to agree parental assistance, but it is more likely that the setting will need to have arrangements that enable rapid and competent assistance to be provided to children at all times. Intimate care arrangements should be discussed with parents/carers, whenever possible in advance, (for example parents of children entering nursery provision or a Reception class should be directed to this policy as a matter of course).

The reasonable needs and wishes of children and parents must be taken into account wherever possible within the constraints of staffing and equalities legislation.

Each learner's intimate care plan will be followed by school staff in all settings always, i.e. within school and on school visits elsewhere. **(Appendix A)** An intimate care management checklist **(Appendix B)** should be completed to support the writing of an intimate care plan. Consent for intimate care will be acknowledged via the Agreement of Intimate Care Procedures Document **(Appendix C)**

- *Involve the learner as far as possible in his or her own personal care*

Try to avoid doing things for learners that they can do alone and if the learner is able to help please let them do so. This is as important for tasks such as removing underclothes as it is for washing the private parts of the body. Support them in doing all that they can themselves. If a child is fully dependent on you, talk with him or her about what you are doing and give choices where possible. Wherever learners can learn to assist in carrying out aspects of intimate care, they should be encouraged to do so. Learners at Warren School will be supported to achieve the highest level of independence possible according to their individual needs and abilities. The needs and wishes of learners and their parents/carers will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation.

- *Be responsive to a pupil's reactions*

It is appropriate to "check" your practice by asking, particularly a learner you have not previously cared for "Is it OK to do it this way?"; "Can you wash there?" If a learner expresses dislike of a certain person carrying out his or her personal care, try and find out why. Ensure one of your class staff is aware of this.

- *Make sure practice in personal care is as consistent as possible*

Teachers have a responsibility for ensuring their staff follows a consistent approach. This does not mean that everyone has to do things in an identical fashion, but it is important that approaches to personal care are not markedly different between individuals. For example, do you use toilet tissue or wet wipes to wash a pupil's private parts? (Is care during menstruation consistent across different staff?)

- *Never do something unless you know how to do it*

If you are not sure how to do something, ask. If you need to be shown more than once, ask again.

- *Report any concerns you identify during the personal care of a child, for example;*
 - You accidentally hurt the pupil;
 - The learner seems sore or unusually tender in the genital area;
 - The learner misunderstands or misinterprets something;

- The learner has a very emotional reaction without apparent cause (sudden crying or shouting)

Report any such incident as soon as possible to another person working with you and make a written record on MyConcern. This is for two reasons; firstly, some of these could be cause for concern, and secondly, the learner might possibly misconstrue something you have done.

If you are concerned that the learner appears to be sexually aroused by your actions, discuss this with the class team. An erection may occur during personal care. This is perfectly natural, not necessarily sexual and should not affect the care routine.

- *Technology*
No member of staff or learners will carry a mobile phone, camera or similar device during intimate care. We are unable to allow learners access to tablets/iPads for leisure purposes to ensure safety of staff and learners and to maintain good hygiene.

Recording of intimate care

Where learners have an intimate care plan, a continence diary should be completed to record when intimate care has taken place. (**Appendix D**). These documents can be stored within the medical folder.

Health and Safety

- All staff are actively encouraged to use single use PPE (including but not inclusive of disposable gloves and aprons when undertaking personal care). Selection of personal protective equipment (PPE) must be based on an assessment of the risk of transmission of micro-organisms, and the risk of contamination of a member of staff's clothing and skin by the pupil's body fluids, particularly blood. In practice, this means that standard, disposable gloves used for first aid (available from the usual suppliers and through the purchasing catalogue) should be used for intimate care. Gloves should be well-fitting. Staff must advise if they have sensitivity to natural rubber latex, and alternatives to natural rubber latex gloves, such as nitrile, must be provided if required. The health services or parent/carers may be able to advise the school or setting of alternatives if a child is known to have intolerance to latex.
- The change mat / bed should be cleaned after each use.
- Secure hand washing procedures should be in place. Gloves are not a substitute for hand hygiene. Gloves must be discarded after each use and hands should always be thoroughly washed following removal.
- It is sometimes advisable to wear other PPE, such as a mask and/or goggles/visor when in close contact.
- Disposal. In mainstream schools, normal waste disposal arrangements are usually sufficient. Small quantities of 'sub-clinical' waste such as used gloves, aprons, soiled nappies etc. should be double bagged and placed in normal refuse. Other arrangements can be made in Special schools.

