



Wraparound Care – Intimate Care Policy

A policy that outlines and supports the care of children and their intimate care needs.

Document History

Version	Version Date	Author	Summary of Changes
V1.0	September 2023		Adapted to meet the requirements of Wraparound Care

Intimate Care Policy

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Statement of intent

Badgerbrook Wraparound Care take the health and wellbeing of our pupils very seriously. We aim to support pupils with physical disabilities and illnesses, to enable them to have a full and rich academic and enriched life whilst at school and within our provision.

The Advisory Board recognises its duties and responsibilities in relation to the Equality Act (2010) which requires that any child with an impairment that affects his/her ability to carry out normal day-to-day activities must not be discriminated against.

Pupils will always be treated with care and respect when intimate care is given, and no child will be left feeling embarrassed.

1. Definitions and examples

- 1.1. Intimate care is defined as any care which involves washing, touching or carrying out an invasive procedure that most children and young people carry out for themselves, but which some are unable to do.
- 1.2. Intimate care tasks are associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with, or exposure of, the genitals.
- 1.3. Examples of intimate care include support with dressing and undressing (underwear), changing incontinence pads and nappies, menstrual hygiene, helping someone use the toilet or washing intimate parts of the body.
- 1.4. Children may be unable to meet their own care needs for a variety of reasons and will require regular support.

2. Health and safety

- 2.1. Our full Health and Safety Policy lays out specific requirements for cleaning and hygiene, including how to deal with spillages, vomit, and other bodily fluids.
- 2.2. Staff will wear fresh aprons and disposable gloves while assisting a child in the toilet or while changing a nappy/incontinence pad.
- 2.3. Soiled nappies/incontinence pads will be securely wrapped and disposed of appropriately.
 - 2.3.1. Where a child requires intimate care/toileting, nappies/ incontinence pads will be disposed of in an ordinary bin, as per Health and Safety guidelines.
 - 2.3.2. Where more than one child requires intimate care/toileting, nappies/ incontinence pads will be disposed as follows:

In a sanitary bin located in one of the disabled toilets.
- 2.4. The changing area/toilet will be left clean and, where necessary, the caretaker/cleaning staff will be informed.

2.5. Hot water and soap are available to wash hands.

2.6. Paper towels are available to dry hands.

3. Staff and facilities

3.1. Staff members who provide intimate care are trained to do so and are fully aware of best practice. Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from a physiotherapist/occupational therapist. This may include:

- Adjustable bed.
- Changing mat.
- Non-slip step.
- Cupboard.
- Adapted toilet seat or commode seat.
- Hoist.
- Swivel mat.
- Disposable gloves/aprons.
- Nappies/pads.
- Tissue roll (for changing mat/cleansing) and supply of hot water.
- Soap, antiseptic cleanser for staff, barrier creams.
- Antiseptic cleanser for the changing bed/mat.
- Clinical waste bag.
- Spillage kit.

3.2 Mobile children will generally be changed standing up, depending on their needs.

3.3 Children who are not mobile will be changed on a purpose-built changing bed.

3.4 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 or menstruation.

4 Responsibilities

4.3 The school will:

- 4.3.1 Arrange a multi-agency meeting to discuss the personal care needs of any pupil prior to them attending the school if they have medical needs or special educational needs that prevent them from using the toilet independently.
- 4.3.2 Involve the child who requires intimate care in planning for their own healthcare needs wherever possible.

- 4.3.3 Create, in liaison with the child and parents/carers, a Personal Healthcare Plan to ensure that reasonable adjustments are made for any child with a health condition or disability (this may not be necessary for every child who has intimate care needs). If a child does not have a health condition or disability, Intimate Care Guidance (Appendix 4) will be written alongside parent/carers and teacher or SENDCo.
- 4.3.4 Regularly consult with all parents and pupils regarding toilet facilities.
- 4.3.5 Maintain the privacy and dignity of any pupil who requires intimate care.
- 4.3.6 Change the child or assist them in changing themselves if they become wet, or soil themselves.
- 4.3.7 Never leave a child in wet or soiled clothing.
- 4.3.8 React to accidents in a calm and sympathetic manner.
- 4.3.9 Keep accurate records of times, staff and any other details of incidents of intimate care.
- 4.3.10 Agree how often the child should be routinely changed if the child is in school for a full day and designate a member of staff to change them.
- 4.3.11 Agree to a minimum number of changes.
- 4.3.12 Agree to encourage the child's participation in toileting procedures wherever possible.
- 4.3.13 Discuss and take the appropriate action to respect the cultural practices of the family.
- 4.3.14 Where possible, only allow same-sex intimate care (for female students).
- 4.3.15 Contact parents/carers if the child refuses to be changed or becomes distressed during the process.
- 4.3.16 Maintain excellent standards of hygiene when carrying out intimate care.
- 4.3.17 Inform Wraparound Care colleagues of the intimate care plan and procedures, to enable consistency of care for the child.

