

Intimate Care Policy

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\checkmark	\checkmark	\checkmark		
Volunteers	Students on placement	Trustees / LGC / Members	Visitors	
\checkmark	\checkmark	\checkmark		
Agency Staff	Other	a	а	
\checkmark	\checkmark			

Published Locations				
Trust Website	Academy Website	Aldridge Intranet	Student/Parent planners	On-request
		\checkmark		\checkmark



External Consultation (Complete as appropriate in line with master policy document)					
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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 children are safeguarded and protected
- An inclusive approach ensures pupils with intimate care difficulties are able to participate and are not discriminated against, in line with the Equalities Act 2010
- Parents are assured that staff are knowledgeable about intimate care and that the needs of their children 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 which involves dressing and undressing, toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

Legislation and statutory guidance

This policy complies with Statutory safeguarding guidance.

It also complies with our funding agreement and articles of association.

This policy supports the safeguarding and welfare requirements of the Early Years Foundation Stage (EYFS) 2017 and the Equalities Act 2010.

Role of parents

3.1 Seeking parental permission

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents will be asked to sign a consent form (see appendix)

For children whose needs are more complex or who need particular support outside of what's covered in the permission form (if used), an intimate care plan will be created in discussion with parents (see section 3.2 below).

Where there is not an intimate care plan or parental consent for routine care in place, parents will be consulted and their permission will be sought and recorded on CPOMS before performing any intimate care procedure.

If the school is unable to get in touch with parents and an intimate care procedure is immediately required for the safety or wellbeing of the child, the procedure will be carried out, and the school will inform parents afterwards. Details of the procedure will be recorded immediately on CPOMS.

3.2 Creating an intimate care plan

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

The school will work with parents 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 is doubt whether the child is able to make an informed choice, their parents will be consulted.

The plan will be reviewed twice a year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

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



3.3 Sharing information

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

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 teachers, teaching assistants and support members of staff.

No other staff members will be required to provide intimate care.

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.

4.2 How staff will be trained

Staff will receive:

- Training in the specific types of intimate care they undertake
- Regular safeguarding training
- If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as is possible

They will be familiar with:

- The control measures set out in risk assessments carried out by the school
- They will also be encouraged to seek further advice as needed from the Principal.

Intimate care procedures

5.1 How procedures will happen

It is best practice from a health and safety and safeguarding perspective to have 2 members of trained staff present. If it is not possible, the member of staff should carry out the intimate care and record this on CPOMS. They should also inform a senior member of staff in school. Under these circumstances the member of staff who has provided intimate care will report to another member of their team the details of the procedure.

Staff should explain to the child each task that it is carried out and the reason for it. Children should be encouraged to do as much as possible for themselves.

Procedures will be carried out in the Key Stage 1 disabled toilet taking full account of the risks associated with bodily fluids.

When carrying out procedures, the school will provide staff with:

- protective clothing, ie disposable aprons and gloves and wipes if required
- other equipment ie changing mats and nappy sacks
- specific disposable waste bins will be made available / provided

For pupils needing routine intimate care, the school will work with parents to agree arrangements for providing, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and/or a spare set of clothing.

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



Bodily fluids will be managed in accordance with the details in the Trusts Control of Infections Policy and the latest government guidance.

Staff must ensure that each procedure is fully recorded on CPOMs (using the appropriate category indicating an Intimate Care procedure) and the model template forms as appropriate below.

5.2 Concerns about safeguarding

Staff are trained on the signs and symptoms of child abuse through annual Safeguarding training. 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 the Principal who will make sure that the accident is also recorded in the accident book.

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 immediately and the allegation will be investigated according to the school's safeguarding procedures. Subsequently, all requirements for intimate care will be carried out with two members of staff present.

Monitoring arrangements

The school specific local details in this policy will be reviewed by the Principal, annually or sooner if practical arrangements have changed locally. At every review, any updated arrangements will be reported to the Local Governing Committee.

The policy template is approved by the Trust and the local implementation arrangements should be revisited as above),

Links with other policies and procedures

This policy links to the following policies and procedures:

- Accessibility plan
- Child Protection and Safeguarding Policy and arrangements, including relevant risk assessments
- Health and safety Policies
- First Aid Administration of Medicines Policy
- SEND Policy



Appendix I: Intimate care plan

PARENTS/CARERS	
Name of child	
Type of intimate care needed	
How often care will be given	
Which staff will provide care	
What training staff will be given	
Where care will take place	
What resources and equipment will be used, and who will provide them and numbers of staff required to carry out the task	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	
CHILD	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
Signature of child	
Date	
This plan will be reviewed twice a year.	1

Next review date:	
To be reviewed by:	



Appendix 2: Parent/carer consent form

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE				
Name of child				
Date of birth				
Name of parent/carer				
Address				
l give permission for the school to pro my child (e.g. changing soiled clothing,				
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)				
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns				
 I do not give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident). Instead, the school will contact me, or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed). I understand that if the school cannot reach me or my emergency contact if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy. 				
Parent/carer signature				
Name of parent/carer				
Relationship to child				
Date				



Appendix 3: Intimate Care Record Sheet

Intimate Care - Record Sheet

Pupil's Details

Full Name:

Names of staff involved:

Date	Time	Procedure	Signature(s)	Comments
Detail of policy).	Parent cons	ent received or reportin	g where consent not possib	ble (as per item 3.1 in the

Please ensure that that each procedure is recorded using this format on CPOMS

