



LANDAU  
FORTE  
ACADEMY  
MOORHEAD

<b>Policy Name</b>	<b>Intimate Care Policy</b>
<b>Policy Number</b>	<b>PL0017</b>
<b>Date of Issue</b>	<b>November 2018</b>
<b>Author</b>	<b>Mrs Eggleston</b>
<b>Reviewed by</b>	<b>Mr T Cafferky</b>
<b>Date of next review</b>	<b>January 2025</b>

<b>Review date</b>	<b>By whom</b>	<b>Summary of changes made</b>	<b>Date implemented</b>
January 2022	Mrs E Parker	No wording changes only layout	January 2022
January 2023	Mr T Cafferky	Removed individual's name and left as job role only	
January 2024	Mr M Allison	<p>Clarified how information regarding the changing of a child is recorded.</p> <p>Shared specific names of external support that we share information with.</p> <p>Clarified the location that changing occurs in and that disposable items such as pull-ups, changes of clothes or specific wipes should be provided from home.</p>	January 2024

## **1. Aim**

At Landau Forte Academy Moorhead, we aim to meet the needs of all our children and promote their welfare. We recognise and assist children with intimate care where needed, and ensure that the children are treated with courtesy, dignity and respect at all times.

Intimate care is defined as care involving washing, touching or carrying out a procedure to intimate personal areas which some children may need support in doing because of their young age, physical difficulties or other special needs.

Where a child has intimate care needs, a designated member of staff takes responsibility to provide their care. We address issues on an individual basis.

Due to the developmental stages of the children that we work with, we support them with their personal care: reminding the children to go to the toilet, hygiene etc. to develop their independence. As outlined in the Foundation Stage Curriculum, we are responsible for children's personal care skills, as an essential part of Personal Development, in order to be able to access the rest of the curriculum.

## **2. Intimate Care Policy**

On some occasions, children come to our setting in nappies. We support children sensitively and with dignity in this matter. Also, from time to time some children will have accidents and need to be attended to. Parents are asked to supply a bag of clean clothes for their child. These are taken into the toilet facilities prior to changing. However, a supply of spare clothing is available if necessary and parents are asked to return these to the school as soon as possible.

If a child has needed help with meeting intimate care needs (had an accident), this is treated as confidential and shared with the parents in person at the end of the school day. It is also recorded electronically in school so we have a record to share with parents. If requested by external support providers, we can also complete logs of changing on paper, that can be shared at the next relevant health appointment for the child.

## **3. Implementation**

All staff are knowledgeable about intimate care/personal care. They are aware of their responsibilities, relevant policies and the procedures in place (including adhering to Child Protection, Health and Safety and confidentiality). The designated employed adult is trained, DBS checked and

has received training for very specific intimate care procedures where relevant. They follow the child's care plan and they undertake their duties in a professional manner at all times. They are fully aware of best practice including hygiene. If a child requires regular assistance with intimate care, staff meet with the parents to discuss the child's needs and devise an agreed intimate/personal care plan. If required, this plan will also be shared and discussed with the school nurse or continence team. These plans will then be reviewed every half term staff, the parents and the child.

#### **4. Practice**

The designated practitioner who provides the care (in most cases: the child's key person) forms a strong, trusting relationship with the child. They ensure that it is a positive experience that is safe and comfortable for all. Whilst the child is having their needs met, it is treated as a time to converse and promote their personal development.

The child is encouraged to undertake as much of the procedure for themselves as possible, including washing intimate areas, dressing/undressing and hygiene.

The children's toilet area is used to attend to a child's needs and every effort is made to ensure privacy and modesty.

Most procedures are carried out by just the designated person. However, careful consideration is given to the child's individual circumstances to determine how many practitioners might need to be present when a child needs help with intimate care.

If a child is unhappy or anxious about the care being provided, the issue will be addressed to ensure that we continually meet a child's needs.

#### **5. Working with parents**

We work closely with parents to identify and ensure we meet the child's needs. Cultural and religious values are respected when planning for their care. We seek to engage in regular communication with parents, and monitor and review the plan together.

#### **6. Working with outside agencies**

We work closely with outside agencies and utilise their knowledge and expertise where necessary. The Inclusion Manager co-ordinates this approach.

## **7. Disposal of nappies, aprons and gloves safely**

We have in place good hygiene practices when disposing waste to stop infection. We follow stringent nappy changing procedures to ensure the safe disposal of waste, see below.

## **8. Changing a nappy**

A clean disposable apron and gloves is worn by the member of staff every time a child is changed and hands are washed thoroughly after use.

Whilst changing, children's skin is cleaned with a disposable wipe/creams if needed. Nappies and 'pull ups', gloves, aprons and wipes are disposed of hygienically and safely by double bagging and placing in a special bin, which is emptied regularly.

As part of a child's intimate care plan, arrangements will be made with parents and carers to provide pull-ups, changes of clothes and additional wipes if necessary. This discussion will be had when care plans are shared, reviewed and agreed.



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TRUST

<b>Date</b>	<b>November 2018</b>
<b>Change Made</b>	<b>Version 2.0</b>
<b>Made By</b>	<b>Mrs E Parker</b>