

Carr Lodge Academy

Intimate Care Policy

Sept 2022 - 2025

Do you want to ask about anything in this booklet?



If so, please contact our SENDCo:
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A Member of
Exceed Learning Partnership
• EVERY CHILD • EVERY CHANCE • EVERY DAY •

Welcome

Intimate care is needed by a very small number of children. However, for those who need it, it is vital that we have clear guidance in place.

This guidance booklet is our policy and tells you how we meet intimate care needs at our inclusive school.

What would you like to know?

Information Pages (Blue border)

2. Definitions
3. Who needs intimate care?
4. Who does what?
5. Staff Training
6. The Plans we Use
Staff Ratios
7. Safeguarding Everyone
8. Toilet Trained?
9. Hygiene
9. Moving and Handling
10. Policy Review, Laws and Guidance

Templates and Posters (Yellow Border)

11. Intimate Care Plan (ICP)
13. Intimate Care Plan (ICP) example
15. Intimate Care Record
16. PPE poster
17. Handwashing poster

Note: In this booklet, we use the term “parent” to cover both parents and anyone who acts in the parent role, including carers. This makes it easier to digest.

Definitions

Before we get into details, it's helpful to understand the difference between **personal care** and **intimate care**.

Personal care

This means tasks that involve touching or exposure of a child's body, not including a child's private parts. It often involves hygiene, food or appearance. It can include:

- skin care
- external medication
- oral feeding
- hair care
- dressing and undressing (not including underwear)
- brushing teeth
- washing non-private body parts

Intimate care

This means tasks involving bodily functions, body products, and personal hygiene and that need direct or indirect contact with, or exposure, of a child's private areas. It includes:

- dressing and undressing (that includes underwear)
- helping with the use of the toilet
- changing continence pads or nappies
- showering (e.g. a wheelchair users on a residential trip)
- washing intimate and personal parts of the body
- changing sanitary towels or tampons
- administering some medications or first aid

It's because of the nature of intimate care, that this booklet is so important.

I'm getting an intimate care plan, but what's intimate care?



Personal Care is when adults provide care for me that involves touching or exposing these areas.

Intimate care is when adults provide care for me that involves touching or exposing these areas.

Image shows a visual for children to introduce the idea of intimate care.

Who needs intimate care?

It is difficult to give a complete list, but here are some examples:

- A young child, who has an accident and soils herself, might need help to clean themselves.
- An autistic child, who isn't yet able to sense that they need the toilet and repeatedly soils himself, might need help to clean and change.
- A child with epilepsy, who needs rectal diazepam (a fast acting medicine used only during certain seizures), might need this administering as part of their NHS epilepsy care plan.
- A child with cerebral palsy might wear incontinence pads and need these changing during the school day.

Who does not need Intimate Care?

Again, it is difficult to give a complete list, but here are a couple of examples of intimate issues that aren't intimate care (because there's no exposure or contact with the child's private parts).

- **A Y6 girl, who has no SEND, tells us that she thinks she is having her first period.** She's only noticed it today. First periods are not likely to be heavy, so a familiar female staff member gives advice on using folded toilet paper to catch the blood for now. The girl is able to do this without needing the adult to accompany her into the toilet. We call parent to inform them and agree what we do next.
- **A Y3 boy has severe learning difficulties. He goes to the toilet but gets distracted.** He can take up to 20 minutes in the toilet. A teaching assistant waits outside the toilet and gives prompts from outside (e.g. "Have you nearly finished?" "Remember... trousers up before you open the door").

In the second example, even though we aren't providing intimate care, we might still have an ICP. This is because we are making adjustments to how he provides his own intimate care. On the other hand, we might use, for example, a pupil behaviour plan for this.

Roles: Who does what?

Our Principal makes sure that...

- We have an intimate care policy and we publish it.
- We have adequate staffing to meet all intimate and personal care needs, including when key staff are absent.
- We provide suitable training to our staff, who provide intimate and personal care.
- Where hoists, changing tables and similar items are fitted, we have procedures ensure that this is safely maintained.

Our SENDCo makes sure that...

- All staff are aware of this policy.
- As far as possible, we consult children about plans for their care.
- We tell children who will provide the care and who to talk to if they have any worries.
- We consider any religious or cultural sensitivities when we write ICPs.
- We share any new ideas, resources and equipment with appropriate staff.
- We keep a stock of everything we need (e.g. disposal bags, gloves, aprons) and our procedures allow quick ordering when we need more.
- We review this policy at least every three years, for approval by the Principal.

