Intimate and Personal Care Policy

1. Introduction

1.1 This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

1.2 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 children are unable to do because of their young age, physical difficulties or other special needs.
Intimate care can include:

- Feeding;
- Oral care;
- Washing;
- Dressing/undressing - Supporting a pupil with dressing/undressing;
- Toileting - Assisting a pupil who has soiled him/herself, has vomited or feels unwell;
- Menstrual care - Providing advice to enable a pupil to attend to their own needs;
- Supervision of a child involved in intimate self-care (personal care)

1.3 The Governing Body recognises its duties and responsibilities in relation to the Disability Discrimination Act which requires that any child with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

1.4 This policy should be read in conjunction with the following:

* The school's child protection policy.

* Health and Safety policy and procedures.

* Policy for the administration of medicines.

* Special Educational Needs policy.

* Procedures and policy on Physical contact and restraint.

* Staff code of conduct or guidance on safe working practice.

1.5 Studley Infants' School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust. There is a need to treat all children, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. The child's welfare and dignity is of paramount importance. No child should be attended to in a way that causes distress or pain.

2. Intimate care arrangements

2.1 Supporting dressing/undressing

Sometimes it will be necessary for staff to aid a child in getting dressed or undressed particularly in Foundation Stage.

2.2 Staff will always encourage children to attempt undressing and dressing unaided.

2.3 Wetting/Soiling 'accidents'

If tending to a child who has soiled themselves during the school day staff will respond sensitively and professionally.

2.4 If 'accidents' occur the child will change themselves into dry clothing, and wet items will be sent home for washing. The child's independence will be encouraged as far as possible in his/her intimate care and reassurance given

2.5 A record of the incident (see appendix 2) will be kept in school and the parent will be informed (by a note home, verbally at home time or phone call) and requested to return the borrowed items of clothing when laundered.

2.6 If there is an occurrence of heavier soiling or vomiting, this may require staff to provide care at a more personal level. Staff will follow set procedures for this intimate care:

- If possible, the child will be removed to a less public place to maintain dignity and avoid a feeling of humiliation;
- The child will be encouraged, through guidance and assistance, to clean themselves to make them more comfortable.
- Wherever possible physical contact with the child especially in intimate areas will be avoided.
- Parents should be contacted as soon as possible;
- Staff will provide further intimate care in the following situations
    1. If parents/guardians cannot be contacted - staff will decide on the most appropriate care to minimise any stress, discomfort or anxiety the child may be experiencing.
    2. If the parents/guardians are unable to come to school.
    3. If the child is very distressed or suffering unduly.
    4. Intimate care will only be provided to older children in extreme circumstances. It is anticipated that older children will be able to manage any circumstances given guidance or assistance.

5. If staff are providing intimate care, other members of staff will be in the vicinity at all times e.g. the second staff member could be in the adjacent room with the adjoining door open.

If incidents of soiling is a regular occurrence then a care plan will need to be put in place.

2.7 Health Care Plans

2.8 Children who require regular assistance with intimate care have written Health Care Plans (including toileting plans) agreed by staff, parents/carers and any other professionals actively involved, such as health visitors, school health staff or physiotherapists. These plans include a full risk assessment (appendix 3) to address issues such as moving and handling and personal safety of the child.

2.9 For a child with a health care plan two members of staff will assist with an intimate procedure.

2.10 Staff who provide intimate care in relation to specific health care plans will have support/training from relevant external agencies. They will be fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate.

2.11 Ongoing intimate care arrangements, such as those in a health care plan, must be agreed by the school, parents/guardian and child (if appropriate) through the distribution of the school policy and by the parents signing a written consent form (see appendix 1) This consent will be kept in their inclusion file.

2.12 Locations for changing nappies
Nappy changing will take place in the toilet area of the Nursery classroom or in the purpose built changing area in the Harbour.
Nappy changes will be recorded and shared with parents at home time.

2.13 Resources for changing
A changing table (Nursery toilet area), fold out bed/ (the Harbour) aprons, gloves, antibacterial wipes, nappy sacks, nappies and baby wipes will be used.

2.14 Disposal of nappies
The nappies will be put in a nappy sack and put in the nappy bin. The nappy bin is emptied weekly by a contracted company.

2.15 Infection control measures
Staff will wear disposable gloves and aprons. Antibacterial wipes will be available to clean the change tables. Hot water and liquid soap will be used to wash hands once changing has completed and paper towels will be used to dry hands. Nappies will be disposed of in the specified bin.

3.0 Safeguarding and Child Protection

3.1 The school's child protection policy and inter-agency child protection procedures will be accessible to staff and adhered to.

3.2 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 child's body. It may be unrealistic to expect to eliminate these risks completely. In this school, best practice will be promoted and all adults will be encouraged to be vigilant at all times.

3.3 If a member of staff has any concerns about physical changes in a child's presentation, e.g. unexplained marks, bruises, soreness etc. s/he will immediately report concerns to the Designated Senior Lead for Child Protection.

