

# **St Francis of Assisi Catholic Primary School**



## **Intimate Care Policy**

# Saint Francis of Assisi CP School Policy for Intimate Care

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## 1 Introduction

- 1.1 Intimate care is any care task of an intimate nature associated with bodily functions, body products or personal hygiene which may demand direct or indirect contact with, or exposure of, intimate personal areas. In most cases, such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure, only a person suitably trained and assessed as competent should undertake the procedure e.g. the administration of rectal diazepam.
- 1.2 The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.
- 1.3 Saint Francis of Assisi CP 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. Saint Francis of Assisi CP School recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

## 2 Best Practice

- 2.1 The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.
- 2.2 Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in lifting and moving) and are fully aware of best practice.
- 2.3 Staff will be supported to adapt their practice in relation to the needs of individual children, taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible, staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex education to the children/young people in their care, as an additional safeguard to both staff and children/young people involved.
- 2.4 The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as

appropriate to suit the circumstances of the child. Where appropriate a risk assessment is carried out to address issues such as moving and handling, and personal safety of the child and the carer.

- 2.5 Each child's right to privacy will be respected. When a child needs help with intimate and personal care, when possible, the child will be cared for by one adult, with an additional adult witness present.
- 2.6 Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers. Any care will be recorded on the intimate care record form for that child.
- 2.7 Wherever possible, and particularly for older children in KS2, staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence, for example, female staff supporting boys in a primary school, when no male staff are available. The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:
- When intimate care is being carried out, all children have the right to dignity and privacy, i.e., they should be appropriately covered, the door closed or screens/curtain put in place. If the child appears distressed or uncomfortable when personal tasks are being carryout out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance;
  - Report any concerns to the Designated Safeguarding Leader and make a written record.
  - Inform parents about any concerns.
- 2.8 Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan. The needs and wishes of children and parents will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation.

### **3 Children Wearing Nappies**

- 3.1 Parents of any child who is still wearing nappies will be asked to meet with the Early Years Led or Inclusion Manager, within the school, who will draw up an individual plan with the parent, agreeing who will be responsible for changing nappies and when and where this will be carried out. This agreement allows the school and the parent to be aware of all the issues surrounding this task.
- 3.2 Staff will use a notebook to record who changes a child, how often this task is carried out and the time the child left/returned to the classroom following this task. As well as informing parents of the child's personal hygiene requirements during the school day, this provides reassurance that systems are in place and being implemented.

- 3.3 Provision of equipment when children require changing. Parents have a role to play when their child is still wearing nappies. The parent should collect the child and change the child before returning into the class.

#### **4. Swimming**

- 4.1 Our Year 4 children participate in a swimming programme at The K2 Leisure Centre in Crawley. Children are entitled to respect and privacy when changing their clothes. However, there must be the required level of supervision to safeguard young people with regards to health safety considerations and to ensure that bullying, teasing or other unacceptable behaviour does not occur.
- 4.2 The K2 centre supports effective and discrete supervision and privacy for our children when changing, by providing group changing rooms, away from the public. Where a child needs additional support for changing, parental permission will be sought and a personal care plan will be drawn up, so as to maintain dignity and continue to support development of independence.
- 4.3 Boys and girls will always change in separate changing rooms. School staff will wait outside the changing areas whilst children change. Under some circumstances (health and safety or unacceptable behaviour), a member of staff may have to enter the changing rooms. At this point, the member of staff should announce their intention of entering changing rooms, avoid remaining in changing rooms for longer than necessary, avoid any physical contact when children are in a state of undress and avoid any visually intrusive behaviour.

#### **5. Residential Trips**

- 5.1 Residential education visits are an important part of our Year 6 children's school experience. Particular care is required when supervising pupils in this less formal setting.
- 5.2 As with Extra-Curricular Activities, although more informal relationships in such circumstances tend to be usual, staff are still guided by our Child Protection procedures.
- 5.3 Night Time Routines: It is established practice that the children's bedrooms are private spaces and anyone else wanting to enter the room should knock and announce their intention to enter. At bedtime, children are given a set amount of time to change and prepare for bed and will be told when the supervising teacher will visit the rooms to check all is well and switch off the lights. The same arrangement is in place in the mornings when waking children. There are occasions when incidents take place during the night and the need arises to:
- provide comfort to an upset or distressed child
  - assist a child who requires a specific medical procedure and who is not able to carry this out unaided. Guidance as above will be followed, with the support of an additional member of staff in attendance.

#### **6. Communication with Children**

- 6.1 It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Depending on their maturity and levels of stress,

children may communicate using different methods – words, signs, symbols, body movement, eye pointing, etc. To ensure effective communication:

- make eye contact at the child's level;
- use simple language and repeat if necessary;
- wait for a response;
- continue to explain to the child what is happening, even if there is no response;
- treat the child as an individual with dignity and respect.

## **7. Health and Safety**

- 7.1 When staff are dealing with a child who has had an accident and soiled, or bleeding, or when changing a soiled nappy in an emergency, they should always wear an apron and gloves.
- 7.2 Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a lined waste bin, which is specifically designated for the disposal of such waste. The bin should be emptied on a weekly basis and it can be collected as part of the usual refuse collection service, as this waste is not classed as clinical waste. Staff should be aware of the school's Health and Safety Policy.
- 7.3 Waste connected with blood injuries should be placed in a clinical waste bin and disposed of accordingly.

## **8 First Aid and Intimate Care**

- 8.1 Staff who administer first aid to an intimate area should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and, where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.
- 8.2 Regular requirements of an intimate nature should be planned for and easily understood agreements (Individual Healthcare Plans (IHPs) generated between the school, those with parental responsibility and the child concerned. The necessity for such requirements should be reviewed regularly. The child's views must also be actively sought and, in particular, any discomfort with the arrangements addressed.

## **9. Child Protection/Safeguarding Guidelines**

- 9.1 Child Protection Procedures will be accessible to staff and adhered to.
- 9.2 Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.
- 9.3 If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc., s/he will immediately report concerns to the Designated Safeguarding Leader.
- 9.4 If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution.

The child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

- 9.5 If a child makes an allegation against a member of staff, all necessary procedures will be followed.

Ensure that the action you are taking is necessary. Get verbal agreement to proceed.

**CARE – CONCERN – COMMUNICATE**

## APPENDIX 1

### INTIMATE CARE POLICY PARENTAL AGREEMENT FORM

- 1 Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas.
- 2 The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.
- 3 St Francis of Assisi CP 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. St Francis of Assisi CP School recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.
- 4 The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.
- 5 The child will be supported to achieve the highest level of autonomy that is possible, given their age and abilities. Staff will encourage each child to do as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children, as appropriate to suit the circumstances of the child.
- 6 Each child's right to privacy will be respected. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.
- 7 Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing care.
- 8 Parents have a role to play when their child is still wearing nappies. The parent should provide equipment for the child i.e. nappies, barrier cream (if used), disposal bags, wipes, a changing mat etc.. The school is responsible for providing equipment for the adult to use i.e. gloves, plastic aprons, a dedicated disposal bin and liners to dispose of any waste.
- 9 Staff should always wear an apron and gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy (only in an emergency – not as part of routine care).

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**INTIMATE CARE POLICY  
PARENTAL AGREEMENT FORM**

I agree to support the Intimate Care Policy and practice of Saint Francis CP Primary School.

Signature of Parent / Carer: .....

Print Name: .....

Date: .....

Signature of School Representative: .....

Print Name: .....

Position: .....

Date: .....

