Intimate care policy on a page

This policy applies to all children in Trust schools, regardless of age or need in line with the Public Sector Equality Duty.

Intimate care refers to any care which involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas. In most cases the responsibility for intimate care will be part of a staff members duty of care. The issue of intimate care is a sensitive one and will require staff to be respectful of a child's needs and any child protection issues. A child's dignity should always be preserved with a high level of privacy, choice and control. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children wherever possible

- For children requiring routine or occasional intimate care (such as for toileting or toileting accidents), parents/carers will be asked to sign the consent form in appendix 1. This is then scanned and attached to the pupil record on Arbor.
- For children with more complex needs or require additional support, an intimate care plan will be written with parents/carers – see appendix 2. This will then be scanned and attached to the pupil record on Arbor
- Where possible, pupils will be consulted on their wishes which are written into the plan
- Each plan will be reviewed twice a year even when no changes are needed
- If there is no plan in place, but intimate care is needed, such as when a child has vomited all over themselves, parents/carers will be contacted to seek permission and share an update. If a parent/carer cannot be contacted, the child will be supported with intimate care as part of the school duty of care – parents/carers will be informed as soon as possible
- Parents/carers are expected to provide at least a weeks worth of resources needed, such as disposable underwear, underwear, spare clothing etc.
- As far as possible, any soiled clothing will be contained securely and returned discretely to parents at the end of the day,
- The school will share information with parents/carers as needed to ensure a consistent approach. It will expect parents/carers to also share relevant information regarding any intimate matters as needed
- Application of creams, including sun cream need to be named to the child and applied by only them before school or during key times of the school day.

Safeguarding

- Safeguarding remains the highest priority within the Trust. Any member of staff or volunteers will challenge any adult in school who is not complying with BA MAT safeguarding policies and report this to the Trust DSL leads. **2 members of staff MUST be present in any incident requiring intimate care.**
- Any concerns around safeguarding MUST be recorded on CPOMS and reported to a DSL
- If a child is unhappy/distressed about being cared for by a particular member of staff, or there is an allegation against a member of staff, the LADO will be contacted. This will then be investigated and outcomes/actions recorded
- If a child is accidentally hurt during the intimate care, this will be recorded on CPOMS and reported to the DSL
    - If there is an increasing pattern of soiling, speak to the parent/carer and appropriate medical professionals for insight. If this continues, log concerns on CPOMS and speak to the school DSL

Role of staff

- Children will be encouraged and supported to be as independent as possible, given their age and stage
- Any member of staff can provide intimate care where it does not use unusual procedures such as a hoist (in place at Aspire but only to be used by trained staff)
- Volunteers cannot undertake intimate care but can be a witness providing they have a full DBS in place
- Staff should ideally only care intimately for an individual of the same gender, but this can be waived where failure to provide intimate care would result in negligence (such as few or no staff or same gender available)
- Where possible the child will not be cared for by the same adult on a regular basis, but this will be on a rota of adults known to the child
- PPE will be available to all staff undertaking intimate care

Providing comfort & limited touch

- Staff should be mindful in using physical contact in providing comfort to children who are distressed. This should be of limited duration and appropriate given age, stage and known background
    - Side on to older pupils
    - Do not sit children on laps – crouch down to offer comfort
    - Staff must be aware that even well-intentioned physical contact might be misconstrued by the child, an observer or anyone the action is described to. Staff must be prepared to justify actions and be open to scrutiny. Physical comfort should be in sight of other adults to support safeguarding
    - Some children with additional needs may need more physical contact to assist everyday learning. The culture of limited touch will be adapted to meet the needs of the child – this must be known to all, consistently applied and open to scrutiny
    - Extra caution will be needed where a child is known to have suffered previous abuse or neglect. The child may associate physical contact with such experiences, and this would cause distress to the child and leave staff open to allegations of abuse. If a child responds in such a way, this must be logged on CPOMS and speak to a DSL
- Some activities such as PE may bring staff into physical contact with pupils when demonstrating or assisting with learning. Staff must remain aware of limits of such contact and ensure another adult is present, as well as considering if there is an alternative way of demonstrating

Types of intimate care – see page 7-9 for full details.