Sensitive Issues

Many Learners with SEND have difficulty interpreting and relating to the world around them. To help them, staff and parents need to ensure a clear and consistent approach to sensitive issues, to safeguard themselves and to give clear guidelines on socially acceptable behaviour.

Personal contact

Touch is encouraged as part of healthy interaction and vital to our well-being. Comforting Learners is essential, and a hug gives them a positive message about themselves. However, carrying and cuddling them excessively and for our own convenience should not be encouraged.

Masturbation

We believe all Learners should have an opportunity to explore their own bodies in a relaxed and comfortable setting. This will most often be in the privacy of their own home. In exploring their bodies some Learners will masturbate. This is quite natural, and they should never be punished or chastised for doing so.

There are however situations and settings where masturbation is not appropriate, and intervention is necessary.

The following are suggested:

- distraction, e.g. another activity or interaction;
- calmly and gently remove hands;
- verbal reminders “we don’t touch, that’s private”;
- Specific teaching on “public” and “private” (clothes, places, actions, body parts).

Menstruation

Teaching on menstruation should begin, where appropriate through the RHSE curriculum in Year 5 and 6 and continue at secondary level. A positive attitude will underpin all teaching and include an element of celebration as girls become young women. Such teaching will include activities around:

- public and private (clothes, places, actions, body parts), becoming a young woman,
- body changes, hygiene and the practical aspects involved,
- becoming as independent as possible in the management of their periods.

For Learner’s with complex needs or in Special School settings, the individual management and care of that learner when they have their period should be discussed with both parents by the class team. If students on work placement are also involved in their personal care it is important to discuss the sensitive issue of menstruation with them. All staff involved should talk with the young woman each time they have their period, acknowledging both its presence and also how they might be feeling. A special calendar to record feelings, moods, frequency and duration could be used between school and home to ensure a consistent approach and involve the young women as appropriate. These are general guidelines for use by parents and staff with Learners across the whole school. However, we recognise their individual differences and needs including culture and religious beliefs and will adapt our procedures accordingly.

Continence Standards

Learners with disabilities may experience the same bladder and/or bowel issues as their typically developing peers. However, they are more likely to develop lower urinary tract symptoms and/or constipation. Furthermore, they may face additional obstacles to achieving and maintaining continence. Restricted mobility may make getting to the toilet more challenging; communication difficulties can hamper requests for help; reduced social awareness may impact on their desire to learn to use the toilet, sensory issues may make them unwilling to use school toilets.

Appendices

Appendix 1 - Personal Care Checklist (mainstream)

Appendix 2 – intimate Care Record Form (mainstream)

Appendix 3 – Extract from Guidance for Safer Working Practice for Adults who work with Children and Young People (Feb 22)

Appendix 4 – Home school agreement on intimate care/ changing protocol

Appendix 5 – JD and person profile for teaching assistant

Appendix A – Special School Intimate Care Plan.

