St. Martin's CE Primary School

INTIMATE CARE POLICY

Policy Date: January 2026

Review Date: January 2028

1. Principles

1.1 The Diocese of Salisbury Academy Trust (DSAT) and each of its academies, will act in accordance with Section 175/157 of the Education Act 2002 and the Government guidance 'Keeping Children Safe in Education' to safeguard and promote the welfare of pupils at this Academy.

1.2 Each Academy 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.

1.3 DSAT recognises its duties and responsibilities in relation to the Equality Act 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.

1.4 This intimate care policy should be read in conjunction with the Academy's:

- Child Protection Policy
- Staff Code of Conduct and guidance on safer working practice
- 'Whistle-blowing' policies
- Health and Safety Policy and Procedures
- Moving and Handling Policy
- Policy for the Administration of Medicines
- Multi-agency guidance for the management of long-term health conditions for children and young people

1.5 The Academy 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.

1.6 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 will 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 will be attended to in a way that causes distress or pain.

1.7 Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

1.8 Where pupils with complex and/or long-term health conditions have a health care plan in place, the plan will, where relevant, take into account the principles and best practice guidance in this intimate care policy.

2. Definition

2.1 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.

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

3. Best Practice

3.1 Pupils who require regular assistance with intimate care have written Individual Education Plans (IEP), health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan will be agreed at a meeting at which all key staff and the pupil will also be present wherever possible/appropriate. Any historical concerns (such as past abuse) will be taken into account. The plan will be reviewed as necessary, but at least annually.

3.2 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 for this to be noted in the plan.

3.3 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 (e.g. has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care is treated as confidential and communicated in person by telephone or by sealed letter, not through the home/school diary or in a public place.

3.4 In relation to record keeping, a written record will be kept in an agreed format every time a child has an invasive medical procedure e.g. support with catheter usage.

3.5 Accurate records will also be kept when a child requires assistance with intimate care; these can be brief but will, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It will be clear who was present in every case.

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

3.7 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 him/herself as possible.

3.8 Staff who provide intimate care are trained in personal care (e.g. health and safety training in moving and handling) according to the needs of the pupil. Staff will be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

3.9 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.

3.10 There is 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 will be sought before starting an intimate procedure.

3.11 Staff who provide intimate care will speak to the pupil personally by name, explain what they are doing and communicate with the child in a way that reflects their age.

3.12 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. 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 will be sought and taken into account.

3.13 An individual member of staff will inform another appropriate adult when they are going alone to assist a pupil with intimate care.

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

3.15 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.

3.16 Adults who assist pupils with intimate care will be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

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

3.18 If necessary, advice will be taken from local authority procurement departments or other suitable provider, regarding disposal of large amounts of waste products.

4. Child Protection

4.1 The Academy Standards and Ethos Committee (ASEC) Members and staff at the Academy recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

4.2 The Academy's child protection policy will be adhered to.

4.3 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 Academy, 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.

4.4 Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.

4.5 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 or Headteacher. 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 policy. Parents/carers will be asked for their consent or be 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.

4.6 If a pupil becomes unusually distressed or very 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 (usually the Headteacher) and outcomes recorded. Parents/carers will be contacted as soon as possible in order 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.

4.7 If a pupil, or any other person, makes an allegation against an adult working at the school this will be reported to the Headteacher (or to the Chief Executive/Chair of ASEC if the concern is about the Headteacher) who will consult the Designated Officer for Allegations (DOFA) in accordance with the school's policy: Dealing with Allegations of Abuse against Members of Staff and Volunteers.

4.8 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 Headteacher or to the Chief Executive/Chair of ASEC, in accordance with the child protection policy and 'whistle-blowing' policy.

5. Physiotherapy

5.1 Pupils who require physiotherapy whilst at school will 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. The physiotherapist will observe the member of staff applying the technique.

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

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

6. Medical Procedures

6.1 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 health care plan or IEP and only carried out by staff who have been trained to do so.

6.2 It is particularly important that these staff follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

6.3 Any members of staff who administer first aid will be appropriately trained in accordance with 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.

7. Massage

7.1 Massage is now commonly 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.

7.2 It is recommended that massage undertaken by school staff will 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.

7.3 Any adult undertaking massage for pupils will be suitably qualified and/or demonstrate an appropriate level of competence.

7.4 Care plans will include specific information for those supporting children with particular medical needs.