



### **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. School staff are expected to provide care and assistance for our pupils, including personal care and social physical contact but they should be aware of the possibility of invading a pupil's privacy and take into consideration pupils' views and feelings.

All staff working with the pupils/students need to be sensitive to their needs. Staff should be alert and aware that some care tasks could be open to possible misinterpretation. False allegations of sexual abuse are rare but following basic guidelines will safeguard both pupils and staff.

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

### **Child focused principles of intimate care**

The following are the fundamental principles upon which this 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.

### **Guidelines**

Pupils who require regular assistance with intimate care have this information detailed in their care plans and agreed by parents/carers. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances or special activities e.g. for residential trips. The care plan must take into account procedures for educational visits/day trips.

Adults who assist pupils with intimate care should be employees of the school or including supply staff or parents of the child and therefore have the usual range of safer recruitment checks, including enhanced DBS checks. Volunteers and students are not authorised to do intimate care procedures.

Accurate intimate care records should be kept when a child requires assistance with toileting; 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 1.

A written record should be kept every time a child has an invasive medical procedure, e.g. support with catheter usage.

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

Pupils should be encouraged to act as independently as possible and to undertake as much of their own personal care as is possible and practicable. When assistance is required, this should normally be undertaken by one member of staff. However, they should make other staff aware of the task to be undertaken. Intimate or personal care procedures should not involve more than one member of staff unless the pupil's Care Plan specifies the reason for this.

Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

Adults should always:

- explain to the pupil what is happening before a care procedure begins.
- Consult with colleagues where any variation from the agreed procedure/care plan is necessary
- Record the justification for any variations to the agreed procedure/care plan and share this information with the pupil and their parents/carers.
- Avoid any visually intrusive behaviour
- Where there are changing rooms announce their intention of entering
- Provide appropriate supervision for individuals and groups of pupils, to satisfy health and safety considerations and to ensure bullying and teasing does not occur. This supervision should be appropriate to the needs and age of the young people concerned and sensitive to the potential for embarrassment. Adults need to remain in changing rooms until all risks of bullying, or health and safety matters are eliminated.

A signed record should be kept of all intimate and personal care tasks undertaken and, where these have been carried out in another room, should include times left and returned.

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.

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. These will be outlined in the pupil's care plan provision.

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 (yellow bags).

No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

## **Child Protection**

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 via CPOMs to the Designated Safeguarding Leads. 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 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.

## **Safeguarding of adults**

Adults should not change or toilet in the presence or sight of pupils. When staff are changing at public swimming baths they should change in individual changing rooms away from pupils. They should not shower with pupils. They should not assist with intimate or personal care tasks which the pupils are able to undertake independently.

- Treat every pupil with dignity and respect and ensure privacy appropriate to pupil's age, culture, gender and needs.  
Pupils' views should be taken into account wherever possible. Working with a student on a one to one basis is actively encouraged, unless the task requires two people or there are specific guidelines advising more than one staff member. Staff should be aware of the student's dignity and privacy at all times, endeavouring to be sensitive to their needs. Staff should be open and above board, informing others of their support to the pupils i.e. quietly informing another member of staff that they are taking a pupil to the toilet or shower. Do not lock the door.
- At all times encourage independence skills.  
Avoid doing care tasks for the pupil, which they are capable of doing themselves. Always encourage them to do as much as possible.  
If a pupil is fully or partly dependent on adult support, refer to their Care Plan and discuss their needs with them, allowing them choices. Always seek specialist advice if unsure when dealing with pupils from different cultural and racial backgrounds
- Be responsive to a child's reactions.  
Involve pupils in conversations about their personal care. Give them time to finish their activities and tell them you are taking them to the toilet. Talk with them about

their care i.e. “first...then.....”. Ask questions e.g. “Am I doing this right?” If a pupil/student expresses a dislike of a member of staff, try to find out why and try to give them choices of who cares for them.