Appendix B – Special School Intimate Care Plan Management Checklist

Appendix C – Special School Agreement of Intimate Care Procedures Document

Appendix D – Special School Continence Diary

Appendix 1
Personal Care Checklist

Considerations when admitting a child with intimate care needs

Considerations to be discussed	Tick if in place	Required
<ul style="list-style-type: none"> Medical and care advice. Continence Service/school nursing Discussion with parents/ carers, leading to written agreement, protocols and care plan – with review schedule. Training for staff - including safeguarding, manual handling and intimate care. Risk Assessment. Update job descriptions. Staff identified and appointed. Action in case of an emergency Care plan and review procedure. 		
Equipment and resources		
<ul style="list-style-type: none"> Will existing toilet area require adaptation? Is a changing bench needed? Will rails be needed? Is hot water available? Will the pupil require a hoist? Will the pupil require symbols? Is there sufficient and appropriate storage? 		
Supplies		
Who will provide if needed?		
<ul style="list-style-type: none"> Pads Wipes Spare clothes 	normally parents	
<ul style="list-style-type: none"> Gloves Disposable aprons Plastic bags, if necessary? Hand wash and chlorine based surface disinfectant 	normally setting	
Additional information		

Checklist completed by (Name): _____
Role/Job title: _____
(Signature): _____ Date: _____
Name and signature of parent/carer: _____
Date of creation of record: _____
Anticipated review date: _____

Appendix 3

**Extract from Guidance for Safer working Practice for Adults
who Work with Children and Young People (Feb 2022)**

15 Intimate / personal care

Schools and settings should have clear nappy or pad changing and intimate / personal care policies which ensure that the health, safety, independence and welfare of children is promoted and their dignity and privacy are respected. Arrangements for intimate and personal care should be open and transparent and accompanied by robust recording systems.

Pupils should be encouraged to act as independently as possible and to undertake as much of their own personal care as is possible and practicable. When assistance is required, this should normally be undertaken by one member of staff, however, they should try to ensure that another appropriate adult is in the vicinity who is aware of the task to be undertaken and that, wherever possible, they are visible and/or audible. Intimate or personal care procedures should not involve more than one member of staff unless the pupil's intimate care plan specifies the reason for this.

A signed record should be kept of all intimate and personal care tasks undertaken and, where these have been carried out in another room, should include times left and returned.

Any vulnerability, including those that may arise from a physical or learning difficulty should be considered when formulating the individual pupil's care plan. The views of parents, carers and the pupil, regardless of their age and understanding, should be actively sought in formulating the plan and in the necessary regular reviews of these arrangements. Any changes to the intimate care plan should be made in writing and without delay, even if the

This means that education settings should:

- have written care plans in place for any pupil who could be expected to require intimate care
- update intimate / personal care plans in writing where appropriate; e.g. because there are changes to staff rotas, etc.
- ensure that pupils are actively consulted about their own care plan
- ensure that intimate / personal care is provided by staff known to the child
- ensure that only individuals that have been checked against the relevant DBS barred list are permitted to engage in intimate or personal care
- ensure that temporary or visiting staff have been trained in intimate and personal care procedures if it will be necessary to involve them in such activity

This means that staff should:

- adhere to their organisation's intimate and personal care and nappy changing policies
- make other staff aware of the task being undertaken
- always explain to the pupil what is happening before a care procedure begins
- consult with colleagues where any variation from agreed procedure/care plan is necessary
- record the justification for any variations to the agreed procedure/care plan and share this information with the pupil and their parents/carers
- avoid any visually intrusive behaviour
- where there are changing rooms announce their intention of entering
- always consider the supervision needs of the pupils and only remain in the room where their needs require this

This means that adults should not:

- change or toilet in the presence or sight of pupils

change in arrangements is temporary; e.g. staff shortages, changes to staff rotas.

Intimate and personal care should not be carried out by an adult that the child does not know. Anyone undertaking intimate / personal care in an education setting is in regulated activity and must have been checked against the relevant DBS barred list, even if the activity only happens once; this includes volunteers. Volunteers and visiting staff from other schools / agencies should not undertake care procedures without appropriate training.

Pupils are entitled to respect and privacy at all times and especially when in a state of undress, including, for example, when changing, toileting and showering. However, there needs to be an appropriate level of supervision in order to safeguard pupils, satisfy health and safety considerations and ensure that bullying or teasing does not occur. This supervision should be appropriate to the needs and age of the children concerned and sensitive to the potential for embarrassment.

