



# INTIMATE AND PERSONAL CARE POLICY



PART OF SHINE MULTI ACADEMY TRUST

COMPANY NUMBER 081634448

## Management log

Document	Intimate and Personal Care policy
Author	SENCo
Person responsible for the policy	Headteacher
Reviewed by	Trustees (in the absence of a Local Governing Body)
Date approved	
Date issued	
Review period	Biennially
Next review	Spring 2025
Reviewer	Headteacher
Signed	Signed
Fiona Boyd	Judi OLeary
Chair of Trustees	Executive Headteacher

## Document history

Version	Date authored	Author	Date approved	Date issued	Comments
V1	March 2023	Senior leadership team			

## Policy

Access arrangement

Behaviour

Child protection/safeguarding

Equality

Exclusions

The Hive

Safer recruitment

SEMH

Whistleblowing

## Access via

<https://www.whitemooracademy.co.uk/policies/>

<https://www.whitemooracademy.co.uk/policies/>

<https://www.shine-mat.com/pupil-welfare/>

<https://www.shine-mat.com/pupil-welfare/>

<https://www.shine-mat.com/pupil-welfare/>

<https://www.whitemooracademy.co.uk/policies/>

<https://www.shine-mat.com/business-and-personnel/>

<https://www.whitemooracademy.co.uk/policies/>

<https://www.shine-mat.com/business-and-personnel/>

## Contents

Statement of Intent

Aims

1. Legal Framework
2. Definitions
3. Equality and Diversity
4. Partnership and Participation
5. Protection of children and staff
6. Safeguarding
7. Health and Safety
8. Facilities and Resources
9. School Responsibilities
10. Parents and Carers
11. The Child (All Pupils) / Developing Pupil Independence
12. Home/school communication
13. Swimming
14. Offsite visits
15. Staff Training
16. Monitoring and Policy review

## **Statement of Intent**

At Whitemoor Academy, we take the health and wellbeing of our pupils very seriously. Our school aims to support and assist pupils with physical disabilities/needs and illnesses to enable them to have a full and rich academic life whilst at our school.

We understand that pupils may require physical assistance and for some this can include assistance with intimate personal care needs. Intimate personal care includes 'hands on' physical care in personal hygiene, and physical presence, or observation during such activities.

We have a duty to safeguard children and school employees at all times. We must develop independence in each pupil, but on those occasions when pupils need any form of physical assistance, they must have personal privacy, feel safe and valued, and be treated with dignity and respect. When intimate personal care is given. All school employees are sensitive to each pupil's individual needs treating them gently and sensitively as possible in order not to cause any form of distress, embarrassment or pain.

Whitemoor Academy strive to work in close partnership with parents/carers and other professionals to ensure a high standard of intimate and personal care for all pupils at all times. We have a duty to take full account of the religious views and cultural values attached to aspects of intimate personal care with pupils.

This policy applies to all staff undertaking personal and intimate care tasks with pupils. The procedures should be completed in line with a pupils Intimate Personal Care Management Plan and relevant risk assessments.

## **Aims**

The aim of this policy is to;

- Safeguard the dignity, rights, and wellbeing of pupils, and staff who are involved in their intimate and personal care.
- To promote independence, whenever possible
- Ensure that pupils are consulted and encouraged to participate in decisions about their intimate personal care. Particular attention must be given to those pupils who have disabilities/ conditions who may need additional support to be able to do this.
- To protect staff, acknowledging that physical contact between staff and pupils is necessary.
- To remove barriers to learning and participation, protect from discrimination and ensure inclusion for all pupils
- To ensure there is a system for producing Intimate Personal Care Management Plans for pupils who require them.
- To ensure that all staff who are involved in intimate personal care have access to training and Guidance Procedures enabling them to implement the pupils intimate personal care plan and all relevant procedures.
- To ensure the continuity of care through the sharing of information between parents/ carers/ involved professionals.