Parents make sure that they...

- Tell us about any known intimate care needs.
- Work in partnership with us (and any health workers) to agree their child's intimate care arrangements.
- Make sure we are always supplied with enough clean clothing, nappies/pads/pull ups and any other special items needed.
- Clean and return any spare clothes as soon as possible.

Staff make sure that they...

- Are respectful, professional and sensitive.
- Discuss what we are doing in a friendly and reassuring way with the child during the whole process.
- Use agreed terms (e.g. bottom, penis, vagina, private parts).
- Allow the child a choice in the sequence of care, where possible.
- Use visuals, if these normally support the child.
- Work in partnership with parents and keep parents informed.
- Plan for intimate care needs when organising trips or special events.

Children...

We encourage the child to try to be as independent as possible. This is different for each child but we may ask or prompt a child to:

- Remove soiled items of clothing: “Ok... Trousers and socks off please.”
- Clean themselves: “Use the tissue to wipe your bottom.”
- Dress using clean spare clothes: “Ok... clean trousers on.”
- Wash their own hands: “Next... please wash your hands.”

We do not ask children to clean surfaces.

Children can tell us if they are uncomfortable with a particular carer. Staff should take no insult from this, as they will see it from the child’s point of view and recognise that the child’s dignity is paramount. For example, they may have views about the gender of the carer – we aim to respect this.

Teachers...

- Help to write and review ICPs.
- Are not directed to fulfil any intimate and personal care tasks, or to supervise or accompany support staff who are carrying out these roles.
- Do sometimes support children’s care needs (e.g. helping in an accident, emergency, trip etc) - this is voluntary and is not directed.
- Always still have a ‘duty of care’ to our children.

Governors...

- Delegate duties to the Principal to approve and deliver this policy.

Student teachers, childcare students and volunteers...

- Do not have any role in providing intimate care.

Staff Training

For basic care (such as that normally provided by a parent), training may just include spending time with the SENDCo to discuss key points of this booklet or the child’s ICP.

For more specialist care, we may seek training from health workers (e.g. the school nurse, occupational therapy).

For very specialist care (e.g. rare cases of catheters), we will seek training from a health specialist. The parent may often be able to put us in touch with the child’s specialist health worker, or we may go via the school nurse to find the right team.

The Plans we Use

We use intimate care plans (ICPs) for any child who we know will need intimate care. You can see a blank plan and an example plan at the end of this booklet.

Plans are written by adults who best know the child's needs. This can include SENDCo, health workers, teacher, support staff, parents and, importantly, the child.

We review ICPs in termly review meetings – often during SEND meetings (if the child also has SEND). Any tweaks, major changes or decisions to end the plan are made in partnership when we are already meeting parents.

When we have reviews, we do not always need to change the plan because, if things needed changing, we often spoke with parents / health worker(s) to agree updates to the ICP at the time the change was first identified.

Intimate Care Plan - Example			
Child's name	Jack Smith	Class	Y3AR; Mrs White
Date of this plan	09/06/2023	Key SEND (e.g. ASD, PDD)	ASD, MLD
Overview of support needed	Due to his ASD, Jack has frequent accidents because he doesn't realise he needs the toilet.		
Expected frequency of support (e.g. daily, approx. monthly, after a seizure)	Approx. once a fortnight		
Staff involved in providing the intimate care	Mrs Black, Mrs Scarlett, Mrs Green		
Level of support (e.g. 1:1, 2:1)	1:1		
Equipment needed (e.g. gloves, hand wash, waste bags, wipes, apron, bucket, spare clothes, spare underwear, toilet, changing mat, towel, shower gel, shampoo)	Small & medium gloves & aprons Hand wash Waste bags Toilet roll and wet wipes Plastic bags (to send clothes home) Spare uniform (in bin to use)		
Where will we provide the intimate care? (e.g. accessible toilet)	Accessible toilet in KS1 area		
Is any manual handling needed? If so, what?	None needed		
What adjustments are likely to be needed for day trips or special events? (e.g. a proxy for changing, taking child to toilet at planned times, spare clothes taken)	Reminders to go to the toilet at least every 90 minutes and after eating Take spare clothes, gloves, handwash, plastic bags, apron, tissues.		

