



ACET INTIMATE CARE POLICY

PHASE	JUNIOR
POLICY LEAD	Rachel Bolton ACET Foundation Stage Leader
DATE OF APPROVAL BY TRUSTEES	6 th JUNE 2022
DATE OF RECEIPT BY LOCAL GOVERNING BODY	MARCH.APRIL 2022
FREQUENCY DATE	EVERY TWO YEARS
REVIEW DATE	MARCH 2024

Introduction

ACET is committed to ensuring that all staff responsible for the intimate care of children undertake their duties in a professional manner at all times. We recognise 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, embarrassment or pain.

Definition

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up after a child has soiled him/herself) to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process as part of a staff member's duty of care. In the case of a specific procedure only staff suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam).

Our Approach to Best Practice

The management of all children with intimate care needs will be carefully planned. A child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so and are fully aware of best practice. The child 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 him/herself as he/she 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.

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 is toileted. Where possible one child will be catered for by two adults.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's 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.

The Protection of Children

Child Protection Procedures and Multi-Agency Child Protection procedures will be adhered to. All children will be taught personal safety skills carefully matched to their level of ability, 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 appropriate manager/ designated person for child protection. 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 as outlined in the Safeguarding Policy.

Children Allocated a Place in Foundations

All parents of children joining the Nursery provision will be asked to read this policy and provide signed consent for intimate care should their child require it. Where consent is not provided, staff will be unable to provide intimate care for the child and parents will be contacted to collect their child from the academy when such incidences occur. Intimate care plans for Nursery children will only be put in place where a child has a recognised disability or special need and multi-agency involvement, as we recognise that at this very young age, children are still learning to be toilet trained.

The Academy expectations are that children starting in FS2 (Reception) classes are fully toilet trained. Intimate care plans must be in place for any child in a Reception class who is not toilet trained. Such plans will then be reviewed with the SENDCo on a termly basis.

Recording

All incidences of intimate care are carried out by two members of staff. Such incidences are then recorded and counter-signed by a second member of staff.

APPENDIX 1

Example of an intimate care plan

Name of child	
Date of Birth	
Date of Plan	
Professionals Involved	
Identified need - specific individual requirement	e.g cream applied
Communication	Use of symbols? Signs? Verbal prompts?
Self-care skills	Fully dependent/aided Supported/ independent
Mobility	Independent Unsteady
Fine motor skills	Can do – tapes/ zips/ buttons/ taps/ towels
Facilities	Environment to provide dignity Changing mat Paper towels/ warm water Gloves/wipes/aprons/ waste bins foot operated
Disposal of soiled articles of clothing as agreed with parents/cares	Solid waste into the toilet Clothes sent home in a tied plastic bag Verbal communication with parents Record kept in the academy
Frequency of changing required	On arrival/ mid-morning/ lunchtime/ mid-afternoon/ whenever necessary
Review date	

Signed..... Parent/s

Signed..... SENDCo

APPENDIX 2

RECORD OF AGENCIES INVOLVED

Child's Name.....

DOB.....

Name/Role Address/phone/email

Parent/Carer

School Nurse/Health visitor

Continence Advisor

Physiotherapist

Occupational Therapist

Hospital Consultant

Hospital School Service

Physical/Sensory Service

GP

EP

Social Worker

APPENDIX 3

RECORD OF INTIMATE CARE INTERVENTION

Child's Name.....

DOB.....

Name of Support Staff
Involved.....

Date:

Time:

Procedure:

Staff Signature:

Print Name:

Second signature:

Print Name:

APPENDIX 4

PERMISSION FOR STAFF TO PROVIDE INTIMATE CARE

Child's Last name.....

Child's First name

Male/Female

Date of birth

Parent/carers name

Address

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I give permission to the school to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting.

I will advise the Principal of any medical complaint my child may have which affects issues of intimate care

Name.....

Signature.....

Relationship to child.....

Date.....