First aid

- Where possible staff should administer first aid with another adult in sight
- Screens can be used to protect the dignity of a member of staff or pupil

Recording when intimate care is given

- Aspire: log in the child's intimate care log book so parents are informed
- Mainstream schools: share via Medical Tracker

Bourne Alliance Multi Academy Trust

Policy Document for: **Intimate care**

Due for Review: Spring 2027

Additions/amendments in this version

Page 10	*Addition of how intimate care actions are logged*

Introduction

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- Intimate care is a regulated activity and must follow safer working practice (added Spring 26)
- The dignity, rights and wellbeing of children are safeguarded
- Pupils with intimate care difficulties are not discriminated against, in line with the Equalities Act 2010
- Parents are assured that staff are knowledgeable about intimate care and that the needs of their children are taken into account
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved

Intimate care refers to any care which involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

This policy complies with statutory safeguarding guidance and our articles of association and funding agreement.

It is our intention to develop independence in each child, however there will be occasions when help is required. Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a child 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.

The issue of intimate care is a sensitive one and will require staff to be respectful of a child's needs and any child protection issues. A child's dignity should always be preserved with a high level of privacy, choice and control. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children wherever possible.

Bourne Alliance MAT 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. Our schools 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 or pain.

Legislation and statutory guidance

This policy complies with the Department for Education (DfE) statutory safeguarding guidance:

- Keeping Children Safe in Education
- Early Years Foundation Stage (EYFS) statutory framework

It also complies with our funding agreement and articles of association.

Role of parents

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents will be asked to sign a consent form (appendix 1). For children whose needs are more complex or who need particular support outside of what's covered in the permission form (if used), an intimate care plan will be created in discussion with parents (see appendix 2).

Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure. If the school is unable to get in touch with parents and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents afterwards.

For pupils needing routine intimate care, the school expects parents to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as disposable underwear, underwear and/or a spare set of clothing. As far as possible, any soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents at the end of the day.

Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents, the child (when possible) and any relevant health professionals.

The school will work with parents and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately. Subject to their age and understanding, the preferences of the child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents will be consulted. This will use the form in appendix 2.

The plan will be reviewed twice a year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

The intimate care plan will be uploaded to Arbor as a medical document and pinned to the pupil profile.

Sharing information

The school will share information with parents/carers as needed to ensure a consistent approach. It will expect parents/carers to also share relevant information regarding any intimate matters as needed

Safeguarding

Safeguarding remains the highest priority within the Trust. Any member of staff or volunteers will challenge any adult in school who is not complying with BA MAT safeguarding policies and report this to the Trust DSL leads. 2 members of staff MUST be present in any incident requiring intimate care.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness, the child makes a disclosure etc. they will immediately report concerns to the DSL team and a CPOMS incident logged (in accordance with the **Safeguarding and child protection** policy).

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 is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to a member of the DSL team.

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures.

If there is an increasing pattern of soiling issues, staff should speak to the parent/carer first, along with support from medical professionals involved with the child. Staff should explain what they have noticed and ask parents/carers if they can shed any light on why this might be occurring and how to help their child. If this pattern continues, then the member of staff should then speak to the DSL in school and log their concern on CPOMS.

Role of staff

All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

The management of all children with intimate care needs will be carefully planned. Staff will be supported to adapt their practice in relation to the needs of individual children. The child will be supported to achieve the highest level of independence that is possible given their age and stage of development. Staff will encourage each child to do as much for themselves as they can.

Any member of staff may provide intimate care, provided it does not require unusual procedures or techniques (e.g. lifts or hoists). Volunteers are not to provide intimate care, but they may be used as a witness where they have a full DBS check in place. 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.

Aspire: have a hoist but this can only be used by trained staff.

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. Wherever possible staff should only care intimately for an individual of the same sex. However, this principle may need to be waived where failure to provide appropriate care would result in negligence for example, the constraints of staffing e.g. female staff supporting boys in a primary school, as few or no male staff are available.

Staff will receive:

- Training in the specific types of intimate care they undertake
- Regular safeguarding training
- If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as is possible

They will be familiar with:

- The control measures set out in risk assessments carried out by the school
- Hygiene and health and safety procedures
- They will also be encouraged to seek further advice as needed.

All staff who undertake intimate care will have suitable PPE made available to them.

Providing comfort and limited touch

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact. The expectation is that staff will work in 'limited touch' cultures and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background. Staff should be aware that even well-intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny.

Children with additional needs may require more physical contact to assist their everyday learning. The general culture of 'limited touch' will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny. Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported.

There may be occasions when a distressed pupil needs comfort and reassurance that may include physical touch such as a caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and not subject to misinterpretation. Judgement will need to take account of the circumstances of a pupil's distress, their age, the extent and cause of the distress. Particular care must be taken in instances which involve the same pupil over a period of time.

