St Maria Goretti Catholic Primary School

Intimate Care Policy

Date approved: September 2025
Review date: Spring 2026

1) Principles

1.1 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Safeguarding Children and Safer Recruitment in Education' (2006) to safeguard and promote the welfare of pupils in this school.

1.2 All staff at SMG take seriously their responsibility to safeguard and promote the welfare of the children and young people in their care and understand that a pupil's 'intimate care needs' is one aspect of safeguarding.

1.3 The Governing Body recognises its' duty and responsibility to ensure that everyone at SMG is treated equally and fairly at all times (in relation to the Equalities Act 2010) and understands 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 other relevant school policies

- 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
- Special Educational Needs policy

Along with

- Lancashire County Council moving and handling policy – guidance notes
- First Aid, Healthcare and Medical Policy

1.5 The Governing Body 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 fully understood 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 should be a positive one. It is essential that every pupil is treated as an individual and that care is given sensitively and without distress or pain.

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

1.8 Pupils with complex and/or long term health conditions should have a health care plan in place, which takes into account the principles and best practice guidance in this intimate care policy.

1.9 Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.

1.10 All staff undertaking intimate care are given appropriate training.

1.11 This Intimate 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 care

At SMG Governors and Staff understand and believe that the fundamental principles of Intimate care are...

• Every child has the right to be safe.

• Every child has the right to personal privacy.

• Every child has the right to be valued as an individual.

• Every child has the right to be treated with dignity and respect.

• Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.

• Every child has the right to express their views and opinions relating to their own intimate care and to have them taken into account.

• Every child has the right to have levels of intimate care that are as consistent as possible.

3) Definition of Intimate Care

3.1 Intimate care can be defined as any procedure which involves changing a nappy, washing/wiping/cleaning, touching or carrying out care to intimate personal areas of the body 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 (changing a nappy, cleaning and changing due to an 'accident' involving wee or faeces), support required due to a child's illness such as vomiting, changing clothes due to being wet/dirty after messy play, menstrual management for older pupils, as well as more ordinary tasks such as general support with washing, toileting or dressing.

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

4) Best Practice at SMG

4.1 Pupils who require daily assistance with intimate care have an individual health care plan or intimate care plan agreed by the child (where possible), relevant staff, parents/carers and any other professionals 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 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.

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.

4.3 Where a care plan or Learning Plan is not in place, parents/carers will be informed at the end of the school day if their child has needed help with meeting intimate care needs (eg has had an 'accident' and wet or soiled him/herself). It is understood that information regarding intimate care should be treated as confidential and communicated in person verbally in a private room/space away from public earshot, by telephone or in a sealed letter

4.4 In relation to record keeping, a written record will be kept every time a child has an invasive medical procedure, e.g. support with a Mic-Key button, catheter usage

4.5 Accurate records will be kept when a child requires assistance with intimate care; these can be brief but will include date, time care was required and given, the adult/s present, the reason for Intimate Care, the nature of the care provided

4.6 These records will be kept confidentially in the EYFS department/ child's green file

4.7 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 his/herself as possible.

4.8 Staff providing intimate care are trained in personal care (eg health and safety training) according to the needs of the pupils. 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 taking into account developmental changes such as the onset of puberty and menstruation.

4.10 There must be careful communication with any 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.

4.11 Staff who provide intimate care should speak to the pupil personally by name, explain what they will be doing and communicate with the child in a way that reflects their age and stage of development.

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 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 should be sought and taken into account if more than one adult is present.

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

4.14 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.

4.15 When possible the child should be given a choice as to who provides their Intimate Care.

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

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

4.18 Health & Safety guidelines should be adhered to regarding waste products, if necessary, advice should be taken from the DCC Procurement Department regarding disposal of large amounts of waste products.

4.19 No member of staff will ever carry a mobile phone, camera or similar device whilst providing intimate care.

5) Child Protection

5.1 The Governors and staff at SMG recognise that particularly young pupils and those with special needs and/or who are disabled are particularly vulnerable to all types of abuse.

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

5.3 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 school best practice will be promoted at all times 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.

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

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 Senior Lead for Child Protection 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 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 distressed or very unhappy about being cared for by a member of staff Parents/carers will be contacted as soon as possible so that they can come to school to provide the care. If the child is unwilling to be changed by a particular member of staff then their views must be sought as to whom they would prefer to support them.

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 Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will investigate the matter further. The Headteacher may where deemed needed, consult the Local Authority Designated Officer in accordance with the school's policy: Dealing with Allegations of Abuse against Members of Staff and Volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

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

6) Physiotherapy

6.1 Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the learning 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, and written/pictorial guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique. Consent must be given by the child (where appropriate to development), parent/carers and the Physiotherapist before a staff member undertakes physiotherapy exercises with a child

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

6.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

7) Medical Procedures

7.1 Pupils who are disabled or have a medical condition e.g diabetes, might require assistance with invasive or non-invasive medical procedures such as the administration of finger prick blood tests, rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the health care plan or Learning Plan and will only be carried out by staff who have been trained to do so.

7.2 It is particularly important that all staff administering or supporting medical procedures should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

7.3 Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. In an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity, if it is necessary to examine the child in question.