## 1. Legal Framework

1. This policy has due regard to relevant legislation and guidance, including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2011
- Health Act 2006
- Equality Act 2010
- DfE (2022) 'Keeping children safe in education'

## Definitions

### Forms of physical contact/ intervention

#### 2.1. Intimate/Personal care

- a. For the purpose of this policy, **intimate care** tasks are associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with, or exposure of, the genitals. They are defined as any care which may involve the following:
  - assisting in toileting i.e., changing nappies, wiping/cleaning the genital area, helping someone use the toilet i.e., changing a child who has soiled themselves, assisting with menstrual management
  - support with dressing and undressing
  - some administration of skin care, applying external nappy rash creams.
- b. For the purpose of this policy, **personal care** is defined as those tasks which are non-intimate and usually have the function of helping with personal presentation and enhance social functioning. They are defined as care which may involve the following:
  - supporting a pupil with their coat/shoes (outer garments), physical positioning to promote and manage physical wellbeing, or following physiotherapy/OT programmes
  - feeding (where a child requires a higher levels of support, and therefore may require an eating/drinking plan, this should be delivered by trained Whitemoor employees)
  - administering first aid and administering medication, either orally or via a enteral tube (this will require consent and will be written into a care plan and should be delivered by trained Whitemoor employees).
  - Other forms of physical contact (which, for most, do not require a personal or intimate care plan)

**2.2. Communication** – to function as the main form of communication or to reinforce other forms of communication. In addition, to respond non-verbally to another person's own use of physical

contact for communication and to make social connections e.g., day to day greetings, use of intensive interaction.

**2.3. Prompts and guides** – the use of touch to gain attention or direct movement as part of teaching and in order to guide people between places, rooms or activities i.e., support a pupil to demonstrate a technique within PE or another practical curriculum area, taking a child by the hand, linking arms to access a transition.

**2.4. Therapy** – provided either by the therapist or by a member of staff carrying out a therapy program or following therapy advice (e.g., physiotherapy, sensory techniques i.e., supporting with a therapy ball, deep pressure/ tactile input to pupil's hands, feet or head).

**2.5. Play** – play activities naturally include touch, people of any age who are at early levels of development are likely to be quite tactile and physical. Contact play may include an adult chasing and catching the child or an adult and child playing a game of building towers with their hands.

**2.6. Emotional support, comfort and reassurance** – touch used for emotional reasons to communicate positive emotions, security and comfort i.e., to calm and reassure a distressed pupil.

**2.7. Physical support/ manual handling** – to pupils who have physical difficulties (e.g., transfers in and out of wheelchairs, standing frames, specialist seating).

**2.8. Physical intervention** – i.e., guided and supported holds. The benefit of this action is often proactive and can prevent a situation from escalating. In a case where restrictive physical interventions may be required, staff will follow the agreed principles and practice within the schools Positive Behaviour Support and Physical Intervention Policy, and Nottingham City (R)PI Solutions Training.

**2.9.** Some learners may find physical touch unwelcome and this right must be respected. Such sensitivity may arise from the individual's personal requirements, personal history, age etc. The Whitemoor community is responsible for ensuring that relevant staff are aware of any pupil who finds physical touch unwelcome, where this is known.

### **3. Equality and Diversity**

**3.1.** Children and young people with impaired personal development have the same rights of access to services as other children and young people and are protected from discrimination under the Equality Act 2010.

### **4. Partnership and Participation**

**4.1.** Much of the information required to make the process of intimate care as comfortable as possible for the child is available from parents/carers. They must be closely involved in the preparation of intimate personal care plans.

**4.2.** The importance of regular consultation and information sharing with parents/carers and professionals working with the child is emphasised throughout the policy and guidance.

## **5. Protection of Children and Staff**

**5.1.** Parents/carers have the prime responsibility for their child's health and must provide the school with information about their child's intimate personal care needs. This information will be sought through an assessment of the pupils needs and subsequent Intimate Personal Care Management Plan will be drawn up with review dates.