Extra caution may be required where a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to staff vulnerable to allegations of abuse. Ensuring that a witness is present will help to protect staff from such allegations. If a child responds in a negative way, this must be logged on CPOMS and speak to a DSL.

Some staff are likely to come into physical contact with pupils from time to time in the course of their duties when participating in games, demonstrating an exercise or the use of equipment. Staff should be aware of the limits within which such contact should properly take place and of the possibility of misinterpretation. Where it is anticipated that a pupil might be prone to misinterpret any such contact, alternatives should be considered, perhaps involving another member of staff or a less vulnerable pupil in the demonstration.

Where a member of staff has a particular concern about the need to provide this type of care and reassurance they should seek further advice, from their line manager or other appropriate person.

What is intimate care?

'Intimate care may be defined as an activity required to meet the personal care needs of each individual child in partnership with the parent, carer and the child.' (9.26, ACPC Regional Policy and Procedures).

In school this may occur on a regular basis or during a one-off incident. All children are always encouraged to be independent therefore the child should be encouraged to do as much cleaning and removal of clothes as is practical. If a child needs intimate care parental permission must be obtained and an agreement signed (appendix 2). 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.

Staff should agree on the Intimate Care Plan with the child and their family appropriate terminology for private parts of the body and functions. Best practice in personal safety work would be to use the correct anatomical names for intimate body parts and this will be encouraged in all pathways. Staff

must always communicate in an age-appropriate way considering the child's developmental level and their preferred communication method (added June 24)

Intimate care is any care which involves one of the following:

1. Children wearing disposable underwear
2. Assisting a child to change their clothes
3. Changing or washing a child who has soiled themselves
4. Supervising a child involved in intimate self-care
5. Providing comfort to an upset or distressed child and limited touch
6. Swimming trips and lessons
7. Residential trips
8. Periods
9. Positive handling
10. Providing first aid assistance
11. Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided. *

* In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure. Parents have the responsibility to advise the school of any known intimate care needs relating to their child.

Children wearing disposable underwear

On occasions children may be in disposable underwear. Providing intimate care for pupils who are not toilet trained, or able to use a toilet independently is a reasonable adjustment under the Equality Act 2010 as without this care this would impact on their right to education. Parents/carers are not required to come into school to change their child, since if their child has a disability this would breach the Equality Act.

If a pupil does not have a care plan but is soiling themselves, the class teacher should meet with the parents to see if there is a diagnosed medical reason. If there is, staff will ask what specific needs the pupil has which are associated with the condition. If there is no diagnosis, staff will ask the parent/carer for input from their child's GP on what support may be needed.

Parents are asked to complete the Intimate Care Plan which also sets out who will be responsible in school for changing their child, when and how this will be carried out and giving their signed agreement. This agreement allows the school and the parent to be aware of all the issues surrounding this task right from the outset. Where possible, children will be consulted about this care plan. The school asks that parents/carers keep them updated on the outcome of relevant medical appointments for their child.

All staff should follow the procedure for changing (appendix 3). This should be attached to the Intimate Care Plan where this is needed to remind staff.

Bobbing/Iwade/Grove Park: staff will have a home/school book to record who changes a child, how often this task is carried out and the time it occurred. This provides reassurance for parents that systems are in place and that schools have implemented procedures for staff to follow. Once the child has been changed, the home/school book will be completed to note when the child was changed and by whom.

Aspire: In classes when several or all children require support with intimate care and toileting, the class teacher will agree the best way to communicate this with each family to meet their needs. All procedures (as in Appendix 3) will be followed as part of the Intimate Care Plan/Care Plan.

Soiled disposable underwear must be placed in the appropriate bin (generally known as the nappy bin) and NOT in the medical waste bin.

Assisting a child to change their clothes

On occasions an individual child may require some assistance with changing if, for example, gets wet outside, or has vomit on their clothes etc. Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given.

Staff will always ensure that they have a colleague in attendance when supporting dressing/undressing for safeguarding reasons and will always give the child the opportunity to change in private.

Changing a child who has soiled themselves

If a child soils themselves in school the child's needs are paramount and they should be comforted and reassured throughout. The following guidelines outline our procedures but we will also seek to make age-appropriate responses.

