Management of Intimate Care Procedures

This document has been written to supply guidelines for the management of intimate care procedures in educational settings/schools. It is relevant to early years settings, primary and secondary schools. It is intended to cover the needs of a range of pupils who require assistance with their personal hygiene including toileting and catheterisation, using a range of equipment.

LEGISLATION

Settings and schools may ask if one or two adults should be present when an intimate care procedure is carried out. The setting/school should consider the following:

- It is acceptable for one person to carry out toileting procedures unless it is against the setting or school's policy or it has been recommended by professionals that the pupil requires two adults to assist with, for example, transfers.
- The procedure to be carried out.
- The welfare and safety of both the pupil and the adult/s.

The legal information and recommendations relating to intimate care procedures are taken from the following:

1. **Health and Safety and Work Act 1974**

It is important that staff's health and safety are considered. The Act states that ***'The main requirement on employers is to carry out a risk assessment. Employers with five or more employees need to record the significant findings of the risk assessment'***

- The Act states that employers have a duty to ensure, as far as are reasonably practicable, the health, safety and welfare at work of all employees.
- The employee has a duty while at work to take reasonable care of the health and safety of her/himself and other people who may be affected by her/his acts or omissions (in other words, actions s/he chooses to do, or chooses not to do). Employees must cooperate with the employer to allow her/him to comply with her/his health and safety duties.

2. **Disability Discrimination Act 2005**

'The DDA 2005 places a duty to promote disability equality on all public bodies, including schools and local authorities…A common perception is that the definition of a disability applies to a small group of people, commonly thought to be only those with a physical or sensory impairment. In practice it applies to a much larger group of people…The test of whether an impairment affects normal day-to-day activity is whether it affects one or more of the following:- (this list includes) continence'. (Ref: Implementing the Disability Discrimination Act in schools and early years settings, Disability Rights Commission).

3. **Disability Rights Commission – Code of Practice for Schools (DD Act 1995 as amended by the Special Needs and Disability Act 2001).**

It is unlawful for schools to discriminate against pupils with disabilities so that they are treated less favourably then non-disabled pupils.

If necessary, schools must make 'reasonable adjustments'. With regard to the personal hygiene of a pupil, the school may change its practice of restricting the time a pupil has when going to the toilet as the disabled person may need longer or need to visit more frequently.

Examples from the Code of Practice for Schools, Disability Rights Commission

Para 5.17

A mother seeks admission to a nursery school for her son who has Hirschsprung's disease. The school explains that they could not admit him until he is toilet trained. That is their policy for all children.

Q. Is this less favourable treatment for a reason related to the pupil's disability?

A. The child has difficulty in establishing bowel control as a consequence of having Hirschsprung's disease, so the reason given is related to the child's disability.

Q. Is it less favourable treatment than someone gets if the reason does not apply to him or her?

A. The treatment he receives has to be compared with a child to whom that reason does not apply, that is, the comparison is with a child who is continent. A child who is continent is not asked to delay admission to school. It is less favourable treatment than is given to a child who is continent.

Q. Is it justified?

A. In this case the decision was not based on any assessment of the circumstances of a particular case but on a blanket policy and so there is unlikely to be material and substantial reason. It is likely that this is unlawful discrimination.

4. Equality Act (2010)

The Equality Act (2010), following on from the Disability Discrimination Act 1995, states that schools cannot unlawfully discriminate against pupils because of their sex, race, disability, religion or belief and sexual orientation.

They should also have due regard for the following when carrying out and delivering services:

- Promoting equality of opportunity between disabled people and other people;
- Eliminating discrimination and harassment of disabled people that is related to their disability;
- Promoting positive attitudes towards disabled people;
- Taking steps to meet disabled people's needs, even if this requires more favourable treatment.

Part 6 of the Act states that the responsible body of a school must not discriminate against a pupil:

(a) in the way it provides education for the pupil;
(b) in the way it affords the pupil access to a benefit, facility or service;
(c) by not providing education for the pupil;
(d) by excluding the pupil from the school;

In addition to the provisions against discrimination, the Act also protects pupils from harassment or victimisation by a school.

A school's duty to its pupils goes beyond just the formal education; it provides and covers all school activities such as extra-curricular clubs and leisure activities, after school and homework clubs, sports activities and school trips, as well as school facilities such as libraries and IT facilities.

