



Thameside Primary School: Intimate Care Policy

Overseen by Governors: April 2024

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Policy reviewed by:	Charlotte Harkins (Assistant Head – Inclusion)
Key Changes:	<p>4.4 Added that pupils have the right to refuse intimate care, and in such cases, their parents would be contacted and asked to come and provide the care.</p> <p>Updated names of DSLs.</p> <p>The rest of the policy remains fit for purpose.</p>



Rights Respecting Schools

Thameside Primary School is a Rights and Respecting school. School policies respect the UN Convention on the rights of the child. The Intimate Care policy links to

Article 23: A child with a disability has the right to live a full and decent life with dignity and independence, and to play an active part in the community. Governments must do all they can to provide support to disabled children.

1. INTRODUCTION

1.1 This Intimate Care Policy regarding children has been developed and written to safeguard both pupils and staff. It applies to everyone in school involved in the intimate care of children.

1.2 This policy should be read alongside other school policies, including, but not limited to:

- Behaviour policy
- Confidentiality policy
- Equality scheme
- Medical conditions policy
- Off-site activities policy
- SEN and Inclusion policy
- Health and safety policy.
- Child protection policy.

1.3 The term parent throughout this policy includes parents, carers and legal guardians. The term school includes the Early Years Foundation Stage. No visitor to the school should be permitted to carry out intimate care at any time unless they are a medical professional advising or training school staff.

2. RATIONALE

2.1 At Thameside Primary School we are committed to ensuring the welfare of all pupils, and to ensure there is no discrimination while also protecting the dignity of pupils at all times. No child should be attended to in a way that causes any distress or pain.

2.2 We are also especially aware of the needs of some SEND children who may need special support with medical treatments and procedures, and they will receive intimate care according to their need.

2.3 There must be a high awareness of child protection at all times.

3. DEFINITION

3.1 Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning a pupil after they have soiled themselves) to intimate personal areas. In most cases, this care will involve cleaning for hygiene purposes as part of a staff member's duty of care.



3.2 For specific medical procedures, only staff suitably trained and approved by medical trainers should undertake a given procedure, e.g., catheterisation of pupils. These procedures should be documented as in a pupil's care plan or EHCP.

4. PROCEDURES

4.1 All staff undertaking any intimate care are trained to do so and are fully aware of best practice. Apparatus will be provided to assist children who need special arrangements as recommended by school physiotherapists or occupational therapists.

4.2 Staff will be supported to adapt their practice in relation to individual pupils' needs, taking into account developmental changes such as the onset of puberty. Wherever possible, staff involved in the intimate care of young people will not usually be involved with the teaching of sex and relationships education to safeguard both the pupil and staff member. There may be a rota of trained staff in order to avoid one member of staff becoming overly familiar with an individual pupil, but this is decided on a case-by-case basis (with the pupil and parents involved in this discussion).

4.3 Children will be supported to participate and lead intimate care as much as possible, dependent on their age, ability and SEND need. Staff will encourage pupils to do as much as possible for themselves, e.g., giving a pupil responsibility for washing themselves. This will be included in the care plan of individual SEND pupils.

4.4 Each child's right to privacy will be respected. The staff carrying out intimate care must be known to the child. If there is a change in adult (from the usual allocated person to support a child with intimate care, due to staff absence/sickness for example) the child's permission will be sought to agree to this change. Pupils have the right to refuse intimate care, and parents should be informed if a child is not happy with the different member of staff available to support them. In circumstances such as this, parents may agree to come and support intimate care needs instead.

4.5 Where a pupil is being given guidance on their own intimate care, with staff not needed to physically touch or assist the pupil, children may be cared for by one member of staff in an open area of the school, e.g., KS1 toilets, where other adults may walk past.

4.6 If staff members are required to assist pupils by physically touching them, or where intimate care is required in a private area of the school, two members of staff should be present at all times to safeguard both the pupil and adult, e.g., in disabled bathroom.