- The child will be given the opportunity to change his / her underwear in private and carry out this process themselves.
- School will have a supply of clean underwear and spare uniform for this purpose. (A supply of clean underwear and spare uniforms are available)
- These are held in
    - Iwade: The Inclusion office and Child's Play office
    - Bobbing: School Office
    - Aspire: in classrooms and in the school supply cupboard
    - Grove Park: classrooms and in disabled toilets
- If a child is not able to complete this task unaided, school staff will offer support to the child in the most appropriate way for the age and understanding of the child involved. This is in accordance with acting in loco-parentis and our duty of care to meet the needs of the child
- 2 members of staff will be present for safeguarding purposes
- The parent/carer collecting the child later in the day will be informed of the support the child has been given
- Staff can take the decision to contact the parents should the child be very distressed, unwell or under an Intimate Care Plan

Supervising a child involved in intimate self-care

Some children may to be supervised while using the toilet. Children are encouraged to toilet themselves independently, however at times they may need assistance. This will have been discussed ahead of the child starting school with the parents. Where necessary a Intimate Care Plan will be completed where there is a medical need, or parents will be clear on how the school offers assistance to their child which will be documented on a care plan. There will always be 2 adults present for safeguarding reasons when a child needs support.

Other times this may be necessary would be when applying creams, including sun cream and lotions. We ask that creams are applied before the school day and are long lasting. If a pupil is to use sunscreen at school during the day, parents are asked to:

- Provide the sunscreen product for school use. The sunscreen must be clearly marked with the child's name and replenished by the parent as needed.
- The sunscreen product will be stored in the child's book bag or other location designated by the teacher.
- The child must be able to apply his or her own sunscreen. Where this is not possible due to developmental or cognition awareness, staff with permission can support a child to do so during the school day.

- If your child has any allergies or skin sensitivities, the parent/carer may want to check with the GP before providing a sunscreen. The school will inform parents and carers if their child has any adverse reaction that may be due to the sunscreen.

Food allergen awareness: Parents are made aware that some sun protection can contain nut-based products such as almond oil. The Trust schools are nut aware and so these products should not be sent into school or used – parents are encouraged to check the labels of the products that they purchase for their children. This information is included in the new starters pack and occasional reminders are sent out through the Arbor gateway.

Swimming trips and lessons

Any class participating in a swimming programme at the local swimming pool is entitled to respect and privacy when changing their clothes however there must be the required level of supervision to safeguard young people with regard to health and safety considerations and to ensure that bullying, teasing or other unacceptable behaviour does not occur. The local swimming pool has group male and female changing rooms with single changing cubicles. This supports effective and discrete supervision and privacy for our children when changing. Where a child needs additional support for changing parental permission will be sought and an individual care plan will be drawn up so as to maintain dignity but increase independence.

Residential trips

Staff should take particular care when supervising children in the less formal atmosphere of a residential setting or after-school activity. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of staff will be no different from the behaviour expected within school. Staff involved in such activities should also be familiar with their school's policy regarding out of school activities.

Periods

Some girls will develop periods during their Primary Education. They should be supported and encouraged to keep their own supply of period protection without having to request it from staff/carers. A central bank of period protection will be stored in each year 5 & 6 classroom and School Offices.

However, it should be recognised that some children will not know how to deal with menstruation and they will need guidance and support to manage their periods appropriately. This should be provided by female staff or carers in a positive manner and is taught through the PSHE/SRE curriculum. It is important that we address this issue for all children and so both boys and girls are taught about menstruation and we have adequate supplies to support girls. There should also be adequate provision for the private disposal of used period protection. If a child needs further assistance the teacher should seek advice from the Head of School or Assistant Head Teachers in each school.

All the schools have period bins which are accessible in adult toilets but also in toilets used by older female pupils.

Positive handling

There may be occasions where it is necessary for staff to restrain children physically to prevent them from inflicting damage on either themselves, others or property. In all cases of Positive Handling the incident must be documented on CPOMS and reported according to the school's **Positive Handling** policy.

Providing first aid assistance

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, blankets to screen), another member of staff should be in the vicinity and should be made aware of the task being undertaken.

Assisting a child who requires a specific medical procedure

Our **Pupils with medical needs** policy outlines arrangements for the management of the majority of medications in school. Parental permission must be given before any medication is dispensed in school- this form is available in the school offices. A small number of children will have significant medical needs and will have an individual Intimate Care Plan. If required, school staff will receive appropriate training.

Nobody should be delivering intimate care on their own.