A school has a duty to make reasonable adjustments for disabled people. The Act extends the duty to make reasonable adjustments to cover the provision by a school of auxiliary aids and services.

5. Department of Health (2001) Good Practice in Continence Services

5.1 Local authorities should put in place arrangements that ensure children are not excluded from normal pre-school and school educational activities, solely because they are incontinent.

5.2 Schools and pre-school institutions should, wherever possible, be able to care effectively for children with these conditions; children should not be excluded from normal educational activities because of a manageable condition.

5.3 Effective interventions are:

- Early assessment by a suitably trained health individual, in consultation with parents and other carers including school staff;
- Each assessment, to specify the type of incontinence, a clear treatment and/or management strategy;
- Any additional resources or adaptations, a named person responsible for the treatment implementation, coordination with other agencies, six monthly reviews and staff training;
- Recognition of the need for unrestricted access to non-threatening toilet facilities, including one extended cubicle with wash basin per school for children with disabilities, children who need to self-catheterise etc. If these facilities are normally locked, children should have a toilet key, rather than need to ask for it. (See guidance on School Premises Regulations from DFEE for further guidance);

5.4 Intimate care should be implemented so that:

- The dignity and independence of the child or young person is preserved;
- The risk of bullying or ridicule from peers is avoided;
- The continence treatment or management plan is implemented as agreed in the assessment;
- Good pathways of communication from child or young person to the school-based carer, the multi-disciplinary team and the parent or carer are established
- Adequately trained school-based staff are available.

6. Guidance for Safer Working Practices for Adults who work with Children and Young People (commissioned by the DfES) 2007

- Consult with senior management and parents/carers where any variation from agreed procedure/care plan is necessary
- Record the justification for any variations to the agreed procedure/care plan and share this information with parents

- Ensure that any changes to the agreed care plan are discussed, agreed and recorded.

OUT OF SCHOOL TRIPS, CLUBS ETC

When school trips are being planned, the possibilities for children to be changed or cared for intimately must be considered and all reasonable steps taken to include the young person in each activity. This must be demonstrated through the risk assessments for the school trip.

MOVING AND HANDLING

Some pupils are ambulant and able to transfer themselves onto a changing plinth but some will require assistance from support staff. Various equipment, for example hoists, transfer slides or grab bars may be used under the direction of the adult/s. Staff involved with 'Moving and Handling' procedures should receive generic training from the York Moving and Handling Team (Emma.Sharpe@york.gov.uk) and have their skills updated at least every two years. Courses are offered throughout the academic year.

- Pupil specific information should be obtained from the professionals involved with the pupil e.g. physiotherapist, occupational therapist.
- Detailed information on the moving and handling procedures should be recorded and regularly reviewed.
- The setting/school should identify the alternative staffing arrangements if the regular named member of staff is absent.

STAFFING ISSUES

Staff carrying out care procedures will require advice, guidance and support and management to reflect the sensitivity required by the appropriate professional e.g. paediatrician, specialist nurse, physiotherapist etc. Staff should not attempt to carry out a procedure for which they have not been trained and/or advised. It is the responsibility of the school to ensure a sufficient number of staff have been trained to cover the daily procedures and for unexpected staff absences.

It is acceptable for one person to carry out toileting procedures unless it has been recommended by professionals that the pupil requires two adults to assist with, for example transfers. Some settings/schools may adopt a policy recommending two adults to be present for safeguarding procedures, in order to minimise the potential for allegations of abuse etc.

Staff should:

- Have enhanced DBS clearance
- Have training in child protection and health and safety
- Undergo 'Moving and Handling' training, if appropriate
- Have knowledge of the pupil's condition to help enhance understanding of the pupil's needs
- Report any difficulties to the SENCO

Staff must:

- Be willing to carry out the intimate care procedure
- Have the role included in their job description

- Receive formal training in intimate care procedures (if appropriate) and be assessed by a named professional

Working with the pupil

- Every pupil should be treated with dignity
- The pupil's right to privacy should be ensured, taking into consideration their age and the situation.
- The pupil should be involved, wherever possible, in agreeing their own intimate care routines; staff should explain what they are doing and ask for the pupils' compliance.
- Staff should be responsive to a pupil's reactions. If they appear to be distressed or uncomfortable, stop and another approach should be tried.
- Staff should ensure approaches in intimate care are as consistent as possible.
- Staff should never attempt to carry out a procedure for which you have not been trained. It is the schools responsibility to ensure that sufficient staff have been trained to cover for unexpected staff absences.
- Concerns regarding staff ability or regarding pupil's reactions to staff's work must be reported
- Pupils should be encouraged to have a positive image of their own body – staff should never show distaste at any of the intimate care procedures that have to be carried out for the pupil.

