





Intimate Care Procedures (SS-07)

Ratified by Governors:	Mr T Roberts, Chair of Safeguarding & Welfare Committee
Signature:	
Date:	July 2025

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1. Introduction

At Cockermouth School, we recognise that there may be occasions when pupils require the assistance of staff with intimate and personal care procedures. This may be necessary, for example:

- During the provision of medical care.
- When assisting pupils with toileting.
- When assisting pupils with dressing/undressing, for example during PE or swimming.
- As part of a care package for pupils with disabilities.

2. Definition of intimate care

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 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.

The following are the fundamental principles upon which the guidelines are based:

- Every pupil has the right to be safe.
- Every pupil has the right to personal privacy.
- Every pupil has the right to be valued as an individual.
- Every pupil has the right to be treated with dignity and respect.
- Every pupil has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every pupil has the right to express their views on their own intimate care and to have such views taken into account.
- Every pupil has the right to have levels of intimate care that are as consistent as possible.

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

3. Aim

The aim of this procedure is to provide a framework, which ensures that all staff follow practices, which maximise the safety, dignity, and independence of pupils at all times whilst minimising the potential for their actions being called into question.

General:

- Depending on their abilities, age and maturity pupils should be encouraged to act as independently as possible during intimate or personal care procedures.
- All pupils have a right to safety, privacy and dignity when contact of a physical or intimate nature is required.
- The emotional responses of any pupil to intimate care should be carefully and sensitively observed and where necessary any concerns passed to the Headteacher and parents/carers.
- Members of staff must alert a second member of staff to the fact, the location and the details of the care to be provided and, wherever possible, with two staff members in attendance **before** initiating intimate care procedures with a pupil.
- Photographic equipment, including mobile phones or computers with a camera facility will not be permitted in the vicinity whilst the intimate or personal care procedure is being carried out with an individual pupil in a private setting; whether or not the equipment is turned off.

Each time intimate care is administered to a pupil, the details (time, place, member/s of staff present, reason) must be recorded electronically on the School Information Management System (SIMS).

This means that staff should:

- Adhere to the school Safeguarding and Child Protection Policy.
- Make other staff aware of the task being undertaken explain to the pupil what is happening.
- Consult with the Head of Learning Support or the Designated Safeguarding Lead and parents/carers where any variation from agreed procedure/care plan is necessary.
- Record the justification for any variations to the agreed procedure/care plan and share this information with parents.
- Ensure that any changes to the agreed care plan are discussed, agreed and recorded.

4. Supporting personal care

Pupils are entitled to receive respect and privacy at all times and especially when in a state of undress, changing clothes, bathing or undertaking any form of personal care. There are occasions where there will be a need for an appropriate level of supervision in order to safeguard young people and/or satisfy health and safety considerations. This supervision should be appropriate to the needs and age of the pupil concerned and sensitive to the potential for embarrassment.

Adults need to be vigilant about their own behaviour, ensure they follow agreed guidelines and be mindful of the needs of the pupils with whom they work.

This means that staff should:

- Avoid any physical contact when pupils are undressed (unless assistance needed).
- Avoid any visually intrusive behaviour.
- Where there are changing rooms announce their intention of entering.

This means that staff should not:

- Change in the same place as pupils.
- Shower or bathe with pupils.
- Assist with any personal care task which a pupil can undertake by themselves.

5. Pupil with disabilities

Where a pupil requires regular intimate or personal care, the nature of the pupil's intimate care requirements and the way in which that care is best provided in line with the pupil's uniquely individual characteristics should be determined with parents/carers and where possible and appropriate, with the involvement of the pupil, as part of a personal care plan.

The additional vulnerabilities that may arise from a physical or learning disability will be taken into account and be recorded as part of the pupil's agreed care plan.

The plan will be annually reviewed.

6. Pupil focused principles of intimate care best practice

Pupils who require regular assistance with intimate care can/may have written Education Health and Care Plans (EHCPs), Individual Health Care Plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or occupational/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 abuse) should be taken into account.

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 care). They should also take into account procedures for educational visits/day trips.

Where relevant, it is good practice to agree with the pupil and parents/guardians/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan. Where a care plan or EHCP 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 should be treated as confidential and communicated in person by telephone or by sealed letter, not through the home/school diary where relevant.

In relation to record keeping, a written record should be kept in a format agreed by parents/carers and staff every time a pupil has an invasive medical procedure, e.g. support with catheter usage (see aforementioned multi-agency guidance for the management of long-term health conditions for children and young people).

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

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 his/herself as possible.

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

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

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.

There must be 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 should be sought before starting an intimate procedure.

Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all pupils in a way that reflects their ages.

Every pupil'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 the pupil needs help with intimate care. SEND 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 should be sought and taken into account. The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

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. 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.

All staff should be aware of the confidentiality; sensitive information will be shared only with those who need to know.

Health and Safety guidelines should be adhered to regarding waste products and disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.

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