



## Intimate Personal Care Policy

*“If you have faith as small as a mustard seed, nothing will be impossible to you.” (Matthew, 17:20)*

### **GDPR**

Data will be processed to be in line with the requirements and protections set out in the UK General Data Protection Regulation.

Policy to be reviewed every 3 years  
Reviewed by School: Sara Taylor 16/09/2024  
Reviewed by Governors: J Hall 23/09/2024  
Next review date: Autumn 2027

# Policy for Intimate Personal Care

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## **1 Principles**

1.1 The Governing Board is committed to ensuring that all staff responsible for the intimate personal 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.

1.2 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 personal care needs, is one aspect of safeguarding.

1.3 The Governing Board recognises its duties and responsibilities in relation to the Equality 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.

1.4 The child/young person's welfare is of paramount importance and his/her experience of intimate 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. 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 personal care is given.

1.5 This intimate personal care policy should be read in conjunction with the school's policies as below:

- Safeguarding and Child Protection
- Code of Conduct
- 'Whistle-blowing'
- Health and safety
- Accessibility Policy
- Medication and Management Procedures
- Guidance for Safer working practice for those working with children and young people in education settings – Government document

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

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

1.8 All staff undertaking intimate care must be given appropriate training.

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

## **2 Child/young person focused principles of intimate personal care.**

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

Every child/young person has the right to:

- be safe
- personal privacy
- be treated as an individual
- be treated with dignity and respect
- be involved and consulted and have their views taken into account in their own intimate personal care, appropriate to age/ability
- have levels of intimate personal care that are as consistent as possible

## **3 Definition**

3.1 Intimate personal 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 developmental stage, 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.

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 personal care have written individual health 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 (where applicable) are present. Any historical concerns (where known) should be taken into account. The plan should be reviewed as necessary, but at least every 3 years and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate personal 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 is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate personal care needs (e.g. has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate personal care should be treated as confidential and communicated in person.

4.4 In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child receives invasive care, e.g. support with catheter usage (see Appendix 1).

4.5 All pupils will be supported to achieve the highest level of autonomy that is possible given their developmental stage and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.

4.6 Staff who provide intimate personal care are trained in intimate personal care (e.g. health and safety, moving and handling and safeguarding) in order to meet the needs of the pupil. Best practice regarding infection control, including the requirement to wear disposable gloves, aprons etc. is to be followed at all times.

4.7 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.

4.8 There must be careful communication with each pupil who needs help with intimate personal 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.

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

4.10 Every child/young person'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 personal care. 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.

4.11 An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate personal care.

4.12 The religious views, beliefs and cultural values of children/young people and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer. The care needs of the child/young person should be paramount.

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

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

4.15 Health & Safety guidelines should be adhered to regarding waste products. If necessary, advice should be taken regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.

4.16 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate personal care. See Code of Conduct Policy.

## **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 personal 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 personal 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 Pupils will be taught personal safety skills carefully matched to their level of development and understanding. This will include learning around consent, listening to what their bodies are telling them (protective behaviours), expectations of adults and how/who to ask for help.

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 as per the procedure laid down in the Safeguarding and Child Protection Policy.

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 Designated Safeguarding Lead. The matter will be investigated at an appropriate level (usually the Headteacher) and outcomes recorded. If the concern is about the Headteacher then it should be reported to the chair of governors.

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.

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 Medical Procedures**

6.1 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 individual health care plan and will only be carried out by staff who have been trained to do so.

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

6.3 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.

## **7 Physiotherapy**

7.1 Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the 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.

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

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

## **8 Massage**

8.1 Massage is now commonly used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.

8.2 It is recommended that massage undertaken by school staff should be confined to parts of the body outside that normally covered by a swimming costume in order to safeguard the interest of both adults and pupils.

8.3 Care plans should include specific information for those supporting children with bespoke medical needs.

8.4 Massage should never be carried out on a child unless specifically agreed in the child's care plan.

### Appendix 1

Record of Intimate Care Intervention

### Appendix 2

Intimate Care Plan template



St. Bartholomew's C of E Primary School

Record of Intimate Care for.....

Date	Staff	Time and duration	Comment (if any)	Staff signature



# Saint Bartholomew's C of E Primary School

## Intimate/Personal Care Plan

<b>Child's Name:</b>	<b>Date:</b>
Nominated Staff:	
<b>Main areas of need:</b> <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>	
<b>Detailed Plan:</b> (refer to any toileting plans, dressing or undressing and medical needs)	
This plan was written by _____ on (Date) _____	
This plan was agreed with parents/carers on _____	
The child's views were sought for this plan on _____	
(if not, please state why not):	
Signed (Headteacher)	_____ (Date)_____
Signed (LSA, Support staff)	_____ (Date)_____
	_____ (Date)_____
Signed (Parent/carers)	_____ (Date)_____