



# Intimate Personal Care Policy

**St Thomas CE Primary School**

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| <b>Approved by:</b> | Trust Board | <b>Date:</b> June 2024 |
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| <b>Last reviewed on:</b> | June 2024 |
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| <b>Next review due by:</b> | June 2026 |
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## God's Love in Action

Our children are at the heart of everything we do through *Christian values and relationships*. *Living and learning together* we celebrate the uniqueness and diversity of everyone in our family. We nurture a sense of *self-belief, mutual respect and belonging* through Social Emotional Learning and academic excellence. We are dedicated to building the foundations for *happy and successful life-long learning*.



Faith



Friendship



Love



Trust

## 1. Principles

The Trust board will act in accordance with Section 175 of the Education Act 2002 and the most recent version of the Government guidance 'Keeping Children Safe in Education' (KCSiE) to safeguard and promote the welfare of pupils<sup>1</sup> at this school.

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.

The Trust Board 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.

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

- Safeguarding policy and child protection procedures
- Staff code of conduct and guidance on safer working practice
- Whistle-blowing policy
- Health and Safety policy and procedures
- Special Educational Needs policy
- Anti-Bullying Policy

## 2. Moving and Handling – guidance note

The Trust Board 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.

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.

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

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.

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

Staff for whom it is part of their job description (or commensurate to their job grade) are responsible for providing intimate care.

All staff undertaking intimate care must be given appropriate training, as relevant to the child.

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

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

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.

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

### 4. Best Practice

Pupils who require regular assistance with intimate care have written Single Page Profiles, health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. A risk assessment should be carried out when care is about to be taken by school staff (*See appendix 1*). 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 profile or care 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. Care plans can be created using the school based proforma. (*See appendix 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.

Where a care plan or Single Page Profile 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. *(See appendix 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 an invasive medical procedure, e.g. support with catheter usage (see aforementioned multi-agency guidance for the management of long term health conditions for children and young people). *(See appendix 3)*

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. *(See appendix 3)*

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

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.

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.

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.

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.

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.

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 (in accordance with the Safeguarding policy).

Two members of staff should be present when personal intimate care is being administered. If two members of staff are not available but care needs to be delivered immediately, the individual should inform the appropriate adults that they are going alone to assist a pupil.

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.

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.

Adults who assist pupils with intimate care should be employees of the school or long-term agency staff, not short-term supply, daily supply, students, or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DSB checks.

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

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.

## 5. Child Protection

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

The school's child protection procedures will be adhered to.

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.

Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.

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 Lead for Child Protection or Deputy Senior Lead. 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.

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 and a Designated Safeguarding Lead. The matter will be investigated at an appropriate level (usually the Head of School or Executive 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.

If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Head of School or Executive Headteacher (or to the Chair of Trustees if the concern is about the Executive 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.

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 of School or Executive Headteacher or to the Chair of Trustees, in accordance with the child protection procedures and 'whistle-blowing' policy.

## 6. Medical Procedures

Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters, stoma or colostomy bags. These procedures will be discussed with parents/carers, documented in the health care plan and will only be carried out by staff who have been trained to do so.

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

## 7. Partnership with Parents

Staff at St Thomas CE Academy, will work in partnership with parents/carers to provide care appropriate to the needs of the individual child and together will produce a care plan. The care plan will set out:

Parents/Carers are asked to supply the following:

- Spare nappies/pull ups
- Wipes, creams, nappy sacks etc.
- Sanitary products
- Spare clothes
- Spare underwear

### Appendix 1 – Intimate Care Risk Assessment

|  |        |
|--|--------|
| Intimate Care Risk Assessment<br>(NB recommendation - on a yearly cycle) |        |
| Child's Name:  | Class: |
| Date of Risk Assessment:   |        |

|   | Yes | Notes |
|---|-----|-------|
| 1. Does weight /size/shape of pupil present a risk?   |     |       |
| 2. Does communication present a risk?   |     |       |
| 3. Does comprehension present a risk?   |     |       |
| 4. Is there a history of child protection concerns?   |     |       |
| 5. Are there any medical considerations? Including pain/discomfort?   |     |       |
| 6. Has there ever been allegations made by the child or family?   |     |       |
| 7. Does moving and handling present a risk?   |     |       |
| 8. Does behaviour present a risk?   |     |       |
| 9. Is staff capability a risk? (back injury/ pregnancy)   |     |       |
| Are there any risks concerning individual capability (Pupil)?<br><br><input type="checkbox"/> General Fragility<br><input type="checkbox"/> Fragile bones<br><input type="checkbox"/> Head control<br><input type="checkbox"/> Epilepsy<br><input type="checkbox"/> Other |     |       |
| 10. Are there any environmental risks?<br>Heat/Cold   |     |       |

## Appendix 2 – Personal Care Plan

|                            |      |              |
|----------------------------|------|--------------|
| Child Name:                |      |              |
| Date of Birth:             | Age: | Year Group:  |
| Class Teacher Name:        |      |              |
| Completed by: (Staff name) |      |              |
| Date of plan:              |      | Review date: |

|  |                   |                               |  |
|--|-------------------|-------------------------------|--|
| Type of care required  |                   |                               |  |
| Nappy changing   | Pull Ups changing | Assistance to use the toilet  | Assistance to change clothes after soiling |
| Other, please specify:   |                   |                               |  |
| Who will change the child?   |                   |                               |  |
| If more than one, state why:   |                   |                               |  |
| How will the child be changed? Example, standing up in a toilet cubicle, lying down on a mat on the floor or changing table. |                   |                               |  |
| Additional equipment required?   | No                | Yes<br>(Please specify below) |  |
| Details:   |                   |                               |  |

How will the changing occasions be recorded and if/ how this will be communicated to child's parent/ carer?

Consider using the Record of Intimate Care Intervention Form

Agree a minimum number of changes

How will the child be encouraged to participate in the procedure? (What can the child do for themselves?)

Any other comments/ important information, eg. medical, religious, or cultural information

This plan has been discussed with me (Parent/Carer) and I agree to change my child at the last possible moment before he/she comes to school, provide the resources and encourage my child's participation in toileting procedures at home as appropriate and where possible.

Parent/ Carer's Full Name: \_\_\_\_\_

Signed: \_\_\_\_\_

### Appendix 3 – Template letter



Date:

Dear Parent / Carer of:

We are writing to advise you that school had to \_\_\_\_\_ for your child because they had a toileting accident. This care was carried out in accordance with our Intimate Personal Care Policy and was carried out by the following member of staff:

\_\_\_\_\_

Please do not hesitate to contact your child's class teacher to discuss the matter further.

Yours sincerely,