**5.2.** If the child is known to have intimate personal care needs or there have been a number of incidents, then it is essential that an individual intimate and personal care plan is drawn up in consultation with parents and professionals as required, and reviewed regularly. This plan will be based on a risk assessment of all aspects of the tasks required.

**5.3.** Permission must be sought from the parent/carer before Intimate Care is undertaken ([Appendix A - Permission for School to Provide Intimate Personal Care](#)).

**5.4.** All those staff working with the pupil are informed that permission must be given before undertaking Intimate Care.

**5.5.** The Intimate Personal Care Management Plan must be written in consultation with parents/carers and as appropriate pupils/other professionals ([Appendix B – Intimate Personal Care Management Plan](#)).

**5.6.** Every effort must be made to assist those pupils who are not able to communicate easily to participate in their care planning.

**5.7.** Where an Intimate Personal Care Management Plan exists, this information must be shared with all relevant staff upon request.

**5.8.** Where an Intimate Personal Care Management Plan does not exist, the initial agency identifying the need must ensure that an assessment and plan are completed prior to accessing the school, or where the pupils needs or circumstances change.

**5.9.** Parents/carers must be consulted and their views respected in terms of the intimate personal care provided for their child.

**5.10.** There is no legal or contractual duty that requires staff to undertake intimate personal care procedures. However, this may already be a specific requirement in an individual job description or staff may formally elect to support pupils in this way. In these circumstances staff will be informed of the specific types of intimate personal care that they will be required to carry out and be appropriately trained.

**5.11.** Relevant staff will have access to guidance and ongoing training that supports good working practice which complies with health and safety legislation.

**5.12.** All staff working with children and young people must have been through an appropriate safer recruitment process.

**5.13.** Each pupils right to privacy must be respected. Careful consideration must be given to each pupils situation to determine how many carers might need to be present and which carers may be involved when a pupils needs help with intimate personal care. Under normal circumstances, one pupil will be cared for by one adult, unless there is a sound reason for having two or more adults present. If this is the case, the reasons must be clearly documented.

**5.14.** The number of staff required will be indicated in the pupils Intimate Personal Care Management Plan.

**5.15.** The school must make provisions for emergencies i.e., a staff member on sick leave.

## **6. Safeguarding**

**6.1.** Intimate personal care is a regulated activity; therefore, only members of staff who have an enhanced DBS certificate with a barred list check are permitted to undertake intimate care duties.

**6.2.** An Intimate Personal Care Management Plan will be drawn up for pupils as appropriate to suit the circumstances of the pupil.

**6.3.** Each pupil's right to privacy will be respected. Careful consideration will be given to each pupil's situation to determine how many carers will need to be present when the pupil requires intimate care as outcome above. While it is recommended to have two members of staff assisting the pupil, this level of resourcing may not be available, and while the introduction of a second assistant may be perceived as providing protection against allegations of abuse, it can also further erode the child's privacy. If the plan has been agreed and signed by parents, staff, and the pupil if appropriate, it is acceptable to have one assistant unless there are implications regarding safe handling.

**6.4.** If any member of staff has concerns about physical changes to a pupil's presentation, such as marks or bruises, they will report the concerns to the DSL immediately.

**6.5.** Information regarding agreed procedures will be treated confidentially and recorded/held only in the child's school file/on CPOMS. Information will not be disclosed or discussed with any adults other than those with responsibility for the child's personal care, and will not be referred to in the presence of other children.

**6.6.** Care should be provided at agreed times, at the child's request or in response to an agreed signal. Staff should make themselves familiar with the child's manner of communication, whether verbal, sign or eye contact.

**6.7.** Appropriate terminology for parts of the body and bodily functions should be clarified between the child, parents, and his/her assistant/s.

**6.8.** The school will ensure that the programme of assistance is monitored. The school's lead DSL will undertake this responsibility.



