



**Ysgol Gynradd Gymraeg Penderyn.**  
Policy for: Intimate Care

**Approved by Governing Body: January 2025**

Signed (Chair of Governors): Mrs P Oliver

Signed (Headteacher): Mr A Wood

Review Date: As required.



CYFLAWNI **TEGWCH** A RHAGORIAETH MEWN **ADDYSG** A  
**GWELL LLES** I BAWB

**EQUITY** AND **EXCELLENCE** IN **EDUCATION** AND **ENHANCED**  
**WELLBEING** FOR ALL

# Rhondda Cynon Taf

## Guidance on Intimate Care

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## 1. Introduction

Rhondda Cynon Taf Local Authority is committed to supporting pupils with healthcare needs, which includes supporting pupils with intimate care needs, to ensure they have full access to education. We work with parents/carers, pupils, and relevant professionals to ensure the needs of pupils with intimate care needs are properly understood and effectively supported. We do this through listening to the views and wishes of the pupil and parent/carer as well as the advice of education and health professionals.

This document has been developed to serve as a guide to support schools across Rhondda Cynon Taf Authority in meeting the intimate care needs of pupils within the school setting.

This guidance aims to:

- Set out guiding principles for schools to adhere to.
- Clarify the implications of Additional Learning Needs and Disability legislation.
- Emphasizes the duties of schools to safeguard the health and safety of pupils and staff.
- Advise on intimate care policy and plans.
- Advise on issues related to safeguarding children.
- Provide practical advice for schools.

This guidance applies to:

- Children who have not yet achieved full independence in using the toilet before attending a school setting and intimate care provided by school.
- School age pupils who, for a variety of medical, emotional, or social reasons, require toilet training or special arrangements to meet their intimate care needs in school.

## 2. Admissions

Children are now starting early years provision in settings and schools at a younger age. Most children will have been toilet trained by the time they start, but a small number will still have to master this developmental milestone and will need support in managing their intimate care and self-care needs. An increasing number of children and young people with disabilities and medical needs attend mainstream educational settings. A significant number of these children require assistance with intimate care tasks, this could include toileting. There will be children and young people across the age range of 2-19, who are either delayed in acquiring this skill or who, long-term, will need support and intervention throughout the day to manage their intimate care as they progress.

**As education providers, schools have a duty to meet the needs of children with delayed personal development in the same way as a child with delayed language or any other delay. A delay in personal care will need the same support and guidance as a delay in learning.**

### 3. Legislation

#### ***The United Nations Conventions on the Right of a Child (UNCRC1991)***

This sets out all rights including social, economic, and cultural rights of the child. The United Nations Convention on the Rights of the Child (UNCRC) sets out the fundamental human rights to which all children are entitled. The Convention's four key principles are all relevant to supporting pupils with intimate care needs:

- *Non-discriminatory* – To respect and ensure the rights set forth in the present Convention to each child, without discrimination of any kind, irrespective of the child's or their parents/legal guardian's race, colour, sex, language, religion or political or other opinion, nationality, ethnic or social origin, property, disability, birth or other status.
- *Best interests of the child* - In all actions concerning children, the best interests of the child shall be primary.
- *The right to survival and development* - Ensure to the maximum extent possible the survival and development of the child.
- *The views of the child* - Assure the child who is capable of forming his or her own views, the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

The following articles within the UNCRC ensure the intimate care needs of the child is met within school settings:

#### Article 3

The best interest of the child must be a top priority in all actions concerning children.

#### Article 16

Every child has the right to privacy.

#### Article 23

A child with a disability has the right to live a full and decent life in conditions that promote dignity, independence and an active role in the community.

#### Article 27

Every child has the right to a standard of living that is good enough to meet their physical, social and mental needs.

#### Article 28

Every child has the right to an education.

**Schools should work together with parent/carers and health care professionals to ensure that the pupils needs are met with respect and dignity whilst supporting their intimate care needs.**

## **Equality Act 2010**

The Equality Act 2010 brings together disability discrimination law with other equalities legislation. It sets out the different ways in which it's unlawful to treat someone. Anyone with a named condition that affects aspects of personal development must not be discriminated against and reasonable adjustments will need to be made.

**Anticipatory Duty:** All policies and practices need to show due regard for the Equality Act 2010, including the anticipatory duties. Section 20 of the Equality Act 2010 highlights the need for the Council and schools to anticipate the needs of disabled service users and to take reasonable steps to remove barriers to accessing services. The duty is anticipatory in the sense that it requires consideration of, and action in relation to, barriers that impede people with disabilities from seeking to use services and participating in experiences prior to them accessing it.