INTIMATE CARE POLICY

It is recommended that schools have an Intimate Care Policy. A sample one is in Appendix 1

INTIMATE CARE PLAN

It is important that pupils are encouraged and supported in order to achieve the greatest degree of independence that is possible. An Intimate Care Plan should be written and reviewed at least annually, taking into account the pupil's physical condition and any changes in their physical approaches or medication. It is strongly recommended that consultation and training is sought from appropriate professionals. A sample copy and a sample completed copy have been included in Appendix 2 and Appendix 3 respectively.

The Intimate Care plan should contain the following:

- Name of the child and date of birth
- Name of the mother/father/carer/guardian
- Address of the child
- Contact Numbers
- Agreed Procedure (co-produced by parents, pupil, professionals and setting)
- Signature of the parent/carer/guardian
- Signature/s of staff involved with the procedure/s
- Date

INTIMATE CARE FACILITIES

Some settings/schools now have hygiene suites. This is not for the sole use of one pupil and equipment should be cleaned after use and waste disposed of appropriately.

Hygiene suites may have some/all of the following:

- Manual hoists or ceiling tracking hoists which enable a pupil to be transferred from one area to another without the need to manually lift the pupil.
- Access slings for transfers which should be named for each pupil.
- Transfer board, straight or curved, which enables pupils to 'slide' across a board instead of using a hoist.
- Handling belt which the pupil wears and the adult holds during the transfer.
- Changing bed/plinth which is used when a pupil needs to lie down during any procedure.
- Changing mat which is generally used for young children.
- Commodes for pupils who find toilets unsuitable.
- Toilet and in some instances a Closimat toilet which cleans and dries the pupil.
- Toilet frames which are positioned around the toilet and enable the pupil to stand and lower themselves onto the toilet.
- Toilet seat reducers, used when the toilet seat is too large or the pupil has poor postural security or suffers from anxiety.
- Foot block/s which support the pupils feet when they are sitting on the toilet so that they have better balance and security. These may sometimes be used to help the pupil on and off the toilet.
- Fixed grab bars which can be fixed onto one or two side walls so that the pupil is able to hold onto them when getting on/off the toilet. Drop down grab bars are fixed on the back wall and can be lowered/raised as required.
- Washbasin with lever taps so that the pupil can turn them on/off easily.
- Hand dryer positioned so that the pupil can access independently, if possible.
- Shower areas to enable the pupil to be showered with privacy.
- Shower seats which are used for pupils who are unable to stand when being showered.
-

The setting/school should ensure that sufficient disposable resources are available to hand, for example:

- Disposable aprons
- Latex powder free gloves
- Bedding roll
- Wipes for the changing mat/bed/plinth

Parents/carers may provide:

- Nappies/changing pads
- Body wipes
- Sanitary towels

It is recommended that:

- Waste is placed in double black bin liners or in a bag supplied by a disposal company
- Surfaces are wiped down thoroughly between each procedure.
- Hands are washed thoroughly (see appendix 4)
- Equipment is left in a clean condition

INTRODUCING TOILET TRAINING

In the Department of Health (2001) Good Practice Continent Services' document it states that:

"Enuresis is very common and incontinence fairly common amongst pre-school children and at school entry. "Normal" child development involves the gradual acquisition of faecal and urinary continence. The rate at which children develop bladder and bowel control, varies. It is influenced by cognitive ability and various family and socio-cultural factors. Although being late coming out of nappies is by no means necessarily associated with cognitive difficulties, it is likely that children with global developmental delay will be particularly late in this respect…The two main other groups of children with continence difficulties are children who have a physical condition which hinders continence and children who have developed secondary enuresis or encopresis as a behavioural response to emotional difficulties. There can be an overlap between these conditions. Of the children with a physical difficulty underlying their incontinence, those with neurological problems are likely to have been identified pre-school…"

Stages in developing bladder control

1. The pupil shows no indication that s/he is wet or has a soiled nappy/pad.
2. The pupil shows some awareness of having a wet or soiled nappy/pad.
3. The pupil may be able to verbally express themselves or use gestures or facial expressions.
4. The pupil in indicates that in some way that they wish to urinate or open their bowels.

