

NAS Intimate Care Procedure for Schools and Children & Young People's Services

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Scope

This procedure document should be used in accordance with NAS Intimate Care **Policy** for Schools and Children & Young People's Services SO-0005.

This procedure is for use with children or young people **under the age of 18 only**.

Creating an Intimate Care Plan

Please refer to policy for further detail.

Where an intimate care plan is required, it will be agreed in discussion between the relevant NAS staff, the child or young person (if appropriate), the parents or carers, and any relevant medical professionals prior to admission.

The plan should have the child or young person's safety, privacy, and dignity as paramount.

This plan should reflect the child or young person's needs, including information such as:

- The specific language the child or young person uses or understands in relation to intimate care
- The communication tools needed such as visuals
- Particular routines and successful strategies
- Any cultural preferences
- The type of continence supplies used by the child or young person
- How the child or young person's independence will be promoted and developed

The plan should also include:

- Any specific agreed times of the day when intimate care will be needed
- Any considerations for offsite visits/trips into the community
- Any specific considerations regarding how intimate care procedures will be documented

The plan will be reviewed in line with the pupils RAMP, even if no changes are necessary, and updated regularly, as well as whenever there are changes to the child or young person's needs.

Role of Staff

Any roles who may carry out intimate care will have this set out in their job description. This includes:

All education staff and agency staff can carry out intimate care if they are fully aware of the support the pupil requires.

No other staff members are permitted to provide intimate care.

Volunteers cannot provide intimate care.

All staff 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.

How Intimate Care will be Carried Out

Intimate care will always be provided by staff, who are familiar with the child or young person's intimate care plan (where one is in place).

Intimate care may be provided by staff of the opposite sex, where this has been agreed by the child or young person (if appropriate), the parents or carers, and any relevant medical professionals, and recorded in the child or young person's intimate care plan.

Where a child or young person who does not have an intimate care plan in place requires intimate care, staff will carry out the necessary support in the best interest of the child to ensure they are comfortable.

The child or young person's dignity and privacy will be promoted by intimate care taking place in a private room with suitable equipment and facilities.

When carrying out procedures, the school or service will provide:

- A private area away from other child or young people for intimate care to take place.
- Personal protective equipment (PPE) such as disposable protective gloves, disposable aprons, as well as hot water and liquid soap for handwashing.
- Suitable cleaning supplies, changing mats and appropriate bins for disposal of continence supplies and PPE.

For a child or young person needing routine intimate care, the family or relevant medical professionals will need to provide the school or service with sufficient supplies of necessary resources, such as continence pads, underwear, and/or a spare set of clothing.

Any intimate care procedure will be recorded in the pupils Home/School communication book. This record will document which staff members provided the intimate care, what took place, and any observations or concerns. Intimate care records will be regularly reviewed by the allocated senior member of staff to quality assure the care provided and identify any concerns. These records will be shared with parents/carers and relevant health professionals as appropriate.

Offsite Procedures

All the above procedures apply to staff when offsite, with the additional considerations:

- Staff should have a RADAR key to access disabled bathrooms and changing facilities in the community.
- Staff must prioritise the child or young person's dignity when in the community, only using appropriate private disabled bathrooms to provide intimate care.
- Staff must ensure sufficient continence supplies and alternative clothing are taken for the child or young person.