



Intimate care policy

Introduction

Penponds is aware that some learners may require assistance from members of staff for personal care, including toileting, either due to the age and developmental level of the student, or as a result of disability or medical need. The main aim of the school is to ensure that our learners are safe, secure and protected from harm.

Aim

The intimate care policy aims to provide a clear framework for staff to ensure the safety and dignity of all learners who need support with personal care, including toileting and continence management. It will also clarify for learners and their families the support they can expect from school.

Principles

Penponds respects our learners and encourages them to achieve their potential. This includes encouraging them to be as independent as they are able with their personal care. We will ensure that our learners are:

- Treated as individuals
- That their right to safety, dignity and privacy is respected
- Involved with and consulted about their personal care as far as they are able
- Provided with consistency of care as far as possible

Health and safety

Staff should wear a plastic apron and gloves when changing a soiled nappy or clothing. All items used to support with changing will be disposed of in a clinical waste bin.

School responsibilities

We will work with parents/carers to promote toilet training, unless there are medical reasons why this is not appropriate.

Where learners are not able to be fully continent, we will ensure that a care plan is written to ensure their needs are clarified and met. The learner and their family will be included in discussions about the care plan, unless this is clearly inappropriate due to age of specific

needs. Relevant healthcare professionals including the school nurse may also be consulted. The care plan will be reviewed at least annually or sooner if the learner's needs change.

School will ensure that anyone who undertakes intimate care is an employee of the school and has had appropriate safeguarding checks. School will ensure that sufficient staff are named on care plans and available to provide the required support in all foreseeable circumstances.

Only in an emergency would staff undertake intimate care that has not been agreed with the parents/carers. This act of care would be reported to a senior member of school staff and to the parents/carers as soon as possible after the event. The reasons for this and the care undertaken would be documented by the staff member who had delivered the care.

A written record will be kept of all support with intimate care. This will include the date and time of the care, who was present and any care given. Any changes in the learner's behaviour or appearance will be documented and reported to a senior member of staff, in line with the safeguarding policy.

Staff will communicate carefully with learners, using their usual communication method, to discuss their needs and preferences. Wherever possible the learner's wishes and preferences will be taken into account.

School will take into account the religious views, beliefs and cultural values of the learner and their family as far as possible when undertaking personal care.

School will work with the learner to promote positive self-esteem and body image and independence with self-care as far as is appropriate and practical.

School will ensure that all staff are aware of the need for confidentiality. Personal and sensitive information will only be shared with those who need to know.

School will act according to their safeguarding policy and procedures if there are any concerns for the learner's wellbeing.

School will support parents by sharing ERIC resources (ERIC – Child bowel and bladder charity).

School will support parents with access to external support. E.g school nurse

Governors responsibilities

To ensure that sufficient staff are trained to meet the needs of their learners.

The governing body will ensure that this policy is monitored and reviewed at least every three years.

Parent/carer responsibilities

Parents/carers must ensure that they provide all relevant information to school, as soon as possible, so that the needs of their child can be met. This includes the nature of their child's needs, details of any healthcare professionals involved including specialist nurses, as well as any changes in their medication, care or condition.

Parents/carers must ensure that they work towards their child achieving the maximum possible level of independence at home.

Parents/carers should work with school to develop and agree a care plan.

Parents/carers must make sure that school always has required equipment available for their child's intimate care or toileting needs.

Parents/carers must ensure that school always has their emergency contact details.

Parents/carers should read and use resources provided by the school to support their child to become independent.

Learner responsibilities

To be as involved as possible in their intimate care and with their care plan.

To let school staff know when they are aware that they need assistance.

To let their parent/carer or a trusted member of school staff know if they have any concerns or feel uncomfortable at any time.

Related documentation

When reading this policy please be aware of and refer to the following related documents:

- The safeguarding policy
- Low level concerns policy
- Managing medical needs in school policy
- First aid policy
- Health and safety policy
- Inclusion policy

Appendix 1 – Care plan proforma

Appendix 2 – Record of intimate care

Appendix 1

Intimate care plan

It is advised that a care plan is completed for all learners from Reception to Year 6 who have continence difficulties that affect their school day. As the care plan is a working document designed to assist school in their care for a learner, this should include all the information they require. It should be completed by school with the parents/carers and involve the child as far as their age and development allows. If school have any concerns, if the child's condition or treatment is complex, or if there are any disagreements, schools may consult the school nurse, or the relevant healthcare professional.

Name of School:

Child's/young person's details

Child's name	
Date of Birth	
Year group	

Date of plan:

Planned review date:

(The plan should be reviewed at least annually or more frequently if the child's situation changes)

Name of person(s) completing plan and their role:

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Health contacts

Specialist nurse	
Consultant	

General Practitioner	
Health Visitor/School nurse	

Education contacts

Class teacher	
Special Needs coordinator (if relevant)	
Other support staff in school	

Description of continence difficulty

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Goals for continence management

Describe how the child's bladder and bowel health is going to be promoted and maintained and how potential and independence are going to be appropriately promoted. You may include goals for parents, child and /or school staff depending on individual needs.

Medication

Details of medication. If any medication needs to be taken in school refer to the school’s medical policy and follow school procedures.

Management and description of routine

e.g. details of drinking, toileting and changing routines, aides used and any reward schemes

Details of help required for personal care, who will provide this, where and how

Arrangements for sporting activities, school visits/trips etc

Details of staff training needed/undertaken

Include who has been trained, the training given, by whom with dates and signatures of trainer and staff member

Use and disposal of continence products and aids

Include arrangement for soiled clothes and underwear, provision or new/spare equipment eg catheters).

Emergency situations

Describe what would constitute an emergency for the child and what action should be taken. Schools should always act in line with their safeguarding, medical and first aid policies.

Name of parent/carer

Signature of parent/carer **Date**

Name of school representative

Role/job title of school representative

Signature of school representative **Date**

Name of child/young person

Signature of child/young person **Date**

Appendix 2

INTIMATE CARE LOG

Name Of Child	Date and signature of adult undertaking care	Any incident needing adult assistance should be described here. eg soiling, wetting