Assessing the pupil for readiness

1. Monitor whether there is a pattern as to when they need to be changed.
2. Record how the pupil indicates that they need to be changed or go to the toilet.
3. Be aware of any gestures that they use to indicate that they need to be changed or go to the toilet.
4. The pupil must have the ability to hold their bowel movement or urine until they go to the toilet. Muscle development is an internal process.

Strategies to support the process

- Liaison with parents/carers prior to commencing a programme so that similar language and routine can be adapted.
- Agree a Toilet Routine (Appendix 4)
- Ensure all necessary equipment is in place.
- Ensure pupil is familiar with the location of the toilets.
- Familiarise the pupil with the toileting routine.
- Build in a toilet routine into the day so that they go regularly in order to establish and encourage bladder and bowel control.
- Ensure that the pupil feels safe and comfortable when using the toilet (foot blocks, grab bars may be necessary). Some boys may prefer to sit if they are unsteady when standing. For some the use of female/male bottles may be appropriate.
- Make the pupil feel relaxed by talking to them.
- Adopt a suitable 'toilet' language and ensure this is used consistently.
- If different staff are involved, keep a record of the pupils' progress. (Appendix 6)
- Praise the pupil when they indicate that they need to go to the toilet. Stars or stickers can be used.

- If they make progress and then relapse, try to think if there is any reason e.g. pupil not well. These occasions should be managed discreetly.
- Make the pupil feel confident to tell an adult when they have had an 'accident'.
- Discuss with parents/carers appropriate clothing e.g. elasticated trousers may be easier than zipped ones.

BOWEL INCONTINENCE

It is possible that some pupils with certain medical conditions will never become entirely bowel continent. Bowel management may be carried out at home through the use of enemas and laxatives.

General considerations should be made when supporting pupils with bowel incontinence:

- Information on pupil's needs should be gained from parent and health professionals.
- Information should be shared with relevant staff.
- Arrangements should be made with the teaching staff in conjunction with the pupil to allow him/her to discreetly leave the room (through hand signal, token placed on the desk or they just leave the room as necessary).
- A toilet facility should be readily available with washing equipment, waste disposal, storage space and a change of clothing.
- Arrangements made with parents/carers to discreetly provide wipes and spare clothing.
- Access to drinks to allow a regular fluid intake.
- Suitable toilet arrangements when planning school visits – a RADAR key will give access to all public accessible toilet facilities (parents can buy a key for a nominal sum from the local council).

Developing self-management

It is important to encourage and support a pupil to self-manage their bowel condition through the following strategies:

Early Years

- Encourage a pupil to check his/her nappy/trainer pants or underwear for soiling at regular intervals with adult support.
- Adopt a low-key approach; give praise when the pupil identifies the need for changing and avoid showing disappointment if the nappy/underwear is soiled.
- A change of clothing may sometimes be required and they may need assistance with this.
- Encourage the pupil communicate using a pictorial cue card
- Follow a hand washing routine using a cue card initially.

Key Stage One

- Continue to encourage self-checking on a regular basis in an unobtrusive manner.
- The pupil should be aware of how they will ask to go to the toilet and discrete support should be available e.g. picture card, quiet request, signing
- The pupil may not require constant support in the classroom therefore a system should be in place to call the appropriate member of staff.
- Encourage the pupil to carry out the procedure as independently as possible.
- Use a cue card at an appropriate level (pictures or writing).
- Use a reward system if encouragement is needed.
- Gradually withdraw 'hands on' support.

Key Stage Two

- Pupils should become increasingly independent throughout this key stage with oversight where necessary.
- Consider the use of a token system – the pupil places a token on the teacher's desk as they leave the room and picks it up on return.
- Support emotional issues if necessary.
- Ensure appropriate equipment is available and that surfaces are correctly cleaned.
- Try to minimise the disruption caused to the curriculum access when changing or toileting whilst balancing the need for socialising.