- Make sure practice in Intimate Care is as consistent as possible.  
It is individual members of staff’s responsibility to refer to individual pupils’ Care Plans to maintain a consistent approach i.e. care of female students during menstruation is consistent across different staff. Failure to follow a Care Plan means pupils do not get consistent support and this can be very confusing for them. It also means an individual staff member leaves themselves at risk of a complaint.
- Never attempt a task unless you are competent.  
Always ask if you are unsure in how to implement a procedure with a child/student. Procedures such as giving rectal drugs or catheterisation must only be carried out by trained and competent staff.
- Report any concerns you have.  
If during intimate care you accidentally hurt a student or they are sore/tender, or they appear to be sexually aroused by your actions, or if something said is misunderstood or misinterpreted or their emotional reaction without an apparent cause, report it as soon as possible and make a note of the incident. It is important, both for students and staff that these situations are not ignored.
- Sexualised behaviours  
It is not exceptional for boys to have erections, nor for children of both sexes to masturbate. Staff need to be sensitive to these normal bodily functions and not to draw attention to them by their own reactions. All staff need to be aware that their own dress and behaviour should not provoke sexual arousal.
- Encourage the student to have a positive image of their body.  
Encouraging the student to be assertive will help them to be less vulnerable to sexual abuse.  
Correct approaches by staff when assisting students in their care will help the student to develop positive self esteem and body awareness.  
Always be age appropriate. Routine care can be relaxed and enjoyable. Always bear in mind the student’s right to say no.
- Protect yourself against the possibility of allegations.  
Following the school procedures detailed in the Child Protection Policy alongside the Intimate Care Policy, all staff will be protecting themselves. If in doubt talk with your line manager.  
Should you become sexually aroused in the presence of children, please withdraw from the situation.

### **Physiotherapy**

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.

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

Any concerns about the regime or any failure in equipment should be reported to the Headteacher who will follow this up with the physiotherapist.

### **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 or colostomy bags. These procedures will be discussed with parents/carers, documented in the 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.

### **Sensory Integration (TACPAC)**

Sensory Integration programmes are 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.

Any massage undertaken by adults at school should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and pupils. Failure to do this will lead to disciplinary procedures being implemented.

### **References to other school policies**

- Safeguarding- Child Protection Policy 2024
- Keeping Children Safe in Education DfE September 2024
- Guidance on Safer Working Practices for Adults working with Children and Young Adults April 2024
- Behaviour Management Policy

## Appendix 1

### Intimate care log

All intimate care must be carried out in line with the intimate care policy and the provision outlined in the individual pupil's care plan. At the end of the week, hand to Healthcare Assistant.

Pupil's name: \_\_\_\_\_

<b>Date</b>	<b>Time</b>	<b>Type of intimate care</b> See codes or if other please state	<b>Name of person providing the care</b>	<b>Comments</b> e.g. If child displays any anxieties or anxious behaviours, or if the procedure you carried out differed from that pupil's care plan procedures- if so state what changes were made.

Assisted with wiping (AW)    Checked nappy (CN)    Changed soiled nappy/pants(SN/ SP)  
Changed wet nappy/pants (WN, WP)    Changed sanitary towel (ST)    Sat on toilet (T)  
Supported showering (S)    Supported dressing/undressing underwear (D)    Other (O)

## Appendix 2:

### Guidance on the Use of PPE (Personal Protective Equipment)

#### The use of gloves

Wearing gloves does not absolve you of the need to wash your hands, best practice is to change your gloves between each activity/contact/area. So, remove your gloves, wash your hands for 20 seconds and put on a fresh pair of gloves if you need to wear gloves.

#### Staff performing intimate care

1. Before performing intimate care, staff should wash their hands for 20 seconds.
2. Then put on PPE, gloves and an apron (optional). Wear eye protection if you feel at risk of difficult behaviours like spitting. (If you have long sleeves, sleeve protectors are also available in Healthcare).
3. Perform intimate care for ONE pupil. Spray the area with Bioguard and wipe clean.
4. Remove gloves and apron and dispose of these in the nappy bin.
5. Wash your hands for 20 seconds, then put on a fresh pair of gloves and apron (optional) before any contact with the next pupil.
6. When all pupils have received intimate care, spray the area with Bioguard and wipe clean, remove your apron and gloves and dispose of these in the nappy bin. Remove eye protection if wearing this.
7. Wash your hands for 20 seconds before resuming your usual activities.

If you have any concerns or require more equipment please contact the Headteacher or Deputy Head.

### **History of Document**

Previous versions now deleted from system. New issue:

New Issue No.	Author/Owner	Date Reviewed	Approved by Governors on	Comments
1.	SR	24/4/14		<b>New Policy</b>
2.	School	04/06/14		<b>Amendments</b>
3.	School	September 2016	25.1.17	
4.	School	February 2019	20/3/19	
5.	School	March 2020	18.03.2020	
6.	School	March 2021	17.03.2021	<b>Appendix on PPE from separate document added to this document as Appendix 2.</b>
7.	School	March 2023	15.03.2023	<b>Minor amendments including clarification around staff changing at swimming pool. Amendments to PPE guidance.</b>
8	School	March 2024	13.03.2024	<b>Updated KCSIE reference</b>
9	School	March 2025	19.03.2025	