Parents/carers should:

- 4.3.18 Change their child or assist them in going to the toilet at the latest possible time before coming to camp.
- 4.3.19 Provide spare nappies/incontinence pads, wet wipes and a change of clothes in case of accidents.

- 4.3.20 Read and sign this policy to ensure they understand the policies and procedures around intimate care.
- 4.3.21 Inform the camp should their child have any marks/rashes.
- 4.3.22 Discuss with the camp how often their child will need to be changed, and who will do the changing.
- 4.3.23 Engage with health professionals eg school nurse team, to support their child's continence eg attend healthy bladder/bowel workshop and implement strategies at home.

5 Safeguarding

- 5.3 Wherever possible, staff involved in intimate care will not be involved in the delivery of sex education to the children in their care as an extra safeguard to both staff and children involved.
- 5.4 Individual intimate care plans will be drawn up for children as appropriate to suit the circumstances of the child.
- 5.5 Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers will need to be present when the child is toileted.
- 5.6 If any member of staff has concerns about physical changes to a child's presentation, such as marks or bruises, they will immediately report the concerns to the School/Wraparound Care Designated Safeguarding Leads.

Appendix 1 – Intimate care risk assessment

Hazard	Risks	Risk level (H.M.L)	Precautions Needed	Risk Level Achieved (H.M.L)	Additional Action Needed
Trips, slips, falls	Major or minor risk to staff and children.	M	Toileting protocol in place and owned by all staff. Spillages of urine or faeces dealt with promptly.	L	Protocol followed. Spillage equipment available.
Health risks	Health risks to pupils and staff e.g. infection, diarrhoea, vomiting.	M	Protocol in place and owned by all staff. All staff trained in good hygiene practice. Staff aware of infection/health risks.	L	Protocol reviewed regularly and all staff receive refresher training.
Manual Handling	Major or minor risk of injury to staff and pupils.	M	Risk assessment in place. Staff training undertaken.	L	Staff members attend refresher training at regular intervals.
Child protection (CP)	Injury to pupil or allegations against staff.	L	All staff members receive CP training and aware of best practice. All staff DBS checked. Protocol in place.	L	Staff members attend refresher training at regular intervals.
Equipment failure	Injury to pupil or staff.	L	Regular equipment maintenance by a competent adult. Regular staff checks. Faults reported.		
Fire	Injury or death.	M	H&S policy in place. Advice from Fire Service about safe practices and refuge areas.	L	Regular fire drills. All staff and pupils aware of fire safety procedures.

Appendix 3 - Toilet management plan

Child's Name _____ Class/Year Group _____

Name of Support Staff Involved _____

Date of Record _____ Review Date _____

Area of Need:	
Equipment required:	
Support required:	Frequency of support:

Working towards Independence

Child will try to	Personal Assistant will	Target achieved (date)

Signed _____ Parents/Carers

Signed _____ Member of Staff

Signed _____ Second Member of Staff

Signed _____ Child (if appropriate)

Appendix 4 - Permission for school to provide intimate care

Intimate Care Guidance for (PUPIL) (CLASS)

- XXX wears nappies and has not yet started toilet training/is currently toilet training. XXX can/cannot communicate when he/she is wet/soiled.
- XXX will need to be changed at set times during the day (to be decided by staff in the setting). At home, XXX stands up/lies down to be changed and cleaned.
- XXX has consented to a referral to the school nurse team for advice/support with XXX toileting and will attend any workshops/put in place advice given.
- XXX will send spare clothes (pants/trousers/socks) in for XXX to keep at school in case he has an accident.
- XXX will provide all changing items required (nappies/wipes) and school will notify them when more are required.
- Staff to encourage XXX to sit on the potty/toilet when he/she is being changed to encourage toilet training.
- INFORMATION GIVEN BY PARENT/CARER SPECIFIC TO CHILD
- INFORMATION GIVEN BY PARENT/CARER SPECIFIC TO CHILD
- This plan will be reviewed regularly, as and when required.

Signed..... Date.....
SENDCo

Signed..... Date

Class teacher/s

I agree with the above intimate care guidelines and support for XXX,

Signed..... Date

Parent/Carer

Other adults in the setting who may support:

Signed: Signed:
Signed: Signed:
Signed: Signed:

