



**Killisick
Junior School**
Believe • Achieve • Succeed

Intimate Care Policy

To be reviewed September 2025

We are committed to safeguarding and promoting the welfare of our children and expect all staff to share this commitment. Our Safeguarding and PREVENT policies are integral to all other policies and practice and form part of our school life. Our aim is to ensure our children are safe at all times.

The Governing Body of Beeston Fields Primary and Nursery School adopted this policy in September 2024. It will be reviewed every year or sooner if required by change in legislation.

1. Principles

- i* The policy reflects current legislation, accepted best practice and complies with the government guidance: Working Together to Safeguard Children April 2018 and Keeping Children Safe in Education. This policy gives effect to our duty to safeguard and promote the welfare of their pupils under section 175/157 the Education Act 2002 and where appropriate under the Children Act 1989 by creating and maintaining a safe learning environment for children and young people.
- ii* 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.
- iii* 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.
- iv* 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 and Disability (SEND) policy
 - Nottinghamshire County Council guidance on moving and handling
 - policy for supporting children with medical conditions
- v* 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.
- vi* 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.
- vii* Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.
- viii* Where pupils with complex and/or long-term health conditions have an Healthcare Plan in place, the plan should, where relevant, consider the principles and best practice guidance in this intimate care policy.

- ix All staff undertaking intimate care must be given appropriate training if needed, for example, in moving and handling or physiotherapy.
- x 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

- i 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 considered.
 - Every child has the right to have levels of intimate care that are as consistent as possible.

3 Definition

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

4 Best Practice

- i Pupils who require regular assistance with intimate care have Healthcare Plans or Intimate Care Plans (see Appendix 1) which have been agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. 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. Any assistance with intimate care for these pupils will be recorded on their own 'Individual Intimate Care Record' (See Appendix 2)
- ii 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.
- iii 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 care needs (e.g. 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. Staff will also record this on the 'Class Intimate Care Record' (see Appendix 3)
- iv 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).

- v Accurate records should be kept whenever 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 2 and 3)
- vi These records will be kept in a file and can be made available to parents/carers on request. (See Appendix 2 and 3)
- vii 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.
- viii Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.
- ix Staff will be supported to adapt their practice in relation to the needs of individual pupils considering developmental changes such as the onset of puberty and menstruation.
- x 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.
- xi 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.
- xii Every child's right to privacy and modesty will be respected. We operate remote supervision for most children during intimate care. This means the adult delivering intimate care will inform another adult that care is about to be administered. The door will be pushed to but not locked, allowing for spot checks but also for the carer to call on more support if required. The other adult will make spot checks during some instances of intimate care. Spot checks will be recorded on the child's intimate care record. In some instances, it may be more appropriate for two carers. 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 considered.
- xiii The religious views, beliefs and cultural values of children and their families should be considered, particularly as they might affect certain practices or determine the gender of the carer.
- xiv 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.
- xv 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.
- xvi The school has specific guidance for nappy changing (See appendix 4).

- xvii* All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.
- xviii* Health & Safety guidelines should be adhered to regarding waste products, if necessary, advice should be taken from the Nottinghamshire County Council Procurement Department regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.
- xix* No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

5 Child Protection

- i* 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.
- ii* The school's safeguarding procedures will be adhered to.
- iii* From a safeguarding 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.
- iv* Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.
- v* 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 Safeguarding Lead. A clear written record of the concern will be completed, and a referral made to Social Care, if appropriate, in accordance with the school's safeguarding 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.
- vi* 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 head teacher. The matter will be investigated at an appropriate level (usually the head teacher) and outcomes recorded. Parents/carers will be contacted as soon as possible 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.
- vii* If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the head teacher (or to the Chair of Governors if the concern is about the head teacher) 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.
- viii* 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 teacher or to the Chair of Governors, in accordance with the safeguarding procedures and 'whistle-blowing' policy.

