



Learn, laugh, love.

Harehills Primary School

Intimate Care Policy

HAREHILLS PRIMARY SCHOOL IS COMMITTED TO SAFEGUARDING AND PROMOTING THE WELFARE OF ALL ITS PUPILS. WE BELIEVE ALL STAFF AND VISITORS HAVE AN IMPORTANT AND UNIQUE ROLE TO PLAY IN STAYING SAFE ONLINE.

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| Approved by: | H Melling, J Haywood | Date: Autumn 2024 |
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| Last reviewed on: | Autumn 2024 |
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1. Aims

This policy aims to ensure that:

- › Intimate care is carried out properly by staff, in line with any agreed plans
- › The dignity, rights and wellbeing of every child are safeguarded
- › Pupils who require intimate care are not discriminated against, in line with the Equality Act 2010
- › Parents/carers are assured that staff are knowledgeable about intimate care and that the needs of their child are taken into account
- › Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved

Intimate care refers to any care that involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

2. Legislation and statutory guidance

This policy complies with [statutory safeguarding guidance](#), including Keeping Children Safe in Education 2024.

3. Role of parents/carers

3.1 Seeking parental permission

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents/carers will be asked to sign an **intimate care plan** for their child.

All EYFS families are asked to give consent during their initial paperwork for intimate care changes, including the use of wet wipes and changing of clothes when required.

Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure.

If the school is unable to get in touch with parents/carers and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents/carers afterwards.

3.2 Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents/carers, the child (where possible) and any relevant health professionals.

The school will work with parents/carers and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents/carers will be consulted.

See appendix 1 for a blank template plan to see what this will cover.

3.3 Sharing information

The school will share information with parents/carers as needed to ensure a consistent approach. It will expect parents/carers to also share relevant information regarding any intimate matters as needed.

4. Role of staff

4.1 Which staff will be responsible

Any roles who may carry out intimate care will have this set out in their job description.

This includes: -

All Early Years Staff (*Teachers, Teaching Assistants, SEND Support Assistants, Family Support Worker, Family Support Mentor, AHT for EYFS*)

All Willows Staff: - Teachers, SEND Provision Manger, *SEND Support Assistants, Teaching Assistants,*

Other staff: Learning Mentors, Pastoral, Learning and Pastoral Care Mentors, identified Teaching Assistants.

All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

5. Intimate care procedures

5.1 How procedures will happen

Procedures will be carried out in the following locations: Nursery Changing bed, F2 Bathrooms with a changing mat for those pupils who this is needed, Disabled bathrooms in the main building and the Annex.

5.2 Equipment

The list of equipment detailed below is not exhaustive but gives examples of types of equipment available for use.

- Rise and fall bed, with suitable sides.
- Changing mat, suitable for younger child, covered with intact waterproof material. To check if new ones needed.
- Gloves – if direct contact with blood or body fluids is anticipated, staff to wear seamless, non-sterile gloves (e.g. latex and non-latex which are powder free).
- Aprons – disposable plastic aprons.
- Disposable wipes – the product as agreed in the 'Care Plan'.
- Cleansing agent – appropriate for use and as agreed on the 'Care Plan'.
- Continence care products.
- Disposable bags for waste

Any soiled clothing will be contained securely, clearly labelled and discreetly returned to parents/carers at the end of the day.

5.3 Facilities

- Facilities are to be easily accessed by the child and designed with the appropriate advice from relevant professionals where necessary, for example, Occupation Therapist, Physiotherapist, School Nurse, or appropriately trained professionals.
- Hand washing facilities are to be provided within the room for the child/young person and staff. Liquid soap and wipes are to be available with hand drying facilities.
- A separate bin will be available to dispose of soiled nappies.
- The importance of privacy is maintained by ensuring the room can be seen to be in use and be secured from intrusion. The door will be closed to inform other staff that intimate care is taking place.
- All equipment is to be stored safely but easily accessible to the child where this is necessary. It is important to take into consideration the privacy of the individual children/young people and the safety of others.
- Facilities must be regularly inspected and maintained on daily basis, by all staff who use the facilities.

5.3 Concerns about safeguarding

If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this using the school's safeguarding procedures.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to their line manager and Janet Haywood

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures.

Treat every child with dignity and respect and ensure privacy appropriate to the child's age and the situation. Privacy is an important issue. Much intimate care is carried out by one staff member along with one child. This practice should be actively supported unless the task requires two people. Having people working alone does increase the opportunity for possible abuse. However, this is balanced by the loss of privacy and lack of trust implied if two people have to be present – quite apart from the practical difficulties.

It should also be noted that the presence of two people does not guarantee the safety of the child or young person – organised abuse by several perpetrators can, and does, take place. Therefore, staff should be supported in carrying out the intimate care of children alone unless the task requires the presence of two people. For older children it is preferable if the member of staff is the same gender as the young person. However, this is not always possible in practice.

Appendix 1: template intimate care plan

| | |
|--|---|
| Name | |
| Date | |
| Date of Birth | |
| Staff member completing form | |
| Relevant Background Information | |
| Consent given by parent/carer | |
| Identified need – specific individual requirement e.g. cream applied | |
| Communication | Use of symbols? Signs? Verbal prompts? Object of reference etc? |
| Self-care skills | Fully dependent/aided Supported/independent |
| Mobility | Independent/steady/grab rail Unsteady/wheelchair user |
| Fine motor skills | Can do – tapes/zips/buttons/taps/towels/adjust own clothing |
| Moving and handling Assessment Step by step guide to what happens | Tracking/mobile hoist or S, M, L or own sling in chair transfer using mobile hoist. Walking frame/support to table/physical turntable |
| Facilities | Environment to provide dignity safety Curtain Handwashing |
| Equipment | Gloves, wipes, aprons, waste bins foot operated Rise and fall bed. Changing mat/moving and handling equipment. Continence produce/nappy size/paper towels/liquid soap/spray cleaner |
| The disposal of soiled articles of clothing as agreed with parents/carers | Solid waste into the toilet. Clothes sent home in tied plastic bag. Indicate in bag or in diary contents of bag. |
| Frequency of procedure required | On arrival/mid-morning/lunchtime/mid-afternoon/ whenever necessary/on request |
| Review date | Whenever needs change |

I/we have read, understood and agree to the plan for Intimate Care

Signed

NameRelation to child

Date