**6.9.** All school staff receive child protection training, undertaken to help children do as much as possible for themselves and develop each child's ability to achieve independence. Staff receive appropriate specialised training and are provided with facilities and equipment to ensure safety, privacy and dignity.

**6.10.** Cameras and mobile phones **will not** be taken into bathroom/changing areas by staff or children.

**6.11.** Supply agency staff should not be expected to provide intimate care in the school setting as set out in 2.1a, and aspects of areas listed in the 2.1b as indicated in the policy.

## **7. Health and Safety**

**7.1.** The Health and Safety Policy/ Procedures/ Risk Assessments lays out specific requirements for cleaning and hygiene, including how to deal with spillages, vomit and other bodily fluids.

**7.2.** Any member of staff that is required to assist a pupil with medical needs will be trained to do so and will carry out the procedure in accordance with the Managing Medicines and Medical Needs Policy.

**7.3.** Staff will wear disposable aprons and nitrile gloves while assisting a pupil with toileting or while changing a nappy, incontinence/sanitary pad.

**7.4.** Soiled nappies, incontinence pads and sanitary products will be securely wrapped and disposed of appropriately, in line with the Bodily Fluid Hygiene Policy.

**7.5.** Where pupils require intimate personal care/toileting, nappies, incontinence pads and nappy bags will be disposed of in a contamination bin.

**7.6.** The changing area or toilet will be left clean.

**7.7.** Hot water and soap are available to wash hands. Correct handwashing should be followed at all times (see Guidance in toilet areas around the school site).

**7.8.** Paper towels are available to dry hands.

**7.9.** Two persons are required to assist if a hoist is being used. In this case, the second person should be identified and made known to the child and parents.

## **8. Facilities and Resources**

**8.1.** Suitable equipment and facilities will be provided. For some pupils, this may require additional resources to assist those who need special arrangements following assessment from a physiotherapist or occupational therapist. Equipment may include the following:

- Disposable gloves/aprons

- Nappies, pads and nappy bags
- Tissue rolls (for changing mat/cleansing)
- Supply of hot water
- Soap
- Clinical waste bag
- Sanitary bins
- Spillage kit
- Biohazard kit
- Sanitary products
- Adjustable plinth
- Changing mat
- Non-slip step
- Cupboard for storage (where possible, the storage cupboard will be kept locked)
- Adapted toilet seat or commode seat
- Hoist
- Swivel mat
- Barrier creams
- Antiseptic cleanser for staff
- Antiseptic cleanser for the changing bed/mat
- Adapted cutlery
- Adapted seating

**8.2.** Parents/carers should provide their child with an allocated supply of nappies for school, as well as disposal wipes and bags. Product supply should be agreed with parents/ carers.

**8.3.** Schools are responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.

**8.4.** Mobile pupils will be changed while standing up, where possible.

**8.5.** Pupils who are not mobile will be changed on a purpose-built changing bed/plinth or changing mat.

**8.6.** 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 or menstruation.

## **9. School Responsibilities**

**9.1.** Staff work in partnership with the pupils parents or carers, to discuss their needs, routines or preferences. In liaison with the pupil and parents, an Intimate Care Personal Management Plan will be created to ensure that reasonable adjustments are made for any pupil with a health condition or disability.

- 9.2.** Regular consultations will be arranged with all parents and pupils regarding toilet facilities, health care plans, eating/drinking needs other intimate personal care assistance.
- 9.3.** The privacy and dignity of any pupil who requires intimate personal care will be respected at all times.
- 9.4.** Members of staff will react to 'accidents' in a calm and sympathetic manner, for example if a child has soiled themselves/spilt their drink.

