



## Intimate Care Policy

Policy Number: 52	Date approved by Governors: This policy will be reviewed by the Governors' Safeguarding Sub-Committee date of next review:	February – 2025 February - 2028
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### This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, rights and wellbeing of children are safeguarded
- Pupils with intimate care difficulties are not discriminated against, in line with the Equalities Act 2010
- Parents are assured that staff are knowledgeable about intimate care and that the needs of their children are taken into account
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved

### Definition of intimate care

Intimate care refers to any care which involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

It is any activity which meets the personal needs of a student and covers any tasks that involve dressing and undressing, washing - including intimate parts, helping someone use the toilet, changing nappies / continence pads or carrying out a procedure that requires direct or indirect contact to an intimate personal area. Other acceptable physical contact may include: co-active feeding, wiping or cleaning a student when he/she has finished or during a meal, moving a student's head to gain eye contact, or to ensure that the student is in the best position to see/hear, wiping noses, wiping dribbling mouths, washing hands and faces, applying sun-tan lotion, strapping students into hoists and other acceptable constraints and giving a small hug to comfort and provide reassurance when the student is feeling distressed.

### Parental consent form

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents will be asked to sign a consent form.

For children whose needs are more complex or who need particular support outside of what's covered in the permission, an intimate care plan will be created in discussion with parents.

Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure.

### Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents, the child (when possible) and any relevant health professionals.

The school will work with parents and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents will be consulted.

The plan will be reviewed once a year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

### **Responsible staff**

Any roles who may carry out intimate care will have this set out in their job description. No other staff members can be required to provide intimate care.

All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

### **Procedure and best practice**

Dealing with body fluids – Urine, faeces, blood and vomit will be cleaned up immediately and disposed of safely in the bins provided. When dealing with body fluids, staff will wear protective clothing (disposable plastic gloves and aprons) and wash hands etc thoroughly afterwards

Students will be kept away from the affected area until the incident has been completely dealt with. Staff will encourage students to do as much as independently as possible

At all times the student will be treated with dignity and respect. A log will be kept of when intimate care has been provided. This will be completed on each occasion by the attending staff and monitored by the School Nursing Sister who will be notified of any concerns.

Sexual arousal – There may be occasions when there is an unavoidable and natural physical response to intimate care so as to suggest sexual arousal – notably in young male students. In such situations the adults may continue with the changing of nappies / continence pads unless the student indicates discomfort. In the circumstances, adults will wait until the student feels able to continue with the changing and dressing. Staff will be obliged to maintain reasonable proximity so as to ensure the student's safety – a vulnerable student will not be left alone.

### **Concerns about safeguarding**

If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this using the school's safeguarding procedures.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted in the earliest opportunity as part of this process in order to reach a resolution

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedure

## Appendix A: template intimate care plan

PARENTS/CARERS	
Name of child	
DOB	
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 ensuring 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 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:

## Appendix B: template parent/carer consent form

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)	<input type="checkbox"/>
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)	<input type="checkbox"/>
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	<input type="checkbox"/>
<p><b>I do not</b> give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident).</p> <p>Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed).</p> <p>I understand that if the school cannot reach me or my emergency contact if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.</p>	<input type="checkbox"/>
Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	