- shower with pupils
- allow any adult to assist with intimate or personal care without confirmation from senior leaders that the individual is not barred from working in regulated activity
- assist with intimate or personal care tasks which the pupil is able to undertake independently

Appendix 4 Home / School Agreement on Intimate Care - Changing Protocol

The purpose of such an agreement is intended to help avoid misunderstandings that might otherwise arise, and help parents/carers feel confident that the setting/school is taking a holistic view of the child's needs.

The parent/carer:

- > ensures child is changed at the latest possible time before being brought to school;
- > ensures the child wears a dry pull up to aid toilet training;
- > provides school with spare nappies/pull-ups/wipes/nappy sacks and change of clothing;
- > understands the nappy changing procedure set out below;
- > informs the school in writing should the child have any marks or rash;
- > agrees to a minimum change policy set out below. Where the school will not undertake to change the child more frequently than if they were at home
- > agrees to review arrangements where necessary i.e. where progress has identified the child as ready to toilet train

Changing procedure

We will follow the nappy changing procedure below:

- > Alert the child to nappy change time, this should be done sensitively for example by telling them that it's time to make them comfortable.
- > Gather all the necessary items needed before each nappy change, for example, nappies/pull-ups, wipes, nappy sack, plastic carrier bag for soiled clothes, cream if necessary (where cream is used the child should have their own named cream and written permission obtained from the parent). Children's own supplies should be stored in their own bag on their cloakroom peg.
- > Nappy change mat, sanitise before use, with recommended cleaner in force at the time.
- > Wash and dry your hands.
- > Put on gloves. Apron, mask and eye protection. You should use a new set of gloves, mask and apron for each nappy change.
- > Remove the child's clothing to access the nappy, encourage the child to help remove his/her their own clothes. Remove the nappy and place it inside the nappy sack.
- > If the child's clothes are soiled, they should be bagged separately and sent home, they should not be rinsed by hand.
- > Using the wipes, clean the child from front to back and place the used wipes in the nappy sack. Tie the nappy sack twice and put it in the bag in the nappy bin.
- > Put on a clean nappy and apply cream if necessary (see above).
- > Take off the gloves, mask and apron and place them in a pedal operated bin. Sanitise eye protection.
- > Dress the child.
- > Re sanitise change mat.
- > Help the child to wash their hands if necessary using liquid soap, warm water and paper towels.
- > Wash your hands using liquid soap, warm water and paper towels.
- > Take the child back to the room.

Minimum change policy

Children should arrive at school in a nappy or pull-up which has been put on as late as possible before leaving home.

Staff will change a child once per 3 hour session, morning and afternoon if staying all day. Staff will change a nappy/pull-up sooner if a child becomes soiled, is wetter than necessary or is uncomfortable.

The school:

- > Agrees to monitor the number of times the child is changed in order to identify progress made
- > Agrees to report should the child be distressed, or if marks/rashes are seen
- > Agrees to review arrangements whenever necessary

Name of Parent: _____

Signature of Parent: _____

Date: _____

Name of Academy Head / Nursery Manager: _____

Signature of Academy Head / Nursery Manager: _____

Date: _____

Appendix 5

JOB AND PERSON PROFILE FOR: TEACHING ASSISTANT

Job Reference:	
Grade:	
Location:	
Hours per Week:	
Status:	Fixed Term / permanent

Main Purpose of the Job:

To support a pupil with a physical disability in a mainstream school environment.

Key Relationships:

- > Class Teacher
- > Academy Head/Nursery Manager
- > Other members of school staff

Main Activities and Responsibilities:

- > To support intimate care
- > To move and handle the pupil in line with Trust policy and advice from external agencies
- > To have knowledge of first aid
- > To work with children on specific tasks in a small group, provided by the class teacher
- > To report any changes in pupil behaviour to the teacher
- > To keep accurate records
- > To administer gastrostomy feeds, in line with Trust guidance (if required)
- > To administer medication, e.g. Buccal Midazepan (if required)
- > To programme communication aids and support the pupil in using it.