Key Stage 3 and 4

- It would be expected that most pupils manage their own routines.
- Staff should be sensitive to the need for privacy and pupils should be able to leave a room discreetly.
- Emotional problems may become an issue; ensure that the pupil has access to an understanding adult.

SPECIALIST INTIMATE CARE PROCEDURES

Catheterisation

A catheter is a tube used to empty urine from the bladder. There are generally three types of catheterisation.

1. In-dwelling catheters – this is where the catheter is passed through the urethra into the bladder and secured in place by inflating a small balloon inside the bladder. The catheter remains in place for a number of days. Urine is collected in a bag which is usually secured to the leg and concealed under clothes. This is carried out by parents/carers or a health professional. In school they will require support to empty the bag into the toilet or receptacle. The child may manage this independently with time. In-dwelling catheters will need changing on a regular basis.
2. Intermittent catheterisation – a new catheter is passed into the bladder via the urethra each time the bladder is emptied. In school the pupil will require the support of an adult who has been trained and deemed competent by the community specialist nurse. It is advisable to have a second person trained in case of staff absence.
3. Suprapubic catheterisation – this is where a small surgical opening is made in the abdominal wall just above the pubic bone. A catheter is passed into the bladder to drain urine. This can remain in place for 3 months. It will either drain free into a bag as above or will have a valve so that the urine remains in the bladder until the valve is opened to allow urine to flow into the toilet. In school the pupil may need support.

Training and advice regarding catheterisation procedures will be provided by the specialist community nurse. School staff who agree to undertake this training are fully covered by the Local Authority insurance policy. Job specifications should include a phrase such as 'undergo training and carry out intimate care routines under the guidance of a health professional'. It is suggested that two members of staff are present during catheterisation routines.

Colostomy and Stoma Care

A stoma is an artificial opening to or from the bowel. It is needed when parts of the normal intestine are bypassed e.g. when part of the intestine has been removed during bowel surgery. The type of stoma depends on the part of the intestine that forms the opening:

- Gastronomy: an opening from the skin directly into the stomach, to allow feeding
- Jejunostomy: an opening from the first part of the small bowel, also used for feeding
- Ileostomy: an opening from the small bowel, to allow faeces to leave the body without passing through the large bowel.
- Colostomy: an opening from the large bowel, to allow faeces to bypass the anus.

Stomas may be temporary, or permanent. Further surgery would be necessary to close a stoma. With a colostomy or ileostomy, a special bag is attached to the site that collects the faeces. The opening on the abdominal wall must be well cared for as bowel contents can irritate the skin, resulting in ulceration and infection. Frequent removal of appliances can also damage the skin. The pupils should drink plenty of clear fluid. Staff should always seek professional advice from the clinician.

Pupils can lead a normal life with a bag in place. The bags can be drainable or closed. The contents can be flushed down the toilet but not the bag.

Supporting a pupil with an appliance

- The pupil should be encouraged to become as independent as possible and this can be guided by parents and the nurse.
- Advice should be sought from the specialist stoma nurse and parents/carers regarding management of the appliance.
- The appliance should be changed when necessary by the pupil or adult.
- An Individual Care Plan should be in place to meet the pupil's needs.
- Independent management of the appliance should be encouraged through a small-steps approach.
- Encourage the pupil to lay out all of the required equipment.
- Wear gloves when helping to change or empty the bag.
- Clean the skin around the stoma using a mild soap (unless advised otherwise).
- Check the bag at regular intervals until the pupil has learnt to determine when it needs changing.
- If the stoma bleeds heavily, turns black, becomes swollen or smells strongly, parents should be informed.

SWIMMING

A pupil with a <u>stoma</u> should be able to go swimming. Empty prior to entering the water and take a spare. The pupil may wish to cover the stoma so that it does not rub on swimwear, bleed or become sore.

A pupil with a <u>gastronomy button</u> should be able to go swimming once the gastronomy site has healed. **Medical advice should be sought regarding contact sports.**

Disposal of a used appliance:

- Double wrap in plastic bag and then seal for disposal as a nappy or in a yellow clinical waste bag and removed through a contract with a disposal company.
- Do not flush down the toilet.