## **Welsh Government Guidance – Supporting Pupils with Healthcare Needs 2017**

Local authorities and governing bodies must have regard to this statutory guidance when carrying out their duties in promoting the welfare of the pupils at the education setting, including meeting their intimate care needs. This guidance states that it is the responsibility of the school to meet the needs of the pupils within their care and include:

-

- Staff should understand and work within the principles of inclusivity.
- Lessons and activities should be designed in a way which allows those with healthcare needs to participate fully.
- Staff should understand their role in supporting pupils with healthcare needs and appropriate training should be provided.
- Staff should feel confident they know what to do in a healthcare emergency.
- Staff should be aware of the needs of their pupils through the appropriate and lawful sharing of the individual pupil's healthcare needs.
- Whenever appropriate, pupils should be encouraged and supported to take responsibility for the management of their own healthcare needs.

Section 175 of the Education Act 2002 places a duty on local authorities and governing bodies to make arrangements to ensure their functions are exercised with a view to safeguarding and promoting the welfare of children in school or another place of learning. This includes supporting children with healthcare needs. In meeting the duties under section 175 of the Education Act 2002, local authorities and governing bodies must have regard to guidance issued by the Welsh Ministers under this section.

## **Additional Learning Needs and Education Tribunal (Wales) Act 2018 (ALNET) & The Additional Learning Needs Code of Wales 2021 (ALN Code)**

The ALN Code (2021) sets out its aims that underpin an inclusive ALN System. The principles of the code state that meeting the needs of pupils should be part of a whole school approach.

*'The principles underpinning the ALN system aim to support the creation of a fully inclusive education system where all pupils are given the opportunity to succeed and have access to an education that meets their needs and enables them to participate in, benefit from, and enjoy learning.'* (ALN Code 2021, Chapter 3)

#### **4. Definition of Intimate Care (initial)**

Intimate care involves helping pupils with aspects of personal care, which they are not able to undertake for themselves, either because of their age and maturity or because of developmental delay or disability. Pupils with disabilities may require help with moving and handling, eating, drinking and all aspects of personal care including:

- Washing
- Eating and drinking
- Dressing and undressing (including swimming)
- Toileting (including soiling) & Menstruation
- Applying Sun Cream

#### **5. Guiding principles**

- The pupil who requires intimate care is treated with respect at all times; the child, young person's welfare and dignity is of paramount importance.
- To safeguard the rights and well-being of pupils with regard to dignity, privacy, choice, and safety in line with the National Convention of the Rights of the Child (1991), ALNET Act (2018), and Equalities Duties (2010)
- To ensure that pupils are treated consistently when they experience intimate personal care within all settings.
- To assure parent/carers that all staff are knowledgeable about intimate care and that individual concerns are considered and when possible are acted upon.
- To enable parent/carers to be involved in any decision about the Intimate care of their children.
- To provide appropriate guidance, training, supervision, and reassurance to staff and to ensure good practice.
- To ensure that parents/carers and children and young people (where appropriate) are actively involved in the development of agreed Intimate Care protocols.
- To ensure the education setting shares details of an agreed individual intimate care protocol with other agencies that support the pupil.

#### **6. Partnership with parents/Carers**

- Schools will ensure that they work in partnership with parents/carers to ensure the needs of all pupils are met in a safe, meaningful, and relevant environment. Schools will demonstrate an understanding of the difficulties.
- Parents/Carers and school build a trusting relationship to ensure the intimate care needs of pupils are met within school and on educational visits by staff.

- Parents/Carers have a key role to play in effectively developing their child's independence (appropriate to their ability) and toilet training, where possible. It is important to plan consistent approaches together, which can be used across a number of settings (for example, school and home).
- A Team Around the Child (TAC) meeting should be held before the pupil is due to start school and when there are significant changes. If the child starts school and there is a need for intimate care, then a TAC meeting should be held as soon as possible.
- Parents/Carers will need to sign an agreement and a letter agreeing to any intimate care as well as support from other agencies.
- Terminology used is familiar to parents/Carers.

**It is unacceptable practice to rely on parents or make them feel obliged to attend school to meet the healthcare and intimate care needs of pupils within your care.**

## **7. Intimate Care Policy, Intimate Care Plans and Risk Assessments**

All schools will need an intimate care policy in place for all pupils that require intimate care , **and it is the school's responsibility to ensure the needs of the pupil are met.** A model is included in this document and can be amended for school's own use. There should also be a written school based risk assessment, identifying risks and how these can be reduced as far as reasonably practicable.

