



PRIOR HEATH INFANT SCHOOL POLICY AND PROCEDURES STATEMENT

TITLE: INTIMATE/PERSONAL CARE POLICY

**DATE: March 2025
REVIEW: March 2028**

**MONITORED BY: Safeguarding Governor
AGREED BY: WHOLE SCHOOL STAFF and GOVERNORS**

Introduction

At Prior Heath Infant School, we believe that all children should be able to access all aspects of the curriculum and have the right to be treated with courtesy, dignity and respect. Some children may require assistance or experience difficulty with intimate/personal care tasks, such as toileting. This policy provides information about the procedures we have in place when intimate/personal care is required.

We take seriously our responsibility to safeguard and promote the welfare of the children in our care and meeting a child's intimate/personal care needs is one aspect of safeguarding. The governing body recognises its duties and responsibilities in relation to the Equalities Act 2010 and Keeping Children Safe in Education.

Definition of Intimate Care

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. Examples include care associated with toileting, hand washing, dressing.

Definition of Personal Care

Although personal care may often involve touching another child, the nature of this touching is less intimate and usually has the function of helping. Personal care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of their young age, physical difficulties or medical/special need. These tasks do not invade conventional personal space to the same extent as intimate care.

Personal care tasks can include:

- Skin care/applying external medication
- Feeding

- Administering prescribed oral medication
- Hair care
- Dressing and undressing (clothing)
- Washing non-intimate body parts
- Prompting to go to the toilet

Principles

Staff should bear in mind the following principles:

- Children have a right to feel safe and secure.
- Children have a right to an education and schools have a duty to identify and remove barriers to learning and participation for pupils of all abilities and needs.
- Children should be respected and valued as individuals.
- Children have a right to privacy, dignity and a professional approach from staff when meeting their needs.
- Children have the right to information and support to enable them to make appropriate choices.
- Children have the right to be accepted for who they are, without regard to age, gender, ability, religion, ethnicity or sexual orientation.
- Children have the right to express their views and have them heard.
- A child's Intimate/Personal care plan should be designed to lead to independence.

Procedures

Children who require regular assistance with intimate care will have an Individual Healthcare Plan or an Intimate Care Plan which is agreed by staff, parents/carers and any other professionals who may be actively involved with the child. This will be reviewed as necessary but at least annually.

Where a plan is **not** in place, parents/carers will be informed if their child has needed help with meeting intimate care needs (e.g. a child has had a toileting accident and wet or soiled themselves).

Children needing intimate care will be treated as individuals and care will be given gently and sensitively without causing distress or pain.

All children will be supported to achieve the highest level of autonomy as possible, taking into account their age and ability. Staff will encourage each individual to do as much for themselves as possible.

All adults assisting with intimate/personal care needs should be employees of the school. In some circumstances and with the agreement of the Headteacher, voluntary helpers may assist, provided they have been trained and have Enhanced DBS clearance (for example, visits to the toilet on school trips).

Where possible, two adults should be present if a child needs an intimate/personal care procedure. If this is not possible, adults must notify another member of staff that they are taking a child to carry out any intimate/personal care procedure and they should ensure they are not in isolation with the child (e.g. in a closed room) whilst still maintaining privacy for the child.

Adults who provide intimate care must use a positive approach. They should speak to the child personally by name, explain what they are doing and communicate in a way that reflects the child's age and ability. They should ask the child's permission before undressing them if they are unable to do so unaided. The child should be encouraged to undertake as much of the procedure for themselves as possible, including wiping/washing intimate areas and dressing/undressing.

Staff should be aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

Recording events and actions

A note is sent home with a child to inform parents/carers if a change of clothes has been necessary. In more extreme cases (for example if a member of staff is concerned that a child may be in discomfort) parents/carers are informed by telephone and they will be encouraged to come into school and attend to the child's needs themselves.

If there is a pattern of repeated incidents where the child has needed intimate/personal care at school, the class teacher should discuss this with parents/carers. A log may be kept to record repeated events or, where there may be a particular concern. See Annex A. Where appropriate, staff may refer concerns to the Designated Safeguarding Lead or Deputy DSL.

Safeguarding

From a safeguarding 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. The school's safeguarding procedures will be adhered to at all times. 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.

If a member of staff has any concerns about physical changes in a pupil's presentation e.g. unexplained marks, bruises, etc. they will immediately report their concerns to the Designated Safeguarding Lead (DSL) or the Deputy DSL and record these on CPOMS. If appropriate, a referral will be made to the C-SPA.

If a child, 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 consult the LADO.

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 safeguarding procedures and Whistleblowing policy.

Physiotherapy/Occupational Therapy

Children who require physiotherapy/occupational therapy support at school must follow a plan written by a trained physiotherapist/occupational therapist. If it is agreed in the plan that a member of the school staff should undertake part of the physiotherapy /exercise regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist/occupational therapist personally, written guidance given and updated regularly. The physiotherapist/ occupational therapist should observe the member of staff applying the technique.

Occupational therapy techniques to support children with sensory integration needs, such as deep pressure techniques, may be administered by trained school staff. Written parental permission must be provided in advance of such techniques being administered to a child. In addition, staff must ask children for permission prior to any technique being administered.

Medical Procedures

Children might require assistance with invasive or non-invasive medical procedures such as tube feeding, tracheostomy care, suction, the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents / carers, documented in the individual health care plan or intimate care plan and will only be carried out by staff who have been trained to do so.

It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance.

Massage

Massage can be used with pupils who have complex needs and / or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.

It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and pupils.

Any adult undertaking massage for pupils must be suitably qualified and/or trained in a specific technique.

Links to other policies

Child Protection and Safeguarding
Equality
Health & Safety
SEND and Inclusion
Staff Code of Conduct
Supporting Pupils with Medical Needs

Annex A – Record of intimate care intervention

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