Intimate Care Plan (Continued)	
Child can already:	<ol style="list-style-type: none"> 1. Take off shoes, socks, trousers and underpants. 2. Wipe away some poo. 3. Put next toilet paper in toilet & flush. 4. Put wet wipes in the plastic bag. 5. Wash his hands. 6. Clean in his clean clothes.
Child will try to: (What are the next steps, if any, towards being independent?)	<p>Fully wipe away any mess on that he can see using toilet roll and then wet wipes.</p> <p>Attempt to wipe up mess on his bottom, with some adult prompting (to help him know where to wipe).</p>
Key staff will:	<p>Help Jack to remove his underpants (to minimise chance of poo being smeared on his legs)</p> <p>Prompt Jack to wipe away most of the poo.</p> <p>Check he is clean and, either prompt him to try again for bits or wipe it off (depending on whether he can see it or not).</p> <p>Bag & tie up soiled wet wipes. Then put in sanitary bin. Double bag soiled clothes to go home.</p>
Are parents providing supplies and where will we keep them? (e.g. pads, catheters, spare uniform)	Spare clothes kept in Bin 10 rackback on middle shelf in class store room.
I agree to this plan...	
Child (if not appropriate put N/A)	Signed: Jack Date: 09/06/2023
Parent / Carer	J.M. Smith-Sage 09/06/2023
SENDCo or class teacher	S. Williamson 09/06/2023

* Completed plans should be saved as: Staff Shared/SEND/Intimate Care/****.MM
 DD: Surname First Name
 * A plan may only be kept in the classroom (as long as it is securely away from children, parents or visitors).

Staff Ratios

One member of staff is normally enough.

If more than one member of staff is needed for routine care, this will be written in the ICP (e.g. two staff needed to transfer Jack to from wheelchair to toilet).

We try to strike a balance: not drawing on too large a pool of carers, but avoiding a child becoming over-dependent on one person. This means that there may be two or three familiar staff who are trained to provide the care. It also avoids problems if the key staff member is absent or works part time.

In deciding on level of adult support (1:1 or 2:1), we consider:

- The type and complexity of the child's intimate care needs, SEND or behaviour.
- Any moving and handling needed (e.g. to move a child from a wheelchair to a toilet).
- Any known history of allegations against staff or the child.

Toilet Trained?

We do not routinely toilet train children. Unless a child has a special educational need / disability (SEND) or medical condition, it is expected that parents have trained their children to be clean and dry by the time they start compulsory schooling.

An admission policy that sets blanket rules for toilet training for all children is discriminatory. We have no such policy. But we do expect that, where a child has no SEND or medical condition, they are toilet trained before starting school. Parents want their children to be independent and confident – being clean and dry is an important part of this for young children.

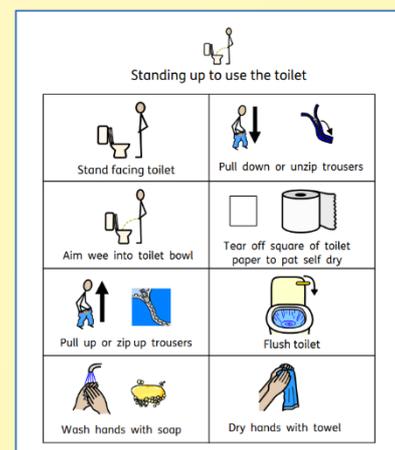
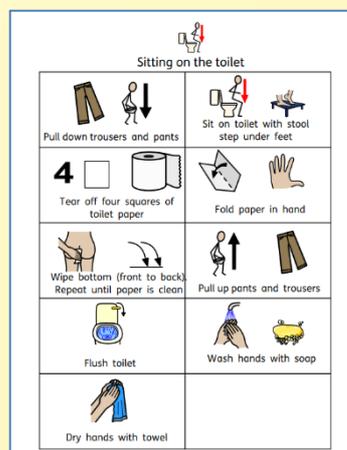
In Early Years and Key Stage 1 provision it is not uncommon for children to have infrequent “accidents.” This is not the same as not being toilet trained at all. We are prepared for such events because we:

- Have spare clothes to fit different children (or use the child’s PE kit).
- Make sensible decisions about the level of verbal instruction vs physical help with changing clothing and cleaning.
- Generally, encourage as much independence as possible.
- Do all the above in a private space.