Level of Autonomy and Decision Making:

The post holder must be able to use their own initiative and be flexible.

The duties and responsibilities of this post may change from time to time. The post holder would be expected to carry out other work of a similar nature within the school, if the pupil is absent.

Current Objectives for the Job:

To ensure the pupil is fully included in a mainstream school.

Person Profile	Essential	Desirable
Education & Qualifications	Experience in working with pupils within a school environment Good level of literacy and numeracy	NVQ Level 2 or equivalent Recent attendance at Level 1 safeguarding

Interpersonal & Communication Skills	Flexibility Problem solving Effective communication skills Team working Independent working Ability to maintain appropriate levels of confidentiality	
Relevant Experience	Experience in working with pupils within a school environment	Recent First aid training Awareness of Makaton
Additional Requirements	Willingness to attend training Enhanced CRB check	
Skills and Capabilities		
Mental Skills		
Physical Demands		
Mental Demands		
Emotional Demands		
Responsibility for People		
Responsibility for Supervision/Direction/Co-ordination of Employees		
Responsibility for Finance		
Responsibility for Physical Resources		
Working Conditions		

If you have a disability or long term illness that otherwise prevents you from meeting any of the essential criteria, please contact us to discuss whether a reasonable adjustment can be made.

Telephone Number: _____ **Email:** _____

Appendix A: Intimate Care Plan

Learners Name:	DOB:	Male / Female	Age:
Reason for the plan:			
Level of Supervision (staffing):			
What Assistance Required:			
When	Where	By Whom	
Communication strategies with the learner:			
Equipment Required:			
Is a toilet training strategy implemented to support the learner? (If yes, please refer to 'Toileting Plan')			Yes / No
Arrangements when off-site:			
This plan was completed by:	Name	Role	
This plan has been agreed by:			
Designation	Name	Signature	Date
Parent/Carer			
Headteacher			
Teacher			

*By signing this Intimate Care Plan, I agree with the above and give permission for personal care to be provided to my child. **Appendix A***

Appendix B - Intimate care management checklist:

Name of person completing form: _____	
Job title: _____ Date completed: _____	
Child's name:	Male/Female
Date of birth:	Age:

Facilities	Discussed	Action
Suitable toilet identified? Adaptations required? <ul style="list-style-type: none"> • Changing mat/table (easy clean surface) • Grab rails • Step • Easy operate locks at suitable height • Accessible locker for supplies • Mirror at suitable height • Hot and cold water • Disposal unit • Moving and handling equipment • Ability to call for support 		

Facilities	Discussed	Action
<u>Family provided supplies:</u> <ul style="list-style-type: none"> • Pads • Catheters • Wipes • Spare clothes • Others (specify) <u>School/setting provided supplies:</u> <ul style="list-style-type: none"> • Toilet rolls • Urine bottles 		

<ul style="list-style-type: none"> • Antiseptic cleanser, cloths and blue roll • Antiseptic hand wash • Milton/sterilising fluid • Paper towels, soap • Disposable gloves/aprons • Yellow sacks/disposal bag 		
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Intimate care management checklist

<u>Staff training/communication</u>	<u>Discussed</u>	<u>Action</u>
<p>Advice sought from medical personnel? Manual handling adviser?</p> <ul style="list-style-type: none"> • Learner Parental/carer involvement in the management plan • Child/young person's involvement in the management plan • Any parental/child/young person's preference for gender of carer • Specific training for staff in personal care role • Awareness raising for all staff • PE staff Other children and pupils? • Consult child/young person, respect privacy • How does the child/young person communicate needs? 		

Support		
Identified staff Back up staff		
Training for back up staff		
Time plan for supporting personal care need		
<u>Reviewed :</u>	<u>Next review date:</u>	

Appendix C - Agreement of intimate care procedures for a child or young person with complex needs

The purpose of this agreement is to ensure that both parents/carers and professionals are in agreement with what care is given, who is providing the care and that the appropriate training is given.

