



INTIMATE CARE POLICY

1. Introduction

Intimate care is any care which involves washing, touching or carrying out a procedure to private parts of the body. It might include helping with washing, toileting and dressing or continence care or menstrual management.

Most pupils can do this for themselves but some can't because of their age, physical difficulties or special educational needs.

Intimate care also includes supervision of pupils involved in intimate self-care, if this is needed. This is our policy for how we will manage intimate care for pupils who need it.

2. Principles

We take our responsibility to safeguard and promote the welfare of our pupils seriously. Meeting a pupil's intimate care needs is part of this. We will adhere to Section 175/157 of the Education Act 2002 and the government guidance 'Keeping Children Safe in Education' to do this.

In line with the Equality Act 2010, we will not discriminate against a pupil with a disability. A person has a disability if they have a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

We will treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given.

We will ensure that all staff undertaking intimate care will do so in a professional manner.

Each pupil will be treated as an individual and care will be given gently and sensitively. No pupil will be attended to in a way that causes distress or pain.

Our staff will work closely with parent/carers and professionals to share information and provide continuity of care.

Pupils with complex or long term medical conditions will have an individual healthcare plan implemented by the school. If such pupils need intimate care, their plan will take this policy into account.

3. Intimate care plans

Pupils who need regular intimate care will have an:

- Intimate care plan;
- or an
- Individual healthcare plan.

This is a written document that explains what will be done, when and by whom.

It will be written with input from the pupil (where possible), parents/carers, school staff and other professionals, such as a school nurse or physiotherapist. Ideally, this will take the form of a meeting. Any historical concerns (such as past abuse) will be taken into account.

If needed, we will agree appropriate terminology for private parts of the body and functions and note this in the plan.

The religious views, beliefs and cultural values of pupils and their families will be taken into account.

The child's right to privacy and modesty will be respected. The meeting will consider carefully who will support the pupil with intimate care and if this needs to be more than one person. As far as possible, each pupil will have a choice about who supports them.

We will take into account safer working practice and make sure our processes are transparent. The plan will be reviewed as necessary, but at least annually.

In some cases, the support for a pupil's intimate care needs will be written into their Education, Health and Care (EHC) plan or their SEN Support plan (or equivalent document) rather than an intimate care plan or individual healthcare plan.

4. Best practice

Pupils will be supported to do as much as they can for their own intimate care needs, taking into account their age and ability.

The pupil's preferred means of communication will always be used.

School staff will always explain or seek the permission of the pupil before starting an intimate care procedure, according to the pupil's age and level of understanding.

Staff will be trained in personal care (e.g. safe moving and handling practice) according to the needs of the pupil.

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

Staff will be supported to adapt how they support individual pupils when changes happen, such as the onset of puberty and menstruation.

Only employees of the school will support pupils with intimate care (not students or volunteers). They will have the usual range of safer recruitment checks, including enhanced DBS checks.

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

5. Record keeping

School staff will inform another member of staff when they are going to assist a pupil with intimate care on their own.

A written record will be kept every time a child has an invasive medical procedure, e.g. support with catheter usage. This will be kept in an agreed format.

Accurate records will also be kept when a pupil receives intimate care. These will be brief but will include date, time and any comments, such as changes in the child's behaviour. It will be clear who was present in every case. Records will be kept in the child's file and are available to parents/carers on request.

If a pupil without an intimate care plan (or another support plan) has an 'accident' whilst at school (e.g. wetting or soiling themselves) and they need help with intimate care, the parents/carers will be informed of this on the same day. This will be communicated in person by telephone or by sealed letter.

6. Child Protection

We recognise that pupils with special educational needs or who are disabled are vulnerable to all types of abuse. The schools' child protection policy will be adhered to.

Intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. As such, best practice will be followed and staff will be encouraged to be vigilant at all times, seek advice where relevant and take account of safer working practice.

Where appropriate, pupils will be taught personal safety skills according to their age and level of understanding.

If a pupil becomes unusually distressed or unhappy about being cared for by a particular member of staff, this will be reported to the class teacher or Headteacher.

The matter will be investigated at an appropriate level and outcomes recorded. Parents/carers will be contacted as soon as possible. Staffing schedules will be altered until the issue is resolved. The child's needs will remain of utmost importance. Further advice will be taken from outside agencies if necessary.

If a pupil, or any other person, including a staff member, makes an allegation against an adult working at the schools this will be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher).

The Headteacher or Chair of Governors' will consult the Local Authority Designated Officer in accordance with the schools' policy.

If a member of staff has any concerns about a pupil's presentation, e.g. unexplained marks or bruises etc. they will report these to the Designated Safeguarding Lead or Headteacher immediately. A written record of the concern will be completed. A referral will be made to Children's Services Social Care if appropriate. Parents/carers will be asked for their consent or informed that a referral is necessary prior to this being made. However, this should only be done where such discussion and agreement seeking will not place the child at increased risk of suffering significant harm.

7. Physiotherapy

School staff may be asked to undertake a physiotherapy regime (such as assisting children with exercises).

School staff must only do this once the technique has been demonstrated by a physiotherapist and written guidance has been provided. The physiotherapist will observe the member of staff undertaking the exercises. These will be recorded in the pupil's support plan and reviewed regularly.

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

School staff will not devise and carry out their own exercises or physiotherapy programmes.

8. Medical procedures

Pupils who are disabled might need help with medical procedures such as the administration of rectal medication, managing catheters or colostomy bags.

These procedures will be discussed with parents/carers and documented in the pupil's individual healthcare plan.

They will only be carried out by staff who have been trained.

Staff will follow infection control guidelines and ensure that any medical items are disposed of correctly.

Any members of staff who administer first aid will be trained in accordance with Local Authority guidance. If a pupil needs examining in an emergency aid situation, it is best to have another adult present, whilst respecting the child's privacy and dignity.

9. Massage

Massage can be used with pupils who have complex needs to develop sensory awareness, tolerance to touch or to help them relax.

Massage undertaken in school will only cover the hands, feet and face of pupils in order to safeguard both pupils and adults.

Massage will be undertaken by a suitably qualified or competent adult.

10. Other policies and documents

This intimate care policy should be read alongside the schools':

- Safeguarding Policy
- Staff Code of Conduct
- Whistleblowing Policy
- Medical Policy
- Health and Safety Policy
- Special Educational Needs and Disability Policy.

It should also be read alongside the:

- Moving and Handling policy for Children's Services
- DfE guidance 'Supporting pupils at school with medical conditions'.