On rare occasions, we work jointly with parents on a toilet training programme into KS1. If a child without SEND or medical condition is not toilet trained, then a suitable ICP will be agreed that helps them to be independent.

Did you know?

Widigit.com has visuals to help learn toilet or dressing routines. Parents or staff can Google “Widigit toileting” to find examples. Widigit also offer a free trial of their symbol writer (visit widigit.com).



Hygiene

When providing intimate care, we take steps to ensure hygiene and avoid infection. This means we follow basic procedures such as wearing PPE (disposable gloves and aprons) and washing hands before and after care.

Any soiled waste that can be flushed, is flushed down the toilet:

- ✓ Urine
- ✓ Poo
- ✓ Vomit
- ✓ Tissue with small amounts of blood

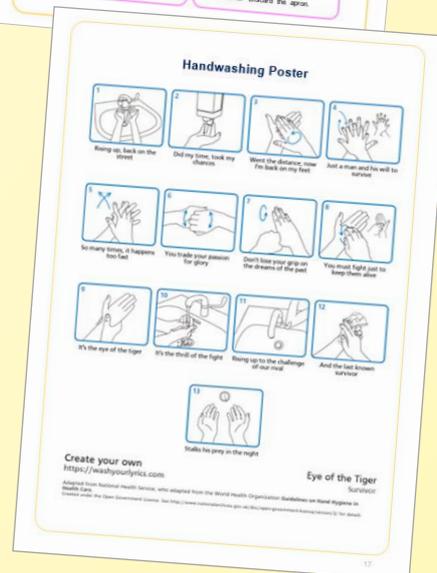
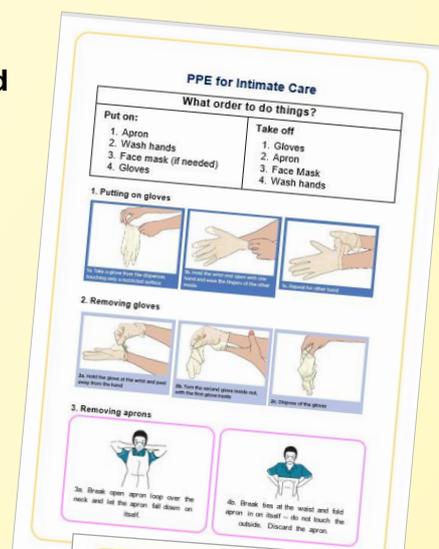
Sanitary products can't ever be flushed away and these must go in the special bin.

Used PPE is put in a **tied plastic bag** and put in a **designated bin** for this. The same approach is taken for other **non-flushable, non-sanitary product waste**.

Soiled clothing is put in a tied plastic bag (or a tied double plastic bag), unwashed, to be sent home with the child.

There may be a need to clean surfaces after the care is given. This is likely to be in the ICP, but staff will use their judgement as there may sometimes be handles or surfaces to spray and wipe down even if not anticipated in the ICP.

This booklet has posters to follow for PPE and handwashing (go to the end of the booklet to find these).



Moving and Handling

When we talk about “moving and handling,” we are talking about tasks that need staff to move some or all of a child’s weight. This can include lifting, putting down, pushing, pulling and carrying.

If moving & handling is needed, we must consider safer handling (this means how we lift and move children safely). To safeguard children and staff, we seek extra advice on this. For example, we may contact Heatherwood School (a special school that has trainers who are experienced at supporting other schools).

Staff using moving and handling will be trained and the methods that we use will be in a written plan (agreed between us, parents and any specialist staff (e.g. an Occupational Therapist)).

Policy Review

1. This booklet is our policy.
2. The SENDCo reviews this policy every three years.
3. The SENDCo gives this policy to the Principal to approve.
4. Governors can ask to consider this policy at any time, but it is delegated to the Principal unless there is a request from governors.
5. We then publish this policy on our website.

Laws and Guidance

The vital documents that helped us to write our policy are:

- **Children and Families Act (2014)**, e.g. we must make best endeavours to meet a child's medical needs.
- **Equality Act (2010)**, e.g. we need to make reasonable adjustments, and anticipate what might be needed where possible.
- **Children's Act (2004)**, e.g. we must have regard to safeguarding children and promoting their welfare.
- **Health and Safety at Work Act (1974)**, e.g. we must take reasonable steps to prevent staff and pupils from being exposed to health and safety risks.

We have also taken into account local council guidance.

