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Intimate Care Policy

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Thorpe Primary School

Intimate Care Policy

Introduction

The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Safeguarding Children and Safer Recruitment in Education' (2006) to safeguard and promote the welfare of pupils at this school.

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam.)

The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

The following document is a model based on best practice in special schools. It may be adopted and/or adapted by individual schools/establishments as applicable. Mainstream school staff will find the guidance given here useful when intimate care issues arise.

Thorpe Primary school is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. Thorpe Primary School recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

All staff undertaking intimate care must be given appropriate training. This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

Aims and objectives:

The purpose of this policy is to ensure that all staff responsible for the intimate care of children will undertake their duties in a professional manner. Thorpe Primary School recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

Best Practice

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves.

Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible, one child will be catered for by one adult, but a second adult should be made aware that intimate care is taking place.

Wherever possible the same child will not be cared for by the same adult on a long-term basis. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers.

Intimate care arrangements will be discussed with parents/carers and recorded in a care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staff and equal opportunities legislation.

Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in lifting and moving) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from outside professional involved with the pupil and family.

1. Pupils who require regular assistance with intimate care have written Individual Education Plans (IEP), health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan 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.
2. 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.
3. Where a care plan or IEP 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, not through the home/school diary.
4. In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has been changed, soiled or required any intimate medication (e.g. an invasive medical procedure, e.g. support with catheter usage).
5. 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. These records will be kept in the child's file and available to parents/carers on request.
6. Staff who provide specialist 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.
7. 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.

8. 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.
9. 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 ages.
10. 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.
11. An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.
12. 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.
13. 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 CRB checks.
14. All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.
15. 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 amounts of waste products or any quantity of products that come under the heading of clinical waste.
16. No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

Children Wearing Nappies

The parent should provide nappies and should be made aware of this responsibility. Schools are responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.

Health and Safety – changes in circumstances (Covid 19)

During this time it is imperative that any child needing intimate care continues to be safe and cared for.

Staff members will have access to:

- PPE (face mask, gloves and an apron) for use during intimate care
- Nappy/soiled underwear changing is undertaken in the appointed toilet on the changing mat.
- Parents/carers are informed of all nappy changes/soiling accidents.
- A new set of gloves, apron, mask and eye protection to be worn for every nappy/soiled underwear changing.
- The changing mat must be cleaned using anti-bacterial cleaner prior to any changing.
- Child to be placed on a mat during a nappy/underwear change.
- Soiled nappies to be placed in double polythene waste disposal bags which can be securely sealed. This bag should then be placed in a bin (complete with a liner) which is specifically

designated for the disposal of such waste (located in the medical room). Staff should be aware of the school's Health and Safety Policy.

- Any soiled clothes to be sent home in separate double polythene waste disposal bags.
- All cleaning wipes to be placed in double polythene waste bags for disposal.
- Before dressing the child dispose of all personal protective equipment in a double polythene waste disposal bag in the appropriate bin.
- Both staff member and the child must wash their hands for at least 20 seconds before returning to class.
- Changing area/mat should be thoroughly cleaned using anti-bacterial spray and cleaning cloths.

Pupils in Distress

The school recognises that there may be times when a pupil is distressed and needs to be comforted and reassured and this might include physical touch such as a caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and not subject to misinterpretation.

Judgment will need to take account of the circumstances of a pupil's distress, their age, the extent and cause of the distress. Unless the child needs an immediate response, staff should consider whether they are the most appropriate person to respond.

Particular care must be taken in instances which involve the same pupil over a period of time.

Where a member of staff has a particular concern about the need to provide this type of care and reassurance they should seek further advice from their line manager or other appropriate person.

Menstruation

Girls who are in the early stages of puberty may need support from a female member of staff. Where such assistance is required girls will be provided with sanitary towels and treated sensitively.

Physical Education and Other Skills Coaching

Some staff are likely to come into physical contact with pupils from time to time in the course of their duties when participating in games, demonstrating an exercise or the use of equipment.

Staff should be aware of the limits within which such contact should properly take place and of the possibility of misinterpretation.

Where it is anticipated that a pupil might be prone to misinterpret any such contact, alternatives should be considered, perhaps involving another member of staff or a less vulnerable pupil in the demonstration.

Changing Clothes

Young people are entitled to respect and privacy when changing clothes. However, there must be the required level of supervision to safeguard young people with regard to health and safety considerations and to ensure that bullying or teasing does not occur. When changing for physical activity pupils will be supervised. Where pupils are separated by gender, either both groups of pupils will be supervised at the same time, or one adult will move between the two groups to ensure supervision.

Out of School Trips, Clubs etc

Employees should take particular care when supervising pupils on trips or a residential setting or after-school activity. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of staff will be no different from the behaviour expected within school. Staff involved in such activities should also be familiar with their school's policy and guidance regarding out of school activities.

To ensure pupils' safety, increased vigilance may be required when monitoring the behaviour of pupils on trips or after school activities etc

Meetings with pupils away from the school premises where a chaperone will not be present are not permitted unless specific approval is obtained from the head teacher or other senior colleague with delegated authority. Staff should not place themselves in a position where they are in a vehicle, house or other venue alone with a child.

If staff come into contact with pupils whilst off duty, they must behave as though in their professional role and not give conflicting messages regarding their own conduct.

Child Protection

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.
2. The school's child protection procedures will be adhered to.
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.
4. Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.
5. If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc. s/he will immediately report concerns to the Designated Safe guarding Person for Child Protection or Head teacher. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if

appropriate, in accordance with the school's child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

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 Head teacher. The matter will be investigated at an appropriate level (usually the Head teacher) 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.
7. If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Head teacher (or to the Chair of Governors if the concern is about the Head teacher) who will consult the Local Authority Designated Officer in accordance with the school's 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.
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 Head teacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

Physiotherapy

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.
2. Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.
3. Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.