

St John's Church of England School

'I can do everything through Christ, who gives me strength'
Philippians 4:13



Intimate and personal Care Policy

Reviewed: Spring 2022
To be reviewed: Spring 2025

School Vision

Vision

‘.....I can do everything through Christ who gives me strength’. Phil 4:13.

At St John’s we foster an ethos deeply rooted in the Bible, underpinned by **faith** and committed to educational excellence. In our community we respect that everyone is uniquely made in the image of God. We grow together in **wisdom, compassion, strength** and instil a sense of **hope** for all to flourish.

‘We make a difference’

Core Values

Faith – Is being sure of what we hope for and certain of what we do not see

Strength – God presents us with the strength to build and progress in our life and the lives of others.

Compassion – We are fair, we care and show understanding towards others.

Wisdom – Building confidence, discipline and knowledge to fully develop our talents in all areas of our lives.

Hope – Coping wisely with situations that will help guide us into fulfilling our aspirations

1) Principles

- 1.1 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.
- 1.2 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 his/her ability to carry out day-to-day activities must not be discriminated against.
- 1.3 This intimate care policy should be read in conjunction with the schools' policies as below (or similarly named):
 - safeguarding policy and child protection procedures
 - staff code of conduct and guidance on safer working practice
 - 'whistle-blowing' and allegations management policies
 - health and safety policy and procedures
 - Special Educational Needs policy
- 1.4 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 is of paramount importance and his/her 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.
- 1.8 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. However, all staff will be made aware that providing intimate care counts as a reasonable adjustment** for pupils who are not toilet trained, not able to use a toilet independently, or need other help with intimate tasks. **This is because failing to do so would infringe upon those pupils' rights to access education due to a disability, under the [Equality Act 2010](#).**
- 1.10 All staff undertaking intimate care must be given appropriate training.
- 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 care 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. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing, topical medicines such as eczema creams, first aid and medical assistance such as managing catheters.

Providing intimate care **counts as a reasonable adjustment** for pupils who are not toilet trained, not able to use a toilet independently, or need other help with intimate tasks. This is because failing to do so would infringe upon those pupils' rights to access education due to a disability, under the [Equality Act 2010](#).

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

4) **Best Practice**

- 4.1 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.
- 4.2 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.

- 4.3 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 (eg 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.
- 4.4 Staff and SLT should complete an **intimate care plan** for any pupils with long term medical conditions that may require intimate care (see example below). Parents should be involved with any discussion of intimate care and a **parental/carer consent form** should be signed at the beginning of the year (see example below). In relation to record keeping, a written record should be kept in a format agreed by parents 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).
- 4.5 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.
- 4.6 These records will be kept in the child's file and available to parents/carers on request.
- 4.7 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 his/herself as possible.
- 4.8 Staff who provide intimate care are trained in personal care (eg 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.
- 4.9 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.
- 4.10 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.
- 4.11 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.
- 4.12 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.
- 4.13 An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.

- 4.14 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.
- 4.15 Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.
- 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.
- 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.
- 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.
- 5.5 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 Senior Person for Child Protection or Headteacher. 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.
- 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 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.

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 to do so.
- 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 it is advisable to have another adult present, with due regard to the child's privacy and dignity.

St John's C of E School - Intimate and Personal Care Procedures

Careful consideration should be given to each child's situation to determine how many carers might need to be present when a child is toileted or changed (where possible, this should be 1:1, with another adult in the vicinity to protect both the child and staff member).

Procedure for undressing and dressing pupils if wet or soiled:

1. **Check for authorisation first**
2. Ensure privacy before procedure
3. Talk to the child, explain what you are doing
4. Ensure you are wearing disposable gloves
5. Remove clothing from lower body first, encourage independence (give help if necessary)
6. Wash/clean as required. Allow the child to clean themselves if possible
7. Ensure lower regions covered before removing upper body garments (if necessary)
8. Give the child the clean clothes (either provided by the parents/carers, or where these are not present lend them some clothes from the school)
9. Encourage the child to dress themselves (give help if necessary)
10. Put wet/soiled clothes in plastic bag, ensure child takes them home at the end of day
11. Encourage child to wash their hands.
12. Dispose of gloves and wash your hands
13. Record the care given on "Record of Intimate Care Intervention" sheet

Procedure for changing nappies:

1. **Check for authorisation first**
2. Follow 1-4 as above
3. Take off the nappy and put it in a nappy sack or plastic bag.
4. Wipe away soil using wipes provided. It may be possible to encourage the child to do this for themselves.
5. Ensure the skin is clean and dry.
6. Put on a clean nappy (using a changing mat) or pull up (whilst child is standing). Check that it fits snugly around the waist and legs.
7. Dress the child or allow them to dress themselves if they are able to.
8. Ask the child to wash their hands.
9. Dispose of the nappy in a nappy sack using the nappy bin provided
10. Dispose of gloves and wash your hands
11. Record the care given on "Record of Intimate Care Intervention" sheet

Procedure for child complaining they are hurt in genital area:

1. Ensure privacy before procedure
2. Ask child how they were hurt and record on Arbor
3. *Ask the child if they feel the area is bruised or swollen **but do not ask** to look at the area*
4. Phone parent to notify them that their child has been hurt in their genital area.
5. Record the care/advice given on "Record of Intimate Care Intervention" sheet
6. Record any injury in the Accident book
7. Notify CP Officer immediately if you have concern that injury could be suspicious.

Intimate care plan

Use this template for pupils who need regular support with toileting, washing and/or changing.

PARENTS/CARERS	
Name of child	
Type of intimate care needed	
How often care will be given	
What training staff will be given	
Where care will take place	
What resources and equipment will be used, and who will provide them	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for making sure care is carried out according to the intimate care plan	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	
CHILD	
How many members of staff would you like to help?	
Do you request a female only team to support your child?	
Do you mind having a chat when you are being changed or washed?	
Signature of child	
Date	

This plan will be reviewed twice a year.

Next review date:

To be reviewed by:

Intimate care: parent/carer consent form

Use this general permission form if you're a setting with a high proportion of children not yet toilet trained.

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of parent/carer	
Address	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	☐
I prefer a female only team to support my child	
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or my child has an infection)	☐
I understand the procedures that will be carried out and I will contact the school immediately if I have any concerns	☐
I do not give consent for my child to be washed and change in case of a toileting accident. Instead, the school will contact me or my emergency contact and I/they will organise for my child to be washed and changed. I understand that if the school cannot reach me or my emergency contact, staff will need to wash and change my child, following the school's intimate care policy, to ensure comfort and remove barriers to learning.	☐
Parent signature	
Name of parent	
Relationship to child	
Date	