## **8. Staffing**

The All Wales Child Protection Procedures 2008 and the school / setting Child Protection Policy will be adhered to.

- All staff will require safeguarding training in order to provide intimate care.
- One adult should change one pupil unless there is sound reason for having more adults present such as where there is a physical disability that requires the pupil to be hoisted. There may be occasions when a specific safeguarding concern requires a second adult to be present however this should not be a blanket policy.

## **Best practice**

- Make other staff aware of the task being undertaken
- Always explain to the pupils what is happening before a care procedure begins
- Consult with colleagues where any variation from agreed procedure/plan is necessary
- Record the justification why any variation to the agreed procedure/care plan is necessary and share this information with the pupil and their parents/carers
- Always consider the supervision needs of the pupils and only remain in the room where needs require this.

## **9. Record Keeping**

Accurate records will also be kept when a pupil receives intimate care. These will be brief but will include date, time, and how long the intimate care lasts for and any comments, such as changes in the child's behaviour. It will be clear who was present in every case as well as falling in line with GDPR advice. (Appendix D). Records will be kept in the child's file and are available to parents/carers on request.

## **10. Disposal of nappies**

Schools will need to contact the Local Authority waste providers to arrange a nappy bin and collection for a nominal charge. Schools should not be placing used nappies in pupils school bags to be taken home.

## **11. Processes for pupils with a physical and medical diagnosis.**

For some children, their additional medical or physical needs may mean that access to the toileting facilities is additional to those of their peers. Schools will need to identify this as part of their accessibility audit and an environmental audit will need to be carried out by the local authority representative. The school would also need to do a school-based risk assessment for the pupil. Schools would need hygiene rooms with changing tables/hoists or other equipment where children are not able to weight bear independently. Staff will require manual handling training to support the pupil in moving/position. OT/physio advice is likely to be needed in terms of equipment/handling of the pupil for their physical and medical needs.

## **Contacts**

Vision products supply changing beds and other equipment such as hoist and slings for a pupil with physical and medical needs and these need to be ordered via the local authority's physical medical panel. The equipment is allocated for that specific pupil to use. These can take up to 12-16 weeks to be delivered and will need to be ordered and designated for a pupil with physical and medical needs. Equipment is recommended and ordered by health care professionals and/or the specialist physical medical teacher.

Some pupils will require an Individual Healthcare Plan (IHP) these are written by the school in conjunction with healthcare professionals.

They may involve:

- Supported Eating e.g., gastrostomy (peg feeding) and Nasal gastric tube (NG Tube)
- Administering emergency medication
- Physiotherapy / Occupational Therapy Programme
- Massage/Intensive interaction
- Applying topical medicines (e.g., eczema creams)

## **12. Signposting for further advice**

Specialist Health Visitors run toileting and intimate care workshops for parent/carers of children under 5 with Additional Learning needs. This guidance has been adapted from advice from Bladder and Bowel UK.

### **Bladder & Bowel UK**

Working under the umbrella of Disabled Living, Bladder & Bowel UK is a national charity that offers advice and information on all bladder and bowel issues for all age groups and abilities, including children and young people. Staffed by specialist nurses they provide a range of free online resources and bespoke training to help children and young people, their parents, carers, and professionals to promote continence and manage incontinence. The aims of this service are the following:-

- Schools and settings should be aware of how to promote healthy bowels and bladders including staying hydrated through the day. Pupils should be receiving at least half their daily fluid requirement during school hours.
- Ensuring pupils have access to clean, well-stocked toilets at intervals throughout the day with enough time to use the facilities.
- Schools to change pupils and not ask parent/carers to come and change pupils if they have an accident in school.
- Schools to allow all pupils into school and not refuse admission to a pupil who is not toilet trained

**Website:** [www.bbuk.org.uk](http://www.bbuk.org.uk)

### **ERIC The Children's Bowel & Bladder Charity**

ERIC is dedicated to helping all children and teenagers manage and overcome distressing continence conditions. Whether it is a toilet-training issue, bedwetting, constipation or soiling problem, ERIC provides expert support, information and understanding to children and young people and enables parents, carers and professionals to help them establish good bowel and bladder health. ERIC's family support includes a free confidential helpline, parent and family workshops, online resources, and information. Professionals can access ERIC's free confidential helpline, online tools, resources and information.