Parents: You might also like...

You might also like to read our SEND information or our medical needs policy.
Both are on our website, along with our complaints policy.

Intimate Care Plan

Child's name	Jack Smith	Class	Y3AW: Mrs White
Date of this plan	09/06/2023	Any SEND (e.g. SLD, PD)?	ASD, MLD

Overview of support needed	
Expected frequency of support (e.g. daily, approx. monthly, after a seizure)	
Staff involved in providing the intimate care	
Level of support (e.g. 1:1, 2:1)	
Equipment needed (e.g. gloves, hand wash, waste bags, wipes, apron, bucket, spare clothes, spare underwear, hoist, changing mat, towel, shower gel, shampoo)	
Where will we provide the intimate care? (e.g. accessible toilet)	
Is any manual handling needed? If so, what?	
What adjustments are likely to be needed for day trips or special events? (e.g. privacy for changing, taking child to toilet at planned times, spare clothes taken)	

Intimate Care Plan (Continued)	
Child can already:	
Child will try to: (What are the next steps, if any, towards being independent)	
Key staff will:	
Are parents providing supplies and where will we keep these?(e.g. pads, catheters, spare uniform)	

I agree to this plan...	Signed	Date
Child (if not appropriate put N/A)		
Parent / Carer		
SENDCo or class teacher		

- Completed plans should be saved as: **Staff Shared/SEND/Intimate Care/YYYY MM DD Surname First Name**
- A paper copy may be kept in the classroom (as long as it is securely away from children, parents or visitors).

Intimate Care Plan - Example

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Date of this plan	09/06/2023	Any SEND (e.g. SLD, PD)?	ASD, MLD

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Expected frequency of support (e.g. daily, approx. monthly, after a seizure)	Approx. once a fortnight
Staff involved in providing the intimate care	Mrs Black, Mrs Scarlett, Mrs Green
Level of support (e.g. 1:1, 2:1)	1:1
Equipment needed (e.g. gloves, hand wash, waste bags, wipes, apron, bucket, spare clothes, spare underwear, hoist, changing mat, towel, shower gel, shampoo)	Small & medium gloves & aprons Hand wash Waste bags Toilet roll and wet wipes Plastic bags (to send clothes home) Spare uniform (in Ben 10 bag)
Where will we provide the intimate care? (e.g. accessible toilet)	Accessible toilet in KS1 area.
Is any manual handling needed? If so, what?	None needed.
What adjustments are likely to be needed for day trips or special events? (e.g. privacy for changing, taking child to toilet at planned times, spare clothes taken)	Reminders to go to the toilet at least every 90 minutes and after eating. Take spare clothes, gloves, handwash, plastic bags, apron, tissues.

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Child can already:	<ol style="list-style-type: none"> 1. Take off shoes, socks, trousers and underpants. 2. Wipe away some poo. 3. Put used toilet paper in toilet & flush. 4. Put wet wipes in the plastic bag. 5. Wash his hands. 6. Dress in his clean clothes.
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Are parents providing supplies and where will we keep these? (e.g. pads, catheters, spare uniform)	Spare clothes kept in Ben 10 rucksack on middle shelf in class storeroom.

I agree to this plan...	Signed	Date
Child (if not appropriate put N/A)	Jack	<i>09/06/2023</i>
Parent / Carer	<i>A.M. Smith-Regis</i>	<i>09/06/2023</i>
SENDCo or class teacher	<i>S. Williamson</i>	<i>09/06/2023</i>

- Completed plans should be saved as: **Staff Shared/SEND/Intimate Care/YYYY MM DD Surname First Name**
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PPE for Intimate Care

What order to do things?

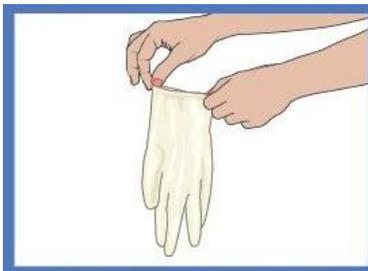
Put on:

