

# Intimate care policy

## Policy Monitoring, Evaluation and Review

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## Revision History:

Version	Date	Author	Summary of Changes:
1.0	September 2025	A. Pirbhai	Policy Update

## Aim

The aim of this policy is to set out clear guidance in terms of acceptable practice on occasions when intimate care is carried out by staff.

We aim:

- To provide guidance and reassurance to staff and parent/s
- To safeguard the dignity, rights and well-being of children
- To assure parents that staff are knowledgeable about intimate care and that their individual needs and concerns are taken into account

## Statement of Intent

Rowlatt's Mead Primary Academy is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain. The Intimate Care Policy and Guidelines regarding children have been developed to safeguard children and staff. They apply to everyone involved in the intimate care of children.

Please note: The term parent/s is used to refer to parents, carers and legal guardians.

## Definition of Intimate Care

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up after a child has soiled him/herself), that most children can carry out for themselves, but with which some are unable to do due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.

Care may involve help with drinking, eating, dressing and toileting. Help may also be needed with changing colostomy bags and other such equipment. It may also require the administration of an insulin injection, epi-pen or rectal medication.

In most cases intimate care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process. In the case of a specific medical procedure only a person suitably trained and assessed as competent will undertake the procedure. Any additional training will be provided by the school.

## **Principles**

Best Practice in long-term intimate care:

All intimate care provided within the school will adhere to the following principles:

- **Dignity & Respect:** Pupils should be treated with dignity and respect at all times.
- **Privacy:** Intimate care should be provided in a private setting where possible.
- **Safeguarding:** Staff must follow safeguarding protocols, and appropriate supervision should be in place.
- **Staff who provide intimate care** must be appropriately trained and familiar with the pupil's individual care plan.
- **Consent & Communication:** Pupils should be encouraged to express their preferences and given as much independence as possible. Parental consent must be obtained.
- **Hygiene & Safety:** Proper infection control procedures must be followed to ensure hygiene and safety.

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

In the case of long-term intimate care, individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's intimate care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

## **Writing an Intimate Care Plan**

Where a routine procedure is required an intimate care plan should be agreed in discussion with the child, school staff, parents and relevant health personnel. The plan should be signed by all who contribute and reviewed on an agreed basis. In developing the plan the following should be considered:

### **a) Whole School implications**

- The importance of working towards independence
- Arrangements for home-school transport, sports day, school performances, examinations, school trips, swimming, etc.
- Ensure that there is enough stock of equipment and medication (within date) such as nappies.
- Who will substitute in the absence of the appointed person?

### **b) Classroom management**

- The child's seating arrangements in class
- A system for the child to leave class without disruption to the lesson

- Avoidance of missing the same lesson all year due to medical routines
- Awareness of a child's discomfort which may affect learning
- Implications for PE e.g. discreet clothing, additional time for changing
- Strategies for dealing with pressure from peers e.g. teasing/bullying particularly if the child has an odour

All plans will be clearly recorded to ensure clarity of expectation, roles and responsibilities. They will reflect all methods of communication including emergency procedures between home, school and the medical service. A procedure will also be included to explain how concerns arising from the intimate care process will be dealt with.

All intimate care plans will be reviewed termly by the school and nurse where appropriate.

### **Working with Parents**

Partnership with parents is an important principle for Rowlatts Mead Primary Academy and is particularly necessary in relation to children needing intimate care. Much of the information required to make the process of intimate care as comfortable as possible is available from parents, including knowledge and understanding of any religious/cultural sensitivities. Prior permission must be obtained from parents before intimate care procedures are carried out.

Parents are encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met. This will include involvement with Pupil Outcomes Plans, Health Care Plans and any other plans which identify the support of intimate care where appropriate.

### **Links with other agencies**

We work towards improving and building links with other agencies which enable the school-based plans to take account of the knowledge, skills and expertise of other professionals and ensure the child's wellbeing and development remains paramount. The school nurse is informed of all children requiring intimate care and provides training to enable the school to fully meet individual needs where appropriate.

### **Best Practice in short-term intimate care**

Occasionally it is necessary to care for children who have soiled themselves or who require 'single incident' intimate care. The procedures for this remain the same as for long-term intimate care with the following exceptions:

- No care plan needs to be drawn up
- Two members of staff should be present for undressing, toileting, washing or showering a child who is unable to carry out these acts for themselves.
- The incident should be reported to parents as soon as possible
- A written account should be recorded

### **Staff Professional Development**

- Staff will receive training in good working practices which comply with Health, Safety and Wellbeing policy requirements when available.
- All staff will receive Safeguarding training on a whole school basis yearly, and updates regularly provided throughout the year.
- Staff will be trained in the specific types of intimate care that they carry out and fully understand the intimate care policy and guidelines within the context of their work.
- Whole school staff training should foster a culture of good practice and a whole school approach to intimate care.
- The school and individual staff will keep a dated record of all training undertaken.

### **Facilities**

Where children have a long-term incontinence or a disability requiring regular intimate care,

the school will require specially adapted facilities. Specialist advice from medical or therapy staff will be sought when considering space, heating, ventilation and lighting.

Additional considerations we have in place include:

- Facilities with hot & cold running water
- Protective clothing including disposable protective gloves – provided by the school
- Labelled bins for the disposal of wet & soiled nappies/pads (soiled items being 'double bagged' before being placed in bin)
- Supplies of suitable cleaning materials; anti-bacterial spray, sterilising fluid, deodorisers, anti-bacterial hand wash
- Supplies of appropriate clean clothing, nappies, disposal bags and wipes
- Changing mat or changing bench
- An effective system should be identified to alert staff for help in emergency

### **Allegations of abuse**

Staff working in intimate situations with children can feel particularly vulnerable. This school policy can help to reassure both staff involved and the parents of vulnerable children. Where there is an allegation of abuse, the guidelines in the Child Protection procedures will be followed.

### **Relevant Policies**

These guidelines should be read in conjunction with other school policies:

- Accessibility Policy
- Child Protection Policy
- Health & Safety Policy
- Staff Recruitment Policy
- Supporting Children in School with Medical Needs
- Anti-bullying Policy