**Website:** [www.eric.org.uk](http://www.eric.org.uk)

## **Managing Bladder and Bowel Issues in Nurseries, Schools and Colleges October 2019.**

Guidance for school leaders, proprietors, governors, staff and practitioners.

<https://www.eric.org.uk › managing-continence-issues-at-nursery-school-and-college>

### **Good practice in Continence Services, 2000.**

Available free from Department of Health, PO Box 777, London SE1 6XH or [www.doh.gov.uk/continenceservices.htm](http://www.doh.gov.uk/continenceservices.htm)

## **Appendix A**

### **Model Policy**

**Ysgol Gynardd Gymraeg Penderyn** is committed to ensuring that all staff responsible for the intimate care of children and young people will undertake their duties in a professional manner at all times.

We recognise that there is a need to treat all children and young people with respect when intimate care is given. No child or young person should be attended to in a way that causes distress, embarrassment, discomfort, or pain.

**The child or young person's welfare and dignity is of paramount importance and every child and young person's privacy will be respected.**

### **Rationale**

Our intimate care policy has been developed to safeguard children, young people and staff when there is a need for intimate care. The principles and procedures apply to everyone involved in the intimate care of children and young people.

School staff are working within local authority insurance cover; provided that the Intimate Care Policy in conjunction with the pupil's Health Care Plan/Intimate Care Plan are agreed and recorded by the parent/carers, education, and health (where required). Intimate care can be defined as any activity that is required to meet the personal needs of an individual child on a regular basis or during a one-off incident. Such activities can include:

- feeding
- oral care
- washing
- changing clothes
- toileting
- first aid and medical assistance, in conjunction with the relevant Health Care Plan

- supervision of a child involved in intimate self-care

Parent/carers have a responsibility to advise the school of any known intimate care needs relating to their child.

### **Principles of Good Practice in Intimate Care**

The following are the fundamental principles of intimate care upon which our policy guidelines are based:

All pupils have an educational entitlement:-

- every child or young person has the right to be safe
- every child or young person has the right to personal privacy
- every child or young person has the right to be valued as an individual
- every child or young person has the right to be treated with dignity and respect
- all children and young person have the right to be involved and consulted in their own intimate care to the best of their abilities
- all children and young people have the right to express their views on their own intimate care and to have such views considered
- every child and young person has the right to have levels of intimate care that are appropriate and consistent.

### **School Responsibilities**

All staff working with children and young people will be subject to the usual safer recruitment procedures. This includes students on work placement and volunteers. Vetting includes DBS checks at an enhanced level and two written references.

Only those members of staff who are familiar with the intimate care policy and other pastoral care policies of the school are to be involved in the intimate care of children and young people.

Where anticipated; intimate care arrangements are agreed between the school and parent/carers and if appropriate, by the child or young person. Intimate care agreements are signed by the parent/carer and stored in the pupil's file.

Intimate care arrangements should be reviewed on at least a six-monthly basis. The views of all relevant parties should be sought and considered to inform future arrangements.

If a staff member has concerns about a colleague's intimate care practice, he or she must report this to the designated teacher for child protection.

- Allow the-pupil to care for him/herself as far as possible, to encourage independence and to encourage him/her to carry out aspects of intimate care as part of his/her personal and social development. Targets may be set in developing these life skills.
- The child or young person will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child or young person to do as much for him or herself as he or she can. This

may mean, for example, giving the child or young person responsibility for washing or wiping themselves appropriately.

- Provide facilities appropriate to the child or young person's age and individual needs.
- Consideration should be given to ethnicity, culture, beliefs and religion, and any special requirements relating to intimate care should be identified and documented.
- Show awareness of and be responsive to the pupil's reactions, their verbal and non-verbal communication and any agreed signals.
- Each child or young person's right to privacy will be respected. Careful consideration will be given to each child or young person's situation to determine how many carers might need to be present. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present, (e.g.) when physical disability necessitates more than one member of staff to provide care, or when there is a need to safeguard staff. If this is the case, the reasons should be clearly documented. To discourage over familiar relationships, best practice would recommend a rota of staff that are able to undertake this task with the child/young person. This will depend on staff ratios in individual schools.
- There is positive value in both male and female staff being involved in the care of children. However, consideration should be given to the appropriateness of the gender of the member of staff to undertake the intimate care tasks