TOILETING EQUIPMENT IN EARLY YEARS SETTINGS AND EYFS

In EYFS settings, young children should ideally have access to an appropriately sized toilet. However, this isn't always possible if groups are accommodated in church or village halls. Discussion with parents/carers will determine the approach currently used at home. A replica of this is often a good place to start.

Potty: The pupil should be afforded age appropriate privacy when using a potty for toilet training purposes. The potty should be emptied into the toilet and rinsed with hot water. It should be sterilised after each use in a proprietary solution such as Milton.

Toddler trainer seats/ring reducers on a standard or nursery sized toilet: A range of toilet trainer seats are available from high street shops such as Boots and Tesco. It is advised that you should check compatibility with the existing toilet. It is important that a child's feet reach the floor, particularly if the child has co-ordination or balance difficulties. Plastic toilet steps are usually suitable for most children. Seek specialist advice for children with physical disabilities.

NAPPY CHANGING IN ANY EDUCATIONAL SETTING

Age appropriate privacy should be afforded when changing nappies in any educational setting. Staff should wear disposable plastic aprons and gloves for all toilet routines. It is not recommended that changing mats are placed on the floor as this adds to risk of injury to staff. Older pupils with secure standing balance can be changed in a standing position. This is thought to be a more age appropriate position.

It is important to ensure safe moving and handling procedures are followed. It is no longer acceptable to lift pupils onto changing tables. Most schools now have an accessible toilet facility with a height adjustable changing bed. Further advice can be sought from the Physical and Health Needs Team.

SPECIALIST EQUIPMENT

For suppliers see Appendix 5

Urine bottles – these are occasionally used by male pupils who have significant physical disabilities. A recommendation to use a urine bottle may be made on the basis of increasing independence, reducing time spent on toileting routines and therefore maximising time spent in the classroom, reducing the physical effort required by the pupil or to reduce wheelchair to toilet transfers.

Urine bottles should be emptied into the toilet and rinsed with hot water during the school day. It should be sterilised in a proprietary solution such as Milton after each use. Individual bottles should be used for each pupil.

Standard bottles are suitable for use in accessible toilets. Discrete models such as the Uribag can be used in schools where more than one toilet is used. They are particularly useful for school visits.

Commode chair – a commode chair may be required by children with physical disabilities who are unable to sit on the toilet independently. Specialist equipment is usually recommended and prescribed by an occupational therapist. Advice can also be obtained from the Physical and Health Needs team regarding funding for specialist equipment.

Hoist Transfers – a small number of children with significant physical difficulties may need to be hoisted from their wheelchair to the changing bed, commode chair or toilet. A decision to hoist a child would be made by the local authority social care occupational therapists following a judgement made by the physiotherapist and/or the occupational

therapist family or by school that the child is not capable of completing transfers without one. Hoists and slings may be funded through the local authority. Contact the Physical and Health Needs team if a recommendation has been made.

Appendix 1

Intimate Care Policy for……School

"Intimate care is care which involves contact with parts of the body that we usually consider to be private." Barnado's Carers' Handbook.

The term 'intimate care procedures' includes toileting and cleansing routines, catheterisation and colostomy care.

NB The name of the school should be inserted each time……..appears.

1. In order to ensure that the intimate care is provided with dignity and respect, ……will plan carefully liaising with the pupil and family.
2. When drawing up the Intimate Care Plan, the views of the pupil, parents/carers and staff will be taken into account by ……..
3. Staff carrying out the Intimate Care Plan procedure should have the role specified by……
4. Staff working with pupils requiring intimate care procedures will have enhanced DBS disclosures, access to training in Child Protection procedures and may need Moving and Handling training.
5. In order to ensure the best possible care for pupils who need personal or invasive procedures, …… will work with parents/carers and other professionals.
6. Appropriate equipment necessary for Intimate Care procedure will be identified and resourced by the LA/School/Health Agencies.
7. It is expected that sufficient personal articles e.g. nappies/pads will be provided by the parents/carers.
8. The Intimate Care Plan should be reviewed regularly depending upon the development of the pupil or if there have been any changes in therapeutic or medical needs. It will be reviewed at least annually.
9. Consideration will be given to the pupils' intimate care needs when planning a school trip or residential. The school will identify the pupils' needs and requirement and the facilities available. It will also consider what equipment/resources will need to be transferred or transported.

