

Children's House Nursery School

"A community playing, exploring and learning together"



Intimate Care Policy

September 2024

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"A community, learning, exploring and achieving together"

Intimate Care Policy

Children's House Nursery School 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. We recognise that there is a need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

Staff who provide intimate care to children have a high awareness of child protection issues. Staff will work in partnership with parents/carers to provide continuity of care.

Definition

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.

Our Approach to Best Practice

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.

Staff who provide specific intimate care are trained to do so (including Child Protection and Moving and Handling if necessary) and are fully aware of best practice. Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from outside professionals, e.g. physiotherapist, health visitor. Staff will be supported to adapt their best practice in relation to the needs of individual children.

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. 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 members of staff will need to be present when intimate care is administered. Where possible, one child will be catered for by one adult however another adult will always be present in the room. Specific 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.

Children not toilet trained

We encourage all parents to toilet train their child before starting nursery, however we understand that there may be reasons why a child is not fully trained when they start school. In this instance we ask that parents provide their child with “pull ups” rather than a nappy as these allow the child greater independence.

Parents/carers will be provided with information of the policy and practice in school. Such information includes a simple agreement form for parents/carers to sign and an agreed Personal Care Plan as outlined in Appendix 1.

See also Appendix 2: Procedure for Changing Pull-ups.

If a parent does not want the nursery to provide intimate care, we are happy to telephone the parent to come into school to change their child. However, we would expect that the parent responds rapidly to such a request in order to reduce any stress or discomfort for the child.

The Protection of Children

Safeguarding and Child Protection Procedures will be adhered to.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. he/she will immediately report concerns to the 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.

Physiotherapy

Children who require physiotherapy whilst at school should have this carried out by trained physiotherapists. If it is agreed in the individual education plan or health care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly.

In no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.



Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

Record Keeping

A written record should be kept in the agreed format every time a child requires assistance with intimate care or has physiotherapy. These records will be available to parents/carers on request.

Parents/carers will be notified if their child soiled/wet themselves and needed to be changed.

Intimate Care Plan



Name of child:

Class:

Key Person:

Date of Plan:

Review Date:

Area of need:	
Equipment required:	
Location of suitable area/facilities	
Support required	Frequency of support

Working towards independence

School will	Parents/Carers will	Child will try to

Review notes/targets achieved (with dates)

Parents/Carers signature:

Staff signature:

Child signature if appropriate

Intimate Care Risk Assessment



Child's Name:

Date of Risk Assessment:

Area of risk	Yes	Actions to reduce/prevent risk
Does the weight/size/shape of the pupil present a risk?		
Does communication present a risk?		
Does the child's comprehension present a risk?		
Is there a history of child protection concerns?		
Are there any medical considerations including pain/discomfort?		
Has there ever been allegations made by the child or family?		
Does moving and handling present a risk?		
Does behaviour present a risk?		
Is staff capability a risk? (back injury/pregnancy)		
Are there any risk concerning individual capability (pupil) General Fragility Fragile bones Head control Epilepsy Other		
Are there any environmental risks? E.g. heat/cold		

Date:

Signed:

Name:



Record of intimate care intervention

Name of Pupil:

Names of staff usually involved:

Date	Time	Procedure	Name of staff present and signature	Second signature



Record of Intimate Care

Date	Time	Name of child	Procedure carried out	Staff present and signature	signature