



## Littletown Primary Academy

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## INTIMATE CARE POLICY

*Live • Love • Learn - Littletown*

**This Policy was adopted by the Full Governing Board of  
Littletown Primary Academy**

**On 5th December 2022**

signed.....

**(Chair of Governors)**

**Date Policy to be reviewed on:**

**December 2023**

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### **1. Definition**

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or bathing. It also includes supervision of pupils involved in intimate self-care.

### **2. Introduction**

-Staff who work with young children or children who have special needs will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.

-Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of child safeguarding issues. Staff behaviour is open to scrutiny and staff at Littletown Primary Academy and Nursery work in partnership with parents/carers to provide continuity of care to children wherever possible.

-Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

-Littletown Primary Academy and Nursery 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. Littletown Primary Academy and Nursery recognises 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.

### **3. Child/Young person focused principles of intimate personal care**

The following are the fundamental principles upon which this Policy and guidelines are based:

Every child and Young person has the right to:

- Be safe
- Personal privacy
- Be treated as an individual
- Be treated with dignity and respect
- To be involved and consulted and have their views taken into account in their own intimate personal care, appropriate to age/ability.
- Have levels of intimate personal care that are as consistent as possible.

#### 4. Best Practice

-This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in our care. Meeting a pupil's intimate personal care needs is one aspect of safeguarding. This intimate Personal Care Policy has been developed to safeguard children and staff and it applies to everyone involved in the intimate care of children.

-All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance. The religious views, beliefs and cultural values of children and young people should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

-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. Wherever possible staff who are involved in the intimate care of children will not usually be involved with the delivery of sex and relationship education to their children as an additional safeguard to both staff and children involved.

-There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

-As a basic principle children 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 as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.

-Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Where possible one child will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented. An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate personal care.

-Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.

-Adults who assist pupils with intimate personal care will be employees of the school, not students or volunteers and therefore have the usual range of safer recruitment checks, including DBS checks.

-All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

-No member of staff will carry a mobile phone, camera or similar device whilst providing intimate personal care.

-Staff who provide intimate care are trained to do so (including Safeguarding and Health and Safety training in moving and handling where appropriate) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required. Staff will follow best practice regarding infection control, including the requirement to wear disposable gloves, aprons etc.. at all times.

-Health and Safety guidelines should be adhered to regarding waste products. If necessary, advice should be taken regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.

-Parents/carers will have given consent and will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

-If required an 'Individual Health Care Plan' IHCP (see Appendix 1) will be put in place. This plan will have been written and agreed by staff, parents/carers and any other professional actively involved, such as school nurses, bowel and bladder nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and pupil (where appropriate) are present. Any historical concerns should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances (i.e for residential trips or staff changes). They should also take into account procedures for educational visits/day trips.

-Where a care plan is not in place, parents/carers will be informed the same day that their child has needed help with meeting intimate personal care needs (i.e. has had an accident and wet or soiled him/herself ).

All staff will be required to refer to the nappy changing procedure for best practice within the nursery (See Appendix 2)

## **5. Training and Medical Procedures**

-All relevant staff to read the Intimate care policy and to sign to say they have read it.

- Training session to be completed to talk about duty of care, safeguarding and hygiene routines.

-Staff to follow guidelines set out in this policy.

-Children with additional medical needs may have an Individual Health Care Plan or a Toileting Plan (See Appendix3) written by a Bowel and Bladder specialist, nurse or physiotherapist.

-Pupils with additional physical and sensory difficulties might require assistance with invasive or non-invasive medical procedures such as managing catheters and colostomy bags. These procedures will be discussed with parents/carers, documented in the IHCP and will only be carried out by staff specifically trained to do so.

-In relation to record keeping a written record should be kept on CPOMS and in a format agreed by parents and staff every time a child receives invasive care (i.e support for catheter change/usage).

-It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical waste is disposed of correctly.

-Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

## **6. The Protection of children**

Education Safeguarding Procedures and Inter-Agency Safeguarding procedures will be accessible to staff and adhered to.

Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the designated person for child protection who is the Principal or Vice Principal. A clear record of the concern will be completed and referred to MASH if necessary. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution.

Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed [see Safeguarding Policy].

Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors in accordance with the child protection procedures and whistle blowing policy.

## 7. Appendices

### Appendix 1: Individual Health Care plan See Attachment

### Appendix 2: Nappy Changing Procedure

1. Prepare nappy changing area with paper towel over changing mat, and all equipment ready including clean clothes if required.
2. Put on rubber gloves.
3. Place child on the changing mat. Remove clothes, if soiled place into plastic bag to take home.
4. Remove soiled nappy, put into nappy sack.
5. Using wipes, clean child's bottom from front to back. Place soiled wipes into nappy sack.
6. Use wipes to remove soil from adult's gloves, place wipes into nappy sack.
7. Remove soiled paper towel from under child if necessary and put gloves into nappy sack. Tie top and place into nappy bin.
8. Put on clean gloves.
9. Put on clean nappy, cream if requested by parents and redress child.
10. Sanitise nappy mat and changing area. Put gloves into bin.
11. Wash child's hands at sink.

Wash adult hands

*\* During covid pandemic an apron, appropriate face covering, and gloves will be worn to protect staff and child.*

Guidelines published by Devon Learning and Development Partnership  
Early Years Advisory Team

Appendix 3: Toileting Plan



# Intimate Care/Toileting Plan



<b>Childs Name:</b>		<b>DOB:</b>	
<b>Person Drawing up plan:</b>		<b>NHS no:</b>	
<b>Date of Plan:</b>		<b>Review Due:</b>	

**Area of Need:**

**What is to be done:**

**When:**



**Where:**



**How:**



**Special notes:** e.g. reward scheme, attitude to be taken, access to toilet, equipment required:



**How to record:**



**Additional Information:** e.g. guidance on how much a child should drink:



## Record of Independence

**Name:**

**I can already:**

✓

✓

✓

**I will try to:**

**What I want to achieve is:**

**These people will help me achieve my goal:**

**Signed by child, if appropriate:**

**As parent / carer of**

**I give permission for the staff listed**

**above to provide intimate care for my child and I will advise the Head Teacher of**

any condition or changes in relation to my child's needs, which may affect issues of intimate care.

<b>Parent/Carer's name:</b>		<b>Signature:</b>	
<b>Contact Phone No/s:</b>		<b>Date</b> :	
<b>Signature of person drawing up the plan and responsible for reviewing:</b>		<b>Date</b> :	

<b>Record of Agencies Involved with:</b>			
<b>Childs Name:</b>		<b>DOB</b> :	
<b>Role</b>	<b>Name</b>	<b>Contact details</b>	
Parent/Carer			
School Nurse/Health Visitor			
Continence Advisor			
Physiotherapist			
Occupational Therapist			
Hospital Consultant			
Hospital School Service			

Advisory Teacher Physical Difficulties		
GP		
Educational Psychologist		
Social Worker		
Other		