Appendix 2
Intimate Care Plan

Name of pupil	
Date of birth	
Address	
Name of the parent/carer/guardian	**Name of staff**
Contact Numbers	
Date Written	**Review Date**
Pupils' Condition	
Where the intimate care procedure take place.	
How the pupil will travel there e.g. walk, wheelchair.	
What equipment is required and where located.	
Description of transfer method.	
Adjustment of clothing.	

Method of cleansing including washing hands.	
Appropriate language e.g. names for body parts and functions.	
Number of staff i.e. one or two	
Pupil participation i.e. what can they do.	
Disposal	
Next target towards independence.	
Signature of parent/carer	**Signature/s of staff involved with procedure/s**

Appendix 3
Sample Intimate Care Plan

Name of pupil	Lucy Smith
Date of birth	18.11.14
Address 14 Oak Road Treehouse TR3 9GH	
Name of the parent/carer/guardian Brenda Smith Bob Smith	**Name of staff** Mrs Yvonne Stanford Miss Jill Westwood
Contact Numbers Mum – 05476 516274 Dad – 0555 765433	
Date Written 20th June 2019	**Review Date** **20th December 2019**
Pupils' Condition Cerebral Palsy. Wheelchair user. Continent. Has speech.	
Where the intimate care procedure take place.	Accessible bathroom in KS1 corridor.
How the pupil will travel there e.g. walk, wheelchair.	Lucy will self-propel herself in wheelchair accompanied by 2 TAs
What equipment is required and where located.	Toilet commode, grab bar – in bathroom.
Description of transfer method.	Lucy should wheel herself to the front of the grab bar. She will undo her waist strap. TA to turn foot rests to the side. Lucy will pull herself to standing position holding the grab bar. TA removes wheelchair and places commode behind her. TA and Lucy adjust clothing. Lucy lowers herself still holding onto grab bar. The waists strap is fastened by the TA. Lucy may be left with TAs waiting outside the door until Lucy calls for assistance. TA cleans Lucy appropriately. Lucy holds the grab bar to stand up. TA and Lucy adjust clothing. TA removes commode and replaces wheelchair. Lucy lowers herself into the chair, strap is fastened and TA turns foot rests back to correct position. Lucy washes hands and returns to class. TA cleans equipment etc.
Adjustment of clothing.	Lucy is able to assist and will use dominant right hand whilst holding the grab bar with her left hand. She does require TA support.

Method of cleansing including washing hands.	Lucy is able to operate taps, soap dispenser and hand dryer independently.
Appropriate language e.g. names for body parts and functions.	Lucy asks to go to the toilet. She will say if she wants a 'wee' or a 'poo'.
Number of staff i.e. one or two	Two members of staff accompany Lucy. One takes the lead position, i.e. Lucy's class TA.
Pupil participation i.e. what can they do.	Lucy is able as mentioned above and will say if she feels uncomfortable or her clothing needs adjusting.
Disposal	The pan should be emptied and contents flushed. The pan should be cleaned and wiped with antibacterial wipes. Wipes should be placed in double bag.
Next target towards independence.	Lucy should aim to pull up her pants and tights independently.
Staff Involved	Amy Worthington – class TA Ruth Ingle – TA from Y1 Classroom Claire Brown – reserve TA from Y2
Training Record	*All completed 'Moving and Handling Training June 2018* *Review Date June 2020* *Specific pupil training received by Amy Worthington and Ruth Ingle from OT and Physiotherapist.*
Signature of parent/carer	**Signature/s of staff involved with procedure/s**

Appendix 4

My Toilet Routine

1. Use the toilet

2. Use the toilet roll

3. Flush the toilet

4. Wash your hands

Appendix 5 Suppliers

The following list is not exhaustive but includes supplies often used by settings/schools.

Beaucare Medical
https://www.beaucare.com/
Wide range of products including aprons, wipes, gloves

Plinth Medical
https://www.plinthmedical.com/
Wide range of changing plinths including Plinth 2000

Physio Med
https://www.physiomed.co.uk/
Wide range of products including changing plinths, slings, hoists

Mothercare
https://www.mothercare.com/
Wide range of products including toilet reducers, changing mats

Be Independent York
Wide range of products to buy

Appendix 6

TOILETING CHART
Pupils Name………………………………………….. Date commenced……………………………………

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