4.7 Staff following care plans of individual SEND pupils should document and record intimate care on school pro formas, e.g., catheterisation records.

4.8 Wherever possible, staff should care intimately for individual pupils of the same sex. However, due to Thameside Primary having very few male members of staff (and these staff may not be known to the pupil), it is acceptable for female staff to support boys in their intimate care. No male member of staff should be expected to intimately care for a female pupil.



4.9 When changing a pupil, staff should wear disposable plastic aprons and disposable / medical gloves to avoid any contamination or hygiene breach. Staff should take into account any pupil with allergies, particularly an allergy to latex. If a pupil is admitted to school who requires regular changing, labelled bins for the disposal of wet and / or soiled nappies / pads (with any soiled items being double bagged) should be provided. Supplies of cleaning materials should be readily available if needed and normal procedures should be followed in an emergency. A waste bin for any materials to be incinerated should be provided when required.

5. COMMUNICATION WITH PARENTS

5.1 This policy will be available to the school community via the school website. Parents of individual SEND pupils will receive a printed copy where appropriate. Care plans for individual pupils should be approved by parents before use in school.

5.2 Intimate care arrangements will be discussed with parents on a regular basis and updated as required, no less than once an academic year.

5.3 The needs and wishes of children and parents will be taken into account as much as possible within staffing and legislation constraints.

5.4 Parents should be consulted as to terminology to be used with pupils who have regular intimate care, e.g., names of body parts. Staff should use medically correct terminology with all pupils where possible.

5.5 Parents of pupils who need intimate care have been consulted on this policy and their views have been incorporated. Parents of pupils who are identified as needing intimate care in the future will be consulted on the needs of the child and how best to provide for them.

6. CHILD PROTECTION

6.1 All pupils should be taught personal safety skills according to their developmental age, level and understanding.

6.2 Any member of staff with concerns about physical or behavioural changes in a child, e.g., marks, bruises should immediately report these to the designated person in school for child protection (Mrs. S Greenaway followed by Mrs. I Burton, Miss. C Calvert, Miss. S Roseaman or Mrs. C Harkins). This includes any concerns regarding female genital mutilation.

6.3 If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into by senior management and documented. Parents will be informed of this and involved in reaching a resolution. Wherever possible, different members of staff will intimately care for the pupil until the matter is resolved.

6.4 If a child makes an allegation about a member of staff, all necessary procedures will be followed as specified in our Safeguarding Policy.

7. STAFF TRAINING



7.1 All staff carrying out intimate care should be trained appropriately. Staff must receive safeguarding training every three years.

7.2 The school and individual staff should keep written dated records of all training undertaken.

7.3 Senior staff should ensure any staff providing intimate care understand the needs of refugee children, asylum seekers and children from different racial, cultural or religious backgrounds and are respectful of any differences at all times.

7.4 All staff must know who to ask for advice if they are unsure or uncomfortable about a situation or procedure. This could be their line manager, senior staff or school SENCo.

C Harkins



APPENDIX: Pupil views
Intimate Care Pupil Voice.

Please note that these are the views of previous pupils, as the 3 pupils in school who require intimate care do not have understanding and communication skills at a level to answer relevant questions, or expressed that they would rather not share their views. This is due to the child having complex medical needs which they are still learning to understand and accept.

	Yes	Maybe	No
I feel safe when adults are helping care for me at school	x		
I am learning to be as independent as possible in the bathroom and with my medicine	x		
There are always 2 adults I know to help when we are in a separate bathroom	x		
Adults ask my permission or check I am OK when helping me	x		
If I had a toilet accident at school, I would ask for help from	My teacher x	A teaching assistant x	Someone else x
	Yes	Maybe	No
If I feel uncomfortable or worried I can ask the adults to stop and they will stop	x		
The adults who are helping genuinely care for me and like me	x		
Adults always wear gloves and sometimes wear aprons when they care for me	x		
The bathroom we use for intimate care is clean	x		
Is there anything you would change about intimate care at school? Or anything you would like to comment on?			