Intimate Care Plan

Intimate Care plans will be drawn up for children requiring ongoing intimate care to suit their individual circumstances. It is vital that these plans are prepared prior to admission, and where possible opportunities are made for the child and family to meet the staff who will be providing intimate care. The plan should be signed by all who contribute and reviewed on a regular basis. When writing a plan, whole school and classroom management considerations should be taken into account, for example:

- The importance of working towards independence
- Arrangements for home/school transport, sports days, school visits, swimming etc
- Substitutes in case of staff absence
- Strategies for dealing with bullying/harassment (if the child has an odour for example)
- A system to leave class with minimum disruption
- Avoiding missing the same lesson
- Awareness of discomfort that may disrupt learning
- Implications for PE (changing, discreet clothing etc.)

Any plan should be clearly recorded to ensure clarity of roles, responsibilities and expectations. A procedure should be included to explain how concerns arising from the intimate care process will be dealt with. This is the responsibility of the child's teacher. These will be reviewed on a termly basis and discussed with the parents/carers.

Recording an intimate care action

(added May 26)
As part of the process of agreeing the intimate care plan, parents will be informed of how the incidences of intimate care will be logged and shared.

- Aspire: this will be using a log book for the child
- Mainstream schools: this will be using Medical Tracker. Click on Incidents on the menu and then choose New Incident – choose intimate care

Resources

The dignity and privacy of the child is of paramount concern. An area will be made private when a child is to be changed. If a changing mat is being used, it should not be situated in a thoroughfare, as it will have to be used on the floor when a child is to be changed. This is the recommended method of changing a child, as it avoids an adult having to lift a child and cause possible back injury.

Iwade: have a gas lift changing table so that this can be adjusted to the heights of the staff. This can only be used by trained staff

The Trust will ensure that staff have:

- hot running water and soap
- paper towels
- aprons and gloves
- nappy bags
- cleaning equipment
- bin
- a supply of spare disposable underwear and wipes (provided by the child's parent/ carer)
- spare clothes

Staff should always wear gloves when dealing with a child who is bleeding or soiled or when changing soiled underwear. Soiled disposable underwear should be placed in a nappy bag which is then tied up and placed in an appropriate nappy bin (not the medical waste bin).

The bin should be emptied on a daily or weekly basis (as appropriate) and is 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 and Safety** policy and **control of infections** policy

Impact assessment

An initial impact assessment has been carried out for this policy and is graded as follows:

A	Positive impact is explicitly intended and very likely
B	An adverse impact is unlikely, and on the contrary the policy has the clear potential to have a positive impact by reducing and removing barriers and inequalities that currently exist
C	An adverse impact is unlikely. On the contrary there is potential to reduce barriers and inequalities that currently exist. There is insufficient evidence, however, for this assessment to be made with as much confidence as is desirable
D	Adverse impact is unlikely, but positive impact is also unlikely
E	Adverse impact is probable or certain, since certain groups will be disadvantaged, either proportionately or absolutely, or both. Remedial action is therefore necessary

Appendix 1: Permission for the school to provide intimate care

Please print this form and once complete, add to Arbor for the child.

Permission for school to provide intimate care	
Name of child	
Date of birth	
Name of parent/carer	
Address	

I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	□
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)	□
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	□

What feedback is agreed between home and school in the event of intimate care being given?

I **do not** give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident). Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed). I understand that if the school cannot reach me or my emergency contact if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.	□

Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	

Appendix 2: Intimate care plan

Parents/Carers	
Name of child	
Type of intimate care needed	
How often care will be given	
What training staff will be given	
Where care will take place	
What resources and equipment will be used, and who will provide them	
What daily feedback is agreed between home and school?	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for making sure care is carried out according to the intimate care plan	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	
Child (as age and stage appropriate)	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
Signature of child	
Date	

Appendix 3: Procedure for changing

Reassure child throughout

1. Consider whether the child can be changed in a toilet cubicle (standing up)
2. Wash your hands
3. Assemble the equipment
4. Put on gloves
5. Remove wet/ soiled underwear/clothing
6. Either place waste in toilet and then place the soiled underwear in a bag to go home. If using disposable undergarments these can be disposed of using appropriate bags and in the 'offensive' waste bin.
7. Using wipes, clean the child of any urine or faecal matter and put the clean clothing

- Used wipes and gloves are to be disposed of in a bin with a disposable liner
- The bin should be emptied at least once a day and the liner replaced
- Once the child has been changed and returned safely to the class clean the changing area with a detergent spray or soap and water
- Hands should be washed thoroughly.