



INTIMATE CARE POLICY

Approved date: February 2024

Review date: February 2025

1) Principles

1.1 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Keeping Children Safe in Education' to safeguard and promote the welfare of pupils¹ at this school.

1.2 This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

1.3 The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects their ability to carry out day-to-day activities must not be discriminated against.

1.4 This intimate care policy should be read in conjunction with the schools' policies as below :

- Safeguarding & Child Protection Policy
- Behaviour at Work for School Based Staff
- Confidential Reporting (whistleblowing)
- Health & Safety Policy
- Special Educational Needs Local Offer

Plus

- Managing Medicines policy

1.5 The Governing Body is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

1.6 We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare and dignity is of paramount importance and their experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

1.7 Staff will work in close partnership with parent / carers and other professionals to share information and provide continuity of care.

¹ References to 'pupils' throughout this policy includes all children and young people who receive education at this establishment.





Headteacher: Mrs S Bondonno

1.8 Where pupils with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

1.9 Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils unless they have been specifically recruited to do so.

1.10 All staff undertaking intimate care must be given appropriate training and awareness of the child's individual health care plan (IHCP) where one exists.

1.11 This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

2) Child focused principles of intimate care

The following are the fundamental principles upon which the Policy and Guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

3) Definition

3.1 Intimate care can be defined as any activity which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. This activity is required to meet the personal care needs of each individual child. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

3.2 It also includes supervision of a child involved in intimate self-care.

4) Best Practice

4.1 Pupils who require regular assistance with intimate care have written Individual Health Care Plans (IHCP), or intimate care plans (ICP) agreed by staff, parents / carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan (appendix 1) should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

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4.2 Parents / carers will provide the necessary supplies required for intimate care e.g. nappies, catheters, pads and wipes. Parents / carers need to send in supplies that are appropriate for the individual's needs and provide bags for storage of wet clothes. Changes of clothes will also be necessary. The school is responsible for providing gloves, aprons and waste disposal facilities.

4.3 Where relevant, it is good practice to agree with the pupil and parents / carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

4.4 Where a care plan or IHCP is **not** in place, parents / carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter.

4.5 In relation to record keeping, a written record should be kept in a format agreed by parents / carers and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (see afore-mentioned multi-agency guidance for the management of long term health conditions for children and young people).

4.6 Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case. A log (appendix 2) of intimate care should be maintained and updated by designated staff providing intimate care. This is located in the medical room. All teachers know which children in their class have intimate care needs. Parents are required to update the school about any change in their child's medication or treatment.

4.7 These records will be kept in the child's file and available to parents / carers upon request.

4.8 All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for themselves as possible.

4.9 Staff who provide intimate care are trained in personal care (e.g. health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate. Any soiled waste will be placed in a yellow waste disposal bag, which can be sealed. This bag is then placed in a specialist bin (complete with a yellow liner) which is specifically designated for the disposal of such waste. The bin will be located in the Hygiene Room and will be emptied and collected by PHS 3 times a week. All staff are aware of the school's Health and Safety policy. However, if it is felt that a child's urine or soiled activity is the result of sickness, such as diarrhoea, in order to limit the spread of infection and protect staff, parents / carers will be called and asked to come and collect their child from school.

4.10 Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation.

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4.11 It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure. To ensure effective communication:

- Ascertain how the child communicates e.g. consult with child, parent / carer and, if appropriate, communication needs must be recorded (please refer to pupil profile). If further information is required, please consult with the child's Speech and Language Therapist.
- Make eye contact at the child's level
- Use simple language and repeat if necessary
- Wait for response – allow processing time
- Continue to explain to the child what is happening even if there is no visible response
- Treat the child as an individual with dignity and respect

4.12 Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their age.

4.13 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account. The wet room; located at the rear of the staff room; will be used by any pupil requiring intimate care.

4.14 It is best practice to have two members of staff present during intimate care routines. It is not always possible within our setting for this to be provided by staff who are the same sex as the child. An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care. Where intimate care is required, the staff allocated to that class will where possible work on a rota basis to ensure over familiarity in a relationship does not occur, yet regular staff are attending the pupil, so they feel comfortable and cared for. Pupils should be able to voice preference of intimate carers where possible.

4.15 The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

4.16 Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

4.17 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

4.18 Health & Safety guidelines should be adhered to regarding waste products, if necessary, advice should be taken from the DCC Procurement Department regarding disposal of large

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amounts of waste products or any quantity of products that come under the heading of clinical waste.

4.19 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

5) Child Protection

5.1 The Governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

5.2 The school's child protection procedures will be adhered to at all times. Concerns of a child protection nature must be referred to the Designated Safeguarding Lead (DSL) or Deputy DSL and dealt with in accordance with school child protection procedures.

5.3 From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

5.4 Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding, promoting self esteem, awareness and confidence in their own body.

5.5 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, soreness etc s/he will immediately report concerns to the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead via CPOMS.

5.6 If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) and outcomes recorded. Parents / carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

5.7 If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's Child Protection Policy: Dealing with Allegations of Abuse against Members of Staff and Volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

5.8 Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

6) Physiotherapy

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6.1 Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the IEP or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.

6.2 Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

6.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

7) Medical Procedures

7.1 Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents / carers, documented in the health care plan or IEP and will only be carried out by staff who have been trained and signed off as competent to do so. Staff should only undertake care activities which they understand and feel competent and confident to carry out; they are responsible to notify their line manager/Headteacher if this is not the case.

7.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

7.3 Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. If an examination of a child is required in an emergency aid situation, another adult must be present, and due regard to the child's privacy and dignity is always considered.

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Appendix 1 – Parental consent for intimate care

Child's name:			
Date of birth:			
Year group:		Class:	
Care required & how often during the day			
<i>e.g.: changing pad / wiping bottom / cleaning child after he has emptied their bowels / changing their clothes</i>			
Resources required:			
<i>Parents / carers provide:</i>		<i>School to provide: e.g. suitable waste disposal</i>	
Infection control and disposal arrangements:			
Actions to be taken if any concerns arise:			
Other professionals involved in care / advisory role (i.e School nurse etc)			
Additional information:			





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Staff members who will carry out the tasks:	
Staff members Signatures:	
Date:	
I/We have read the Intimate Care Policy provided by Southway Junior School. I/We give permission for the named member(s) of staff to attend to the care needs of my/our child and are in agreement with the procedures proposed	
Name of Parent(s) / Carer(s):	
Signature:	
Date:	
Headteacher:	
Signature:	
Date:	





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Appendix 2 - Intimate care log

Child's name:				
Date of birth:				
Year group:			Class:	
Date	Time	Comments		Staff

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