3.4 If there are concerns about the conduct of a member of staff, these should be reported to a Designated Safeguarding Lead. The matter will be investigated at an appropriate level and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution.

4.0 Guidelines for Good Practice

4.1 All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children. Adhering to these guidelines of good practice should safeguard children and staff.

- Involve the child in their intimate care - Try to encourage a child's independence as far as possible in his/her intimate care. Where the child is fully dependent talk to them about what is going to be done and give them choice where possible.
- Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.
- Make sure practice in intimate care is consistent.
- Be aware of own limitations. Only carry out care activities you understand and feel competent and confident to carry out. If in doubt ask.
- Promote positive self-esteem and body image. Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse.
- Any concerns must be reported.
- It is important to follow the school's reporting and recording procedures.
- Parents/guardians must be informed about concerns.

5.0 Record Keeping

5.1 It is good practice for a written record to be kept every time a child requires assistance with intimate care (please see example appendix 1)

5.2 These records will be kept and made available to parents/carers on request.

Appendix 1

Record of intimate/personal care

Please ensure that parents/carers are informed and wet/soiled clothes are stored safely (not left in cloakroom) to be sent home at the end of the day.

Date	Time	Staff	Information/comments

RISK ASSESSMENT FORM

		LIKELIHOOD				
		VERY UNLIKELY	UNLIKELY	LIKELY	HIGH LIKELY	ALMOST CERTAIN
SEVERITY	NEGLIGIBLE	**LOW**	**LOW**	**LOW**	**LOW**	**LOW**
	MINOR	**LOW**	**LOW**	**LOW**	**MEDIUM**	**MEDIUM**
	SERIOUS	**LOW**	**MEDIUM**	**MEDIUM**	**MEDIUM**	**HIGH**
	SEVERE	**LOW**	**MEDIUM**	**MEDIUM**	**HIGH**	**HIGH**
	VERY SEVERE	**MEDIUM**	**MEDIUM**	**HIGH**	**HIGH**	**HIGH**

Toileting / Personal Care

School	XXXX	Pupil	XXXX		
Assessment Date	XXXX	Review Date	XXXX	Reference Number	

What are the hazards *(i.e. what can cause harm)*	Who might be harmed and how? *(e.g. employees, pupils, members of the public, etc. and the significant risk(s))?*	What existing control measures are in place to reduce / prevent the risk? *(i.e. what are you already doing?)*	Considering existing controls, what is the current risk level *(i.e. high, medium or low – use the matrix above)*	Further Action to be taken to control the risk? *(i.e. only record action/ additional controls measures you are going to implement)*	Assigned to	Completed by whom & when
Manual Handling	Major/minor injury to staff and pupils.	Staff trained (including back up staff to cover absence) in manual handling. Risk assessments and Manual Handling Plans in place for all named children. Adjustable height hygiene tables and hoists as required.	**Low**	Manual Handling training kept up to date. Handling Plans reviewed and updated.	Manual Handling Trainer	By

Health Risks	Infection, diarrhoea and vomiting – risk to staff and pupils.	Single use disposable apron and gloves provided and used by staff. Good hygiene practice observed, hand washing advice followed. Waste is doubled wrapped. Bin emptied at least once a day. Staff aware of health/infection risks to named children. Healthcare Plan in place for children with long-term health needs. Changes of clothing available and used as required. Arrangements with parents for supply of clean clothing and dealing with soiled clothing.	**Low**	Additional specialist training for named children vulnerable to infection.		
Lone working	Allegations of abuse against staff. Injury if child has additional or unpredictable behaviours.	Staff trained and aware of good practice. Liaison with parents so that they understand procedures. Staff have Enhanced DBS check. Students and Volunteers are also checked and always supervised. Alarm cord or helping hand available for adult to summon help. Records kept of all personal care and these are subject to management oversight.	**Low**	Second member of staff involved if known risk of allegation, child is subject to Child Protection proceedings or there is a risk of challenging behaviour.	HT in conjunction with DSL DSL	
Inadequate facilities or equipment failure	Major / minor injury to child(ren) and/ or staff.	Cleaning protocol in place. Bin emptied at least once a day. Equipment (hoists, changing beds etc) is serviced according to manufacturer's instructions. Equipment is checked regularly by staff and faults are reported. If an Academy, school receives Medical Devices Alerts in case of faulty equipment being recalled.	**Low**		Facilities / Site Manager	Ongoing

Children who are Non-verbal / have Communication needs.	Injury if child feels they are unable to communicate and becomes frustrated.	Established visual routines in place using signing, photos, symbols, Picture Exchange etc. Familiar adult.	**Low**		SENCO/ Harbour teacher	
Allergies	Injury to staff and pupils: allergic reaction, soreness or broken skin which is then vulnerable to infection.	Liaison with parents and health re known allergies. Nylon gloves used not latex. If necessary, damp cotton wool used instead of wipes. All creams and lotions labelled with child's name and only used for that child.	**Low**			

Name of Assessor		Signature	

Name of Manager responsible for activity / process		Signature	

Reviewed September 2026
Next review: September 2027