

Last Reviewed: May 2023

Next Review: May 2025



### **St Laurence C of E School – Intimate care policy**

#### **Principles**

Intimate care is any care which is associated with invasive procedures relating to bodily functions, bodily products and personal hygiene which demands direct or indirect contact with or exposure of intimate parts of the body, such as cleaning up after a child who has soiled themselves. In addition, some children may need help with dressing/undressing or using the toilet. Most children can carry out these functions themselves, but it is recognised that some are unable to due to physical disability, learning difficulties, medical needs or needs arising from the child's stage of development.

This Intimate Care Policy has been developed to safeguard children, support staff and ensure good practice is followed. At **St Laurence School** all staff are checked with the Disclosure and Barring Service (DBS) and we are 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 believe that the intimate care of children cannot be separated from other aspects of their learning and development and we believe that every child has the right to feel safe and secure. We do not discriminate against children who have not reached a stage where they can manage their own personal hygiene and as such welcome all children to participate in our school and provide appropriate support for each child on an individual basis.

We recognise the need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

We aim to:

- Safeguard the rights and promote the welfare of all children and young people including those who may be more vulnerable to abuse;
- Provide guidance and reassurance to staff whose duties may include intimate care;
- Assure parents and carers that staff are knowledgeable about personal care and that their individual needs and concerns are taken into consideration;

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- Remove barriers to learning and participation, protect from discrimination and ensure inclusion for all children and young people within our setting.

## **Policies**

These guidelines should be read in conjunction with policies:

- Health and Safety Policy
- Child Protection Policy
- Safeguarding Policy
- First Aid Policy
- Supporting Pupils with medical conditions including Administering Medicine Policy
- Confidentiality Policy
- Complaints Policy

The governing body reviews this policy every two years. The governors may, however, review the policy earlier than this, if the Government introduces new regulations, or if the governing body receives recommendations on how the policy might be improved. **Best**

## **Practice**

Staff who provide intimate care at St Laurence's are trained to do so including in child protection and health and safety training in moving and handling (which can be provided by the appropriate LA officers/advisers) and are fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation.

There is careful communication with each child 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 child is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

All children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for his/herself as possible.

Children who require regular assistance with intimate care have written Individual Education Plans (IEP) or care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer. Any historical concerns (such as past abuse) should be noted and taken into account.

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Where a care plan or IEP is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg: has had an 'accident' and 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. Information can be passed onto our wrap around care providers to relay to parents.

Every child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Adults who assist children one-to-one should be employees of the school and be DBS checked at the appropriate level.

It is not always practical for two members of staff to assist with an intimate procedure and also this does not take account of the child's privacy. It is advisable, however, for a member of staff to inform another adult when they are going to assist a child with intimate care and two adults will be present when possible.

For children who regularly soil themselves, parental permission will be gained.

Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.

Wherever possible staff should care for a child of the same gender. However, in some circumstances this principle may need to be waived; for example, female staff supporting boys in a primary school as no male staff are available. Male members of staff should not normally provide routine intimate care (such as toileting, changing or bathing) for adolescent girls. This is safe working practice to protect children and to protect staff from allegations of abuse.

The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

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

If necessary, advice should be taken from the local council regarding disposal of large amounts of waste products.

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## Child Protection

The Governors and staff at St Laurence's recognise that children with special needs and disabilities are particularly vulnerable to all types of abuse.

The school's child protection policy and inter-agency child protection procedures will be accessible to staff and adhered to.

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 child's body. It may be unrealistic to expect to eliminate these risks completely but in this school best practice will be promoted and all adults will be encouraged to be vigilant at all times.

Where appropriate, all children 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 child's presentation, e.g. unexplained marks, bruises, soreness etc. s/he will immediately report concerns to the Headteacher or designated senior person for child protection **Mr S. Matthews; Mr C McKeon**. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if necessary, in accordance with inter-agency procedures. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless it is considered that to do so will place the child at risk of harm. If a child becomes distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against an adult working at the school, this will be investigated by the Headteacher (or by the Chair of Governors if the concern is about the Headteacher) in accordance with the agreed procedures.

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 Stephen Matthews or to the Chair of Governors Emma Small if the concern is about the Headteacher.

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## **Physiotherapy**

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

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

## **Health and Safety**

Staff must always wear disposable nitrile gloves and pvc apron when dealing with a child who is bleeding or

soiled or when changing a soiled nappy. (School will provide gloves/ aprons, a bin and liners to dispose of any waste). Certain viruses e.g. COVID19, will require the use of face-masks also to be worn by staff members during intimate care procedures. If there are concerns that there may be spitting or splashes, then close-fitting eye goggles should be worn by the staff member.

Any soiled waste should be placed in a polythene waste disposal bag which can be sealed. This bag should then be placed in a bin (complete with liner) which is specifically designated for the disposal of such waste. The bin should be emptied on a daily basis and it can be collected as part of the usual refuse collection service as this is not classed as clinical waste.

Staff members will wash their hands for at least 20 seconds with soap and hot water before and after intimate care procedures.

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## **Medical Procedures**

Any members of staff who administer first aid should be appropriately trained. 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.

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### **Record Keeping**

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

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### Appendix 1

#### **Letter to parent(s) outlining policy/procedures and their consent to carry out 'intimate care')**

Dear Parents,

I am writing to you regarding occasions when your child may need support with intimate care routines. We have drawn up the attached guidelines to ensure that your child's needs are met in a professional and dignified manner at all times.

I would be grateful if you could sign and return the slip below once you have read the guidelines and agree to the school carrying out 'intimate care' procedures when necessary.

Yours sincerely,

Headteacher

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I have read a copy of the School's 'Personal and Intimate Care Policy.'

I agree to the school carrying out 'intimate care' on my son/daughter when necessary.

Signed:\_\_\_\_\_

[illegible]