1. Apron
2. Wash hands
3. Face mask (if needed)
4. Gloves

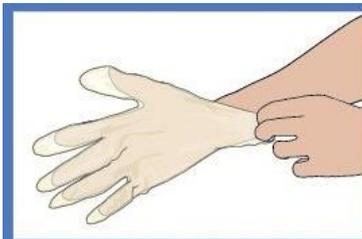
Take off

1. Gloves
2. Apron
3. Face Mask
4. Wash hands

1. Putting on gloves



1a. Take a glove from the dispenser, touching only a restricted surface

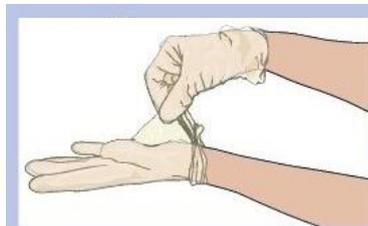


1b. Hold the wrist end open with one hand and ease the fingers of the other inside

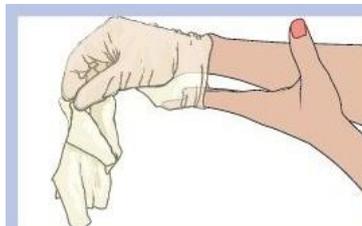


1c. Repeat for other hand

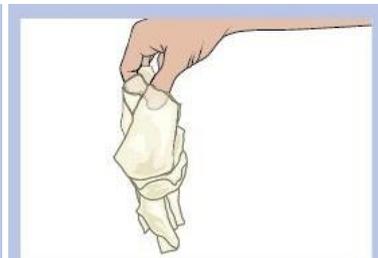
2. Removing gloves



2a. Hold the glove at the wrist and peel away from the hand



2b. Turn the second glove inside out, with the first glove inside



2c. Dispose of the gloves

3. Removing aprons



3a. Break open apron loop over the neck and let the apron fall down on itself.

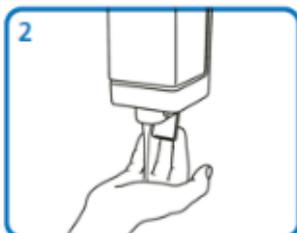


4b. Break ties at the waist and fold apron in on itself – do not touch the outside. Discard the apron.

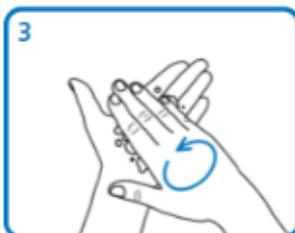
Handwashing Poster



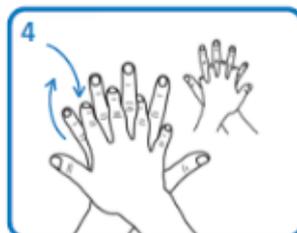
Rising up, back on the street



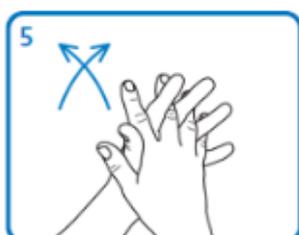
Did my time, took my chances



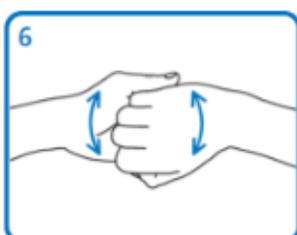
Went the distance, now I'm back on my feet



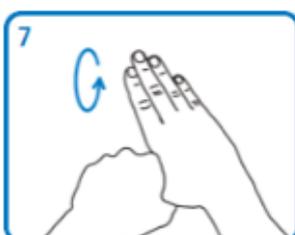
Just a man and his will to survive



So many times, it happens too fast



You trade your passion for glory



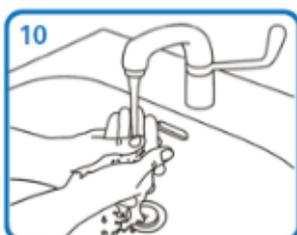
Don't lose your grip on the dreams of the past



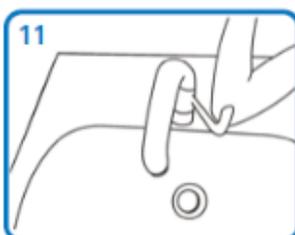
You must fight just to keep them alive



It's the eye of the tiger



It's the thrill of the fight



Rising up to the challenge of our rival



And the last known survivor



Stalks his prey in the night

Create your own
<https://washyourlyrics.com>

Eye of the Tiger
Survivor

Adapted from National Health Service, who adapted from the World Health Organization Guidelines on Hand Hygiene in Health Care.
Created under the Open Government License. See <http://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/> for details