Teaching of the care procedure may be carried out by the professional experienced in that procedure.

When the parent/carer and/or professional are agreed the procedure has been learned and the staff carer feels comfortable with, and competent to administer that procedure this record should be signed by the parties.

One copy should be given to the staff carer, one retained in the staff carer’s personnel file and one filed in the child/young person’s medical health record.

Child/young person’s name.....

Procedure.....

Staff carer’s name.....

Staff carer’s signature..... Date.....

Parent/carer and/or professional I have taught the above procedure to the named staff carer and have assessed him/her as able to perform the care as instructed.

Signed..... Date.....

Designation..... Date

<u>Reviewed</u>	<u>Autumn Term</u>	
	<u>Spring Term</u>	
	<u>Summer Term</u>	

Appendix D - Toilet Training Record

<u>Child's name:</u>	<u>Date of birth:</u>	<u>Age:</u>
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<u>Date</u>	<u>Time</u>	<u>Poo in toilet – amount</u> <small>small/medium/large</small>	<u>Any soiling? - amount</u> <small>small/medium/large</small>	<u>Stool type</u> <small>1 - 7</small>	<u>Wee in toilet– amount</u> <small>small/medium/large</small>	<u>Any wetting? – Amount</u> <small>small/medium/large</small>	<u>Did child ask for toilet or were they prompted to go?</u>	<u>Any other comments</u>

Document Control

Changes History:

Version	Date	Amended By	Details of Change
2	31/07/2017	Tamsin Little	Added Intimate Care Record Form Proforma
3	11/5/18	Tamsin Little	<ul style="list-style-type: none"> • 6 removed section referring to best practice for administering medicines – replaced by new separate policy ‘Supporting Pupils with Medical Conditions’ • 1.2 updated reference to ‘Supporting Pupils with Medical Conditions’ policy • 4.2 reduced wording (1) • 4.2 reduced wording (2) this now falls within the policy ‘Supporting Pupils with Medical Conditions’ • 7 wording removed and wording further strengthening parental involvement/communication added • 8 removed wording which now falls within the policy ‘Supporting Pupils with Medical Conditions’ • 10.4 removed hyperlink - no longer working • 13.1 removed wording which now falls within the policy ‘Supporting Pupils with Medical Conditions’ • 15 removed sources of information as no longer relevant/up to date • Removed Appendix 1 this now falls within the policy ‘Supporting Pupils with Medical Conditions’
4	2019	Nigel Shaddick	Review only, no changes.
5	May 2020	Nigel Shaddick	Review only, no changes.
6	May 2022	Andrew Aalders-Dunthorne	<p>Routine review.</p> <p>Clarified references to nursery staff.</p> <p>Updated PPE guidance in line with operating procedures ‘Living with Covid’.</p> <p>Use of non-specific pronouns to identify gender.</p> <p>Updated Appendix 3: in line with Guidance for safer working practice for those working with children and young people in education settings (Feb 2022)</p>
7	May 2023	Kathy Brooke	Complete rewrite to ensure needs of pupils with complex needs in special settings are met – based on existing Warren School policy with some additions from version 6 above.
8	May 2024	Gemma Bucklee	Review, update to include reference to MyConcern

Approval:

Name	Job Title	Signed	Date
Andrew Aalders-Dunthorne	Principal/CEO	Electronic signature	28/12/2016
Dawn Carman-Jones	On behalf of the Trust Board	Electronic signature	28/12/2016
Andrew Aalders-Dunthorne	Principal/CEO	Electronic signature	13/06/2022
Dawn Carman-Jones	On behalf of the Trust Board	Electronic signature	13/06/2022
Andrew Aalders-Dunthorne	Principal/CEO	Electronic signature	13/07/2023
Dawn Carman-Jones	On behalf of the Trust Board	Electronic signature	13/07/2023
Andrew Aalders-Dunthorne	CEO	Electronic signature	11/07/2024
Steve Martin	On behalf of the Trust Board	Electronic signature	11/07/2024

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