

St Mary & St Margaret's CE Primary School



INTIMATE PERSONAL CARE POLICY

May 2024

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INTIMATE PERSONAL CARE POLICY

1) Principles

1.1 The Governing Body is committed to ensuring that all staff responsible for the intimate personal 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.

1.2 We take seriously our responsibility to safeguard and promote the welfare of the children and young people in our care. Meeting a pupil's intimate personal care needs is one aspect of safeguarding. As a result Risk Assessments will be completed for all children who require personal intimate care in order to safeguard both children and staff.

1.3 The Governing Body recognises its duties and responsibilities in relation to the Equality Act 2010 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 personal care policy should be read in conjunction with the schools' policies as below:

☐ Safeguarding policy and child protection procedures

☐ Staff code of conduct and guidance on safer working practice

☐ 'Whistle-blowing' and allegations management policies

☐ Health and safety policy and procedures

☐ Policy for the administration of medicines

☐ Special educational needs policy

☐ Confidentiality policy

1.5 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 personal care is given. The child's welfare is of paramount importance and his/her experience of intimate personal care should 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 should be attended to in a way that causes distress or pain.

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

1.7 Where pupils with complex and/or long term health conditions have an individual health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate personal care policy.

1.8 Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils where they are acting voluntarily. The role will be written into the job descriptions of identified support staff either prior to appointment or through a formal review. The school will ensure sufficient numbers of staff are trained and fulfilling this role at all times so that a child is not denied access to full involvement in all school activities.

1.9 All staff undertaking intimate care must be given appropriate training.

1.10 This Intimate Personal Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

2) Child focused principles of intimate and intimate personal care

The following are the fundamental principles upon which this Policy and guidelines are based:

Every child/young person has the right to:

☐ be safe.

☐ personal privacy.

☐ be treated as an individual with developing independence.

☐ be treated with dignity and respect.

☐ to be involved and consulted in their own intimate personal care to the best of their abilities.

☐ express their views on their own intimate personal care and to have such views considered.

☐ have levels of intimate personal care that are as consistent as possible.

The eric website provides further information and clarification of age-related expectations for personal care (<https://www.eric.org.uk/toileting-best-practice-at-school>)

3) Definition

3.1 Intimate personal 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 developmental stage, 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.

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

4) Best Practice

4.1 Pupils who require regular assistance with intimate personal care have individual health care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be considered. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate personal care). They should also consider procedures for educational visits/day trips.

4.2 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 this should be noted in the plan. Good practice would be to use the correct terms for private body parts and that the language is used consistently by everyone involved in personal intimate care.

4.3 Where a care plan is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate personal care needs (e.g. has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate personal care should be treated as confidential and communicated in person, by telephone or by sealed letter, not through the home/school diary.

If a child has sustained an injury or had an accident that requires first aid to an intimate area of their body (and where the child is incapable of checking for themselves), a First Aider should contact parents prior to examining any intimate areas. First Aiders must first attempt to obtain parental permission to check an injury to a child's intimate areas and should then only do so where this is judged to be absolutely necessary. Where possible, and in order to promote personal responsibility, a child should check themselves. If it is felt that a First Aider needs to be present for this, then another member of staff should also be present to ensure safeguarding of both child and staff. First Aiders must then contact parents again to share the outcome of a child having checked themselves.

4.4 In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage.

4.5 Accurate records should also be kept when a child requires assistance with intimate personal care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case. Incidences are to be recorded on CPOMS.

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

4.7 All pupils will be supported to achieve the highest level of autonomy that is possible given their developmental stage and abilities. Staff will encourage each individual pupil to do as much for him/herself as possible.

4.8 Staff who provide intimate personal care are trained in intimate personal care (e.g. health and safety training in moving and handling, safeguarding) according to the needs of the pupil. Staff

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

4.9 Staff will be supported to adapt their practice in relation to the needs of individual pupils considering developmental changes such as the onset of puberty and menstruation.

4.10 There must be careful communication with each pupil who needs help with intimate personal 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 should be sought before starting an intimate procedure.

4.11 Staff who provide intimate personal care should speak to the pupil personally by name, explain what they are doing and communicate with all children/young people in a way that reflects their age and developmental stage.

4.12 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 personal care. 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 should be sought and considered.

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

4.14 The religious views, beliefs and cultural values of children and their families should be considered, particularly as they might affect certain practices or determine the gender of the carer. The care needs of the child/young person should be paramount.

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

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

4.17 Health & Safety guidelines should be adhered to regarding waste products. If necessary, advice should be taken regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.

4.18 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate personal care. See school policy on mobile phones etc.

4.19 Suitable accommodation will be provided for personal intimate care to be carried out. This will be an area where a medical examination could take place.

5) Child Protection

5.1 The Governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

5.2 The school's child protection procedures will be adhered to.

5.3 From a child protection perspective it is acknowledged that intimate personal care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate personal 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 practices.

5.4 Pupils will be taught personal safety skills carefully matched to their level of development and understanding. This will include learning around consent, listening to what their bodies are telling them (protective behaviours), expectations of adults and how/who to ask for help.

5.5 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 Head teacher. 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 procedures. Parents/carers will be asked for their consent or 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.

5.6 If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the Designated Safeguarding Lead. The matter will be investigated at an appropriate level (usually the Head teacher) and outcomes recorded. If the concern is about the head teacher then it should be reported to the Chair of Governors.

5.7 If a pupil, or any other person, makes an allegation against an adult working at the school, this should be reported to the head teacher (or to the Chair of Governors if the concern is about the head teacher) who will consult the Local Authority Designated Officer in accordance with the school's policy.

Managing allegations against employees (children and young people)

<http://intranet/DesktopModules/Bring2mind/DMX/Download.aspx?portalid=0&EntryId=1833>

5.8 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 head teacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

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 individual health care plan and will only be carried out by staff who have been trained to do so.

6.2 It is particularly important that these staff should 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 should be appropriately trained in accordance with LA guidance. If an examination of a child is required in an emergency first aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

This policy was adopted by the Governing Body on...May 2024..... (Date)

It will be reviewedJune 2027..... (Date)

(NB on a three yearly cycle)