## **10. Parents and Carers**

- 10.1.** Parents have the right to information regarding school policy and procedures designed to meet the needs of their child. The school works closely with parents to ensure that all aspects of the care procedure are shared and understood. This policy will be provided to parents on an annual basis.
- 10.2.** Parents have a responsibility to ensure that all relevant information is provided to help the school assist their child in an appropriate way.
- 10.3.** Parents will change their child, or assist them in going to the toilet, at the latest possible time before coming to school.
- 10.4.** Parents will provide nappies, incontinence/sanitary pads, nappy bags, wet wipes and a change of clothing in case of accidents.
- 10.5.** Parents will inform the school should their child have any marks/rashes.
- 10.6.** Parents will come to an agreement with staff in determining how often their child will need to be changed, and who will do the changing, contributing to the Intimate Personal Care Plan.

## **11. The Child (All Pupils) / Developing Pupil Independence**

- 11.1.** As outlined above, the child has the right to assistance that respects his/her dignity, and to feel safe when being moved or handled.
- 11.2.** The child has the right to feel comfortable with the adult's assisting him/her, and to make it known if this level of comfort is disturbed.
- 11.3.** The child should be encouraged to engage in the care procedure, to know what is happening, and give permission at each stage.
- 11.4.** The child should be encouraged to work towards independence, and helped to do so as much as possible for him/herself. Ask the pupil what element of the routine they would be comfortable to undertake (such as; pass the wipes to the support assistant, or attempt to wipe themselves, etc.) This can be supported by a visual cue and/or linked to a reward chart and shared with parents at home.

**11.5.** All personal care is carried out in a manner as to maintain the pupil's dignity and confidence.

## **12. Home/ School Communication**

**12.1.** At Whitemoor Academy we maintain a regular daily reporting system to pass information between the school and home: i.e.

- how well a child or young person has eaten/or what s/he ate
- times of any changing and whether the child was wet/dry/soiled
- particular achievements
- medical or physical incidents of note

**12.2.** Staff should work in a reassuring, supportive and focused manner with the pupil when involved in intimate care.

**12.3.** Staff should have an understanding of parental and cultural preferences and take account of these.

**12.4.** It is important to continue to maintain confidentiality and dignity for the parent/ carer and to be compliant with regard to Equalities legislation in the dissemination of information.

## **13. Swimming**

**13.1.** Pupils in Key Stage 2 participate, at some point, in swimming lessons: during these lessons, pupils are entitled to privacy when changing; however, some pupils will need to be supervised during changing. Please refer to Swimming Risk Assessment (as stored on the EVOLVE system).

**13.2.** Parental consent will be agreed before assisting any pupils in changing clothing before and after swimming lessons.

**13.3.** Details of any additional arrangements will be recorded in the pupil's Intimate Personal Care Management Plan.

## **14. Offsite Visits**

**14.1.** Before offsite visits, including residential trips, the pupil's Intimate Personal Care Management Plan will be amended to include procedures for intimate care whilst off the school premises. Please refer to Offsite Visits Policy and associated Risk Assessments (as stored on the EVOLVE system).

**14.2.** Staff will apply all the procedures described in this policy during residential and offsite visits.

**14.3.** Consent from a parent/carer will be obtained and recorded prior to offsite visits.

## **15. Staff Training**

**15.1.** Staff assisting pupils with their intimate care needs, for example toileting/eating, will be provided with sufficient information, instruction and training to enable them to carry out their work safely and without significant risk to their health and that of others.

**15.2.** Staff are regularly trained regarding child protection and health and safety, (which may include manual handling), and are fully aware of infection control, including the need to wear disposable gloves, aprons and where required a face mask.

**15.3.** A member of the trained staff (who is ideally familiar to the pupil) will work alongside a new or more inexperienced colleague when they are introduced to a pupil and their toileting routines.

## **16. Monitoring and Policy Review**

**16.1.** This policy is reviewed every two years by the head teacher and the SENCO/DSL.

**16.2.** The Head teacher and SENCO/DSL will monitor the implementation of this policy and make adjustments as required.

**16.3.** The scheduled review date for this policy is written on the front page of this policy.