### **Individual Health Care Plan**

Some pupils will require an Individual Healthcare Plan (IHP). These are written by the school in conjunction with healthcare professionals. They may involve:

- Supported Eating e.g., gastrostomy (peg feeding) and Nasal gastric tube (NG Tube)
- Administering emergency medication
- Physiotherapy / Occupational Therapy Programme
- Massage/Intensive interaction
- Applying topical medicines (e.g., eczema creams)

### **Letter of Permission**

Permission must be sought from the parent/carer before any form of Intimate Care can be undertaken. All those staff working with the child or young person should know that permission has been given before undertaking any Intimate Care. (Appendix: A)

### **The Protection of Children**

The All Wales Child Protection Procedures 2008 and the school / setting Child Protection Policy will be adhered to.

If a member of staff has any concerns about physical changes in a child or young person's presentation, e.g. marks, bruises, soreness etc; s/he will immediately report concerns to the appropriate manager/ designated person for child protection.

Lead Safeguarding Officer: Mr Arwel Wood (Headteacher)

If a pupil becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be considered, 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 or young person's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child or young person makes an allegation against a member of staff, The All Wales Child Protection Procedures 2008 will be followed alongside the schools / settings Child Protection Policy.

This policy was written (based on RCT exemplar) in consultation with staff and Ysgol Gynradd Penderyn Governing Body and was approved on:-

Date: January 2025

This policy will be reviewed on: When updates become available.

Signed Headteacher: A. Wood

Signed Chair of Governors: P. Oliver

## Appendix B

### **Partnership Agreement and Consent for Intimate Care for a Child/Young Person**

Ysgol Gynardd Gymraeg Penderyn

Child's Name: Griff Llewellyn

Child's Date of Birth:

Child's School Year:

Child's Class Teacher & Support Staff:

The purpose of this agreement is to ensure that both parents/carers and professionals are in

agreement with the intimate care to be provided and that staff have received appropriate training. Teaching of certain care procedures may be carried out by the parent/carer or by the professional experienced in that procedure.

When the parent/carer and/or professionals are agreed that the procedure has been learned or where routine intimate care is to be provided, the details will be recorded fully below and all parties must sign this record and be provided a copy; an additional copy is to be retained on the child's file in school and where appropriate a copy is to be provided for the child's medical record.

Reasons why intimate care will be provided:

Who will provide this care (please details names and designation of those staff who will be providing care):

Detail of care to be provided:

*Parent/ carer Agreement:*

I/ We give permission for the school to provide intimate care to child's name.

I/ We agree to this plan and consent to procedures identified.

I/ We will inform the school of any changes that may affect my/ our child's intimate care (e.g. if

medication has changed or my/ our child has an infection).

I/ We will contact the school immediately if there are any concerns.

Name of Parent/ Carer(s):

Relationship to child:

Signature of Parent/ Carer(s)

Date:

*Schools Agreement:*

We agree to inform parents/ carer(s) of any concerns we have with regard to intimate care of their child.

We agree to inform parents/ carers of any changes in staff, procedure or any changes to this plan or our school intimate care policy.

We agree to treat all children with dignity and respect by providing appropriate support with intimate care professionally and with sensitivity.

Name of -Headteacher:

Signature Headteacher:

Date:

A review of this agreement will be made on:

Outcome of review: (please detail any changes to the plan moving forward and produce a new

Individual Intimate Care Plan as required):

## Appendix C

### Intimate Care Environmental School Based Plan

<b>Name of Pupil:</b>	Griff Llewellyn	<b>Date of Birth:</b>	
<b>Name of Parent/Carer:</b>		<b>Name of Key Staff:</b>	
<b>Name of School:</b>		<b>Year Group:</b>	

<b>Pupil Information</b>	<b>Yes <input checked="" type="checkbox"/>   No X</b>	<b>Notes</b>
Level of understanding: <ul style="list-style-type: none"> <li>• age appropriate</li> <li>• relevant ALN</li> </ul>		
Communication: <ul style="list-style-type: none"> <li>• use of particular words to describe body parts</li> <li>• use of alternative forms of communication</li> </ul>		Hand lead Griff to the toilet without placing any verbal or visual demand on him. Parents use bum and willy to describe his intimate parts. So can staff support the same way.
Ability of pupil to assist - partial/full		Griff can manipulate his clothes and do as much as possible himself
Relevant medical diagnosis/information: epilepsy, head control, skin condition, fragility, pain, other		Griff has no diagnosis at present. He does have eczema, and it is important to Griff that he is changed promptly when soiled to prevent his skin breaking down.
Behaviour considerations		Any demand placed on Griff can escalate his behaviour.
Weight (if known) / Stature		23kg's

