



**St Bonaventure's Catholic Primary School**  
**Egerton Road,**  
**Bishopston**  
**Bristol, BS7 8HP**

## **INTIMATE CARE POLICY 2017**

<b>Policy Owner</b>	Headteacher
<b>Governing Body Committee</b>	MECP
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This policy is available at  
<http://www.st-bonaventures.bristol.sch.uk/>



## 1. INTRODUCTION

- 1.1. Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam).
- 1.2. The issue of intimate care is a sensitive one and will require staff to be preserved with a high level of privacy, choice and control. There shall be a high awareness of children protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.
- 1.3. St Bonaventure's 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. St Bonaventure's recognises that there is a need to treat all children with respect when intimate care is given. No children should be attended to in a way that causes distress or pain.

## 2. BEST PRACTICE

- 2.1. The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times, the child's welfare and dignity is of paramount importance.
- 2.2. Staff who provide intimate care are trained to do so (including Child Protection and Health & Safety training in lifting and moving) and are fully aware of best practice. Apparatus will be provided to assist with children you need special arrangements following assessment from physiotherapist/occupational therapist as required.
- 2.3. 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/young people will not usually be involved with the delivery of sex education to the children/young people in their care as an additional safeguard to both staff and children/young people involved.



- 2.4. 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 the responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.
- 2.5. 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 one adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented.
- 2.6. Wherever possible the same child will not be cared for by the same adult on a regular basis, ideally 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, whilst at the same time guarding against the care being carried out by a succession of completely different carers.
- 2.7. Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence for example, female staff supporting boys, as no male staff are available.
- 2.8. 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 parent will be taken into account wherever possible within the constraint of staffing and equal opportunities legislation.

### **3. CHILDREN WEARING NAPPIES**

- 3.1. There may have concerns regarding Child Protection issues when they are asked by parents to admit a child who is still wearing nappies. Child protection need not present an issue. It is good practice to provide information for parents of the policy and practice in the school. Such information should including a simple agreement form for parents to sign outlining who will be responsible within the school for changing the child and when and where this will be carried out. This agreement allows the school and the parent to be aware of all the issues surrounding this task



right from the outset.

- 3.2. We will use a note book to record who changes a child, how often this task is carried out and the time they left/returned to the classroom following their task. Examples of such good practice provide reassurance for parents that systems are in place and that schools have implemented procedures for staff to follow.

#### **4. EQUIPMENT PROVISION**

- 4.1. School often ask for clarification regarding who is responsible for providing equipment when children require changing. Parents should have a role to play when their child is still wearing nappies. The parents should provide nappies, disposal bags, wipes, changing mat, etc. and parents should be made aware of this responsibility. Schools are responsible for providing glove, plastic aprons, a bin and liners to dispose of any waste.

#### **5. HEALTH & SAFETY**

- 5.1. Some schools are concerned about health and safety issues when staff are changing children or dealing with a child who has had an accident and is bleeding.
- 5.2. Staff should always wear an apron and gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy. Any soiled water should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste. The bin should be emptied on a weekly basis and it can be collected as part of the usual refuse collection service as this waste is not classed as clinical waste. Staff should be aware of the School's Health & Safety Policy.

#### **6. FIRST AID AND INTIMATE CARE**

- 6.1. Staff who administer first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.
- 6.2. Regular requirements of an intimate nature should be planned for. Agreements between the school/organisation, those with parental responsibility and the child concerned should be documented and easily understood. The necessity for such requirements should be reviewed regularly. The child's views must also be actively



sought and, in particular, any discomfort with the arrangements addressed.



# INTIMATE CARE RECORD FORM

NAME ..... CLASS .....

DATE/TIME	DETAILS	LOCATION	INITIALS OF ADULTS	COMMENTS
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KEY

- DETAILS: NAPPY CHANGING “NC”, TOILETING SUPPORT “TS”



## ST BONAVENTURE'S CATHOLIC PRIMARY SCHOOL

- LOCATION: RECEPTION TOILET "RT", YEAR 1 TOILET "T1", YEAR 3 TOILET "T3", YEAR 4 TOILET "T4", YEAR 6 TOILET "T6", MEDICAL ROOM "MR"