6. Physiotherapy

- i* Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the provision map or 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.
- ii* Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.
- iii* Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

7. Medical Procedures

- i* Pupils who have a disability might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags, or care for tracheostomies. These procedures will be discussed with parents/carers, documented in the Healthcare Plan and will only be carried out by staff who have been trained to do so.
- ii* It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.
- iii* 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.

8. Complaints

If a parent is worried and wishes to discuss any concerns relating to their child, the first point of contact should be the child's class teacher. Most concerns can usually be addressed by a meeting between the class teacher and parents to discuss any issues and identify actions to address them. Our school usually resolves concerns in this way. However, if there are ongoing concerns, specifically relating to a child's intimate care, a meeting should be requested with the school's SENCO via the school office. The SENCO will usually arrange a meeting with parents, the class teacher, the child, and other support staff or other professionals if appropriate. We endeavour to communicate with parents face-to-face to address concerns, however if this is not suitable telephone conversations with the class teacher or SENCO can be arranged.

If there are any complaints relating to the intimate care of pupils, these will be dealt with in the first instance by the head teacher. This is unless they relate to safeguarding concerns in which case the procedures detailed above will be followed. The chair of governors may be involved if necessary. In case of an unresolved complaint the LA may be involved. Please see the complaints policy on the school website or request a copy from the office for specific details.

Appendix 1

Intimate Care Plan

Name of child: _____

Date of birth: _____

Date plan was written: _____

Was this plan discussed with the child? YES/ NO If no, please indicate reason:

Please describe here the type of intimate care that requires assistance. E.g. child-soils and requires assistance/ supervision with cleaning themselves, disposal of soiled pad/ underwear and re-clothing, child needs assistance with feeding etc

Does this intimate care procedure require additional training for members of staff? YES/ NO If YES, please indicate who will provide the training and how often staff will need to have refresher training,

Where will this care be provided? Specific identified areas

Who will provide the care? Please list staff members trained to provide this care.

Name

Position/ job

Date of training

Details of the equipment the child may need (i.e. continence pad size, toilet seating, changing bed) and who provides the equipment:

What is the child able to do for themselves? How is the child going to indicate who they want to assist in their care, when they need assistance and if they have any dislikes relating to their intimate care?

Agreed by Killisick Junior School on:

Signed:

Print name:

Role:

Appendix 2

Individual Intimate Care Record for: _____

Date:	Start time:	End time:	Comments:	Staff member:

Appendix 3

Soiled Changing Procedure

- Take the child to a disabled toilet (main school disabled toilet or Blackman) as appropriate.
- Verbally and discreetly, let another adult know you are about to change a child who is soiled so they can be available to supervise/witness if required.
- Ensure the supervision of the rest of the children is not compromised.
- Wherever possible, the child should remain standing in the toilet area. If the child is to be laid down, this should be identified in their Intimate Care Plan.
- Put appropriate PPE on, depending on the task (disposable apron/ gloves)
- Always narrate to the child what you are doing, in a calm and relaxed manner.
E.g “ Now, I am going to get the wipes out. Next, I need you to take off your shoes...”
- Get out nappy (or pull up/ clean pants), wipes and bag from the child’s bag (or use school spare clothing if none provided).
- Ask child to remove their own shoes, socks and trousers wherever possible.
- Remove child’s soiled underwear/ pull up.
- Soiled nappies must be placed in a nappy sack and tied at the top and placed in the nappy bin in the adult toilet area.
- Ask the child to bend down and touch their toes/ lean on a nearby surface to enable the adult to clean them.
- When changing a girl, you wipe them front to back and in the crease of their legs
- Put a new pull up or clean pants on the child. Ask the child to help with pulling up.
- Ask child to re-dress themselves into their clean trousers, sock, shoes. Support as necessary.
- Ask child to wash their hands for 20 seconds using soap and warm tap and dry with paper towel.
- Once the child has been changed and removed from the changing area, the surface should be cleaned with a detergent spray or antibacterial wipes and left to dry, as appropriate.
- Take off PPE, dispose of correctly in PPE waste bin and wash your hands with soap, warm water and dry with paper towels.
- Record changing in the changing log sheet in the folder in the toilet.