Environmental Considerations	Yes <input checked="" type="checkbox"/> No X	Notes
<ul style="list-style-type: none"> <li>Is there a dedicated changing area?</li> <li>Is the area sufficiently heated?</li> <li>Is there appropriate equipment e.g. mat, table, bin, gloves etc available?</li> <li>Is a step required/available to access table?</li> <li>Are spare nappies/clothing available?</li> <li>Any other considerations?</li> </ul>		<p>School are going to use the disabled toilet as Griff finds the main toilets overwhelming. Sufficiently heated</p> <p>Yes</p> <p>N/A</p> <p>Parents to provide wet wipes, nappy bags and spare clothing.</p> <p>Sticking numbers on the wall to motivate Griff.</p>
Staff Considerations	Yes <input checked="" type="checkbox"/> No X	Notes
<ul style="list-style-type: none"> <li>How many members of staff are required?</li> <li>Is moving and handling training required?</li> <li>Are there considerations such as pregnancy, back pain, other?</li> <li>Is any other training/information required?</li> </ul>		<p>1</p> <p>No</p> <p>No</p> <p>No</p>
Safeguarding Considerations	Yes <input checked="" type="checkbox"/> No X	Notes
<ul style="list-style-type: none"> <li>Refer to Safeguarding Policy</li> <li>If there are concerns liaise with the child protection officer based at the school</li> </ul>		Yes

## Appendix D

### Individual Intimate Care Management Plan

<b>Name of Pupil:</b>		<b>Date of Birth:</b>	
<b>Name of Parent/Carer:</b>		<b>Name of Key Staff:</b>	
<b>Name of School:</b>		<b>Year Group:</b>	

<b>Identified toileting/changing area</b>	
Method of changing (eg standing or lying down)	<i>*If a pupil can weight bare it is health and RCT recommendation that the pupil be changed standing up</i>
Resources provided by the parent/carers <ul style="list-style-type: none"> <li>• Nappies (including spares)</li> <li>• Pull ups</li> <li>• Pads</li> <li>• Wipes</li> <li>• Spare clothing</li> <li>• Cream (if required)</li> </ul>	Pull ups Wet Wipes Spare clothes Nappy Bags
Resources provided by the school:  e.g. antibacterial spray, disposable hygiene roll, bio-hazard bin liners, step, paper towel, hand wash, gloves, masks, aprons.	PPE, gloves, hand wash
Communication - can the pupil communicate that they need support with	Hand lead Griff to the toilet without placing any verbal or visual demand on him.

intimate care? How? What signs do staff need to look out for? How will staff communicate with the pupil that it is time to go to the toilet/changing room? Any code words to use/words to avoid?	Parents use bum and willy to describe his intimate parts. So can staff support the same way.
Level of assistance needed:  e.g. undressing, dressing, hand washing, washing, wiping, drying, application of cream, talking/signing to child/young person.	Can manipulate his clothes and his pull up but Griff will full assistance with wiping.
Storage of soiled clothing	Soiled clothes to be rolled up and put in a carry bag and placed in Griff bag.
Frequency/toileting pattern  How often? e.g. how often in the morning/afternoon/timed intervals/agree the limited amount of times to support with intimate care per day.	20 minutes after drinking
Method of recording/monitoring Personal Care	School to record and monitor to be kept in the classroom.
Encouragement/Reassurance: e.g. how will staff positively encourage/reassure pupils whilst meeting their intimate care needs/ any rewards used?  What the member of staff will do if the child or young person is unduly distressed?	Once Griff has been to the toilet staff will praise him. Number games to encourage to go to the disabled toilet.  To contact parents.
Procedures for recording/ reporting concerns	Safeguarding Policy
Disposal arrangements	Per policy
Considerations for off-site visits	Hand Dryers- get distressed by the sound. To use disabled toilets instead.

<p>Any other comments/ important information: e.g. medical information, pupils own views/preferences/specific names for body parts. (It is recommended that, where possible, proper names are used for body parts)</p> <p>Sensory information</p>	<p>Likes being wet Doesn't like busy Environment- makes Griff feel anxious and overwhelmed. Routine</p>
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## Appendix E

## Record of Intimate Care Intervention

<b>Child's Name:</b>	
<b>D.O.B.:</b>	

[illegible]
