

June  
2023

# INTIMATE CARE POLICY



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## Introduction

Children and young people at school often require support in personal care. Children in the early years of school, and those with physical disabilities, and learning difficulties may require assistance in managing their personal needs. Other pupils, because of accident or illness, may also at some time require such assistance. Many pupils have support staff to assist them in all aspects of school life including personal care, while others may rely on the help and goodwill of staff and peers.

Within this document, the term “child” includes pupils at all stages of school life from pre- school to young adult, the term “assistant” refers to those adults with responsibility for providing intimate care in school, and the term “parent” refers to those persons having primary responsibility for the child in the home.

## Definition of Intimate Care

Intimate care is any assistance that involves touching a child while carrying out a procedure that most children are able to do for themselves, but some are unable to manage without help. This may involve help with eating, drinking, dressing, and matters of personal hygiene such as washing and toileting. In some instances more specialised intimate assistance may be need for children with physical or medical difficulties.

## Aims

The aim of this document is to help schools put in place policies and procedures that:

- safeguard the dignity, rights, and well-being of children;
- provide guidance and support to staff; and
- reassure parents that their children are cared for and protected.

## The Child

- The child has the right to assistance that respects his/her dignity, and to feel safe when being moved or handled.
- 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.
- The child should be encouraged to engage in the care procedure, to know what is happening, and give permission at each stage.
- The child should be encouraged to work towards independence, and helped to do so as much as possible for him/herself.

## The Parents

- Parents have the right to information regarding school policy and procedures designed to meet the needs of their child. The school should work closely with parents to ensure that all aspects of the care procedure are shared and understood.
- Parents have a responsibility to ensure that all relevant information is provided to help the school assist their child in an appropriate way. Parents should meet the adult(s) who will provide intimate care to the child, and be informed of the school’s arrangements in the event of this person(s) being absent.

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- Parents should consider alternative arrangements to allow the child to participate in school activities (PE, examinations, performances, swimming, sports day, etc), and activities outside school (field trips, educational visits, transport, etc).
- The school should gain written permission from parents for the care to be provided ([Appendix 2](#)).

## Confidentiality

- Information regarding agreed procedures must be treated confidentially and recorded/held only in the child's school file. Information should not be disclosed or discussed with any adults other than those with responsibility for the child's personal care, and should not be referred to in the presence of other children.
- 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.
- Appropriate terminology for parts of the body and bodily functions should be clarified between the child, parents, and his/her assistant(s).

## Writing an intimate care plan

- The plan should have the child's safety, privacy, and dignity as paramount ([Appendix 3](#)).
- The plan should include:
  - Clear information regarding the assistance to be provided;
  - The method of communication to be used by the child;
  - The named person(s) with responsibility to assist the child;
  - The timetable, if possible, when assistance will be provided;
  - Arrangements in the absence of the named assistant(s);
  - Arrangements for school events and activities; G
  - The means by which the arrangement will be monitored;
  - Strategies to prevent or deal with questions/comments from other pupils; and
  - The maintenance of a record of assistance ([Appendix 4](#)).
  - A risk assessment ([Appendix 5](#))
- While it is recommended to have two members of staff assisting the child, 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 child if appropriate, it is acceptable to have one assistant unless there are implications regarding safe handling.
- 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.
- Alternative arrangements must be in place in the absence of one or both of the named staff. However, the school should be aware that the introduction of other staff to the care context without prior arrangement can increase the vulnerability of the child and adults.
- The plan should specify the assistance to be provided **as clearly as possible** eg undressing/cleaning the child, changing a nappy, holding child in position, etc.
  - The assistant(s) should talk to the child throughout the procedure eg "I am going to help you undress", "I am using a wipe to clean your bottom".
  - The assistance should be rehearsed in the bathroom with the parent(s) present to ensure clarity. Following this there should be no change to what has been agreed.
- Teachers should be made aware of the care timetable, particularly if the child needs to be

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absent from class, and should be aware of the approximate time the procedure should take. The assistant(s) should ensure their return to the classroom is noted.

- The plan should be signed by all contributors and reviewed on a regular basis.

## Training and resources

- Guidance/advice may often be provided by the child's parent, and/or the child him/herself.
- All staff providing personal care must have received child protection training. Specialised training may be required if the child uses a wheelchair, hoist, colostomy bag or requires an invasive procedure such as rectally administered medication. This training may be arranged through the Children and Young Peoples Services Directorate of the EA, and the Health Trust School Health Teams.
- It is recommended that the school's arrangements in the absence of named assistants should involve only members of staff who have undergone appointment procedure including background scrutiny. **Casual substitute staff should not provide intimate care in the school setting.**
- The school must provide appropriate accommodation that ensures privacy for the child, and is sufficiently spacious to accommodate any other equipment the child may need, such as a changing bench or hoist. The provision of appropriate accommodation and equipment should be arranged in conjunction with the Children and Young Peoples Services Directorate of the EA.
- The school should provide resources to ensure that procedures are carried out hygienically. This may include disposable aprons, gloves, wipes and medicated hand washing products.
- Additional requirements may include labelled bins for the disposal of soiled waste; items such as needles, catheters, etc, and arrangements for the collection of such waste. This can be arranged through the Operations and Estates Directorate of the EA and the District Council.
- Schools should ensure that the assistant has a means of attracting attention and assistance in an emergency.

## Vulnerability to abuse

- Children should be encouraged to recognise and challenge inappropriate assistance, and behaviour that erodes their dignity and self-worth.
- However the following factors may increase a child's vulnerability:
  - Experience of multiple carers;
  - The inability to distinguish between assistance and abuse; and
  - The inability to communicate.
- While adults are protected by their adherence to procedure, the following factors may increase their vulnerability:
  - The possibility of accidents;
  - The possibility of misunderstanding or misinterpretation; and
  - The possibility of the child becoming aroused.

The school should ensure that the programme of assistance is monitored and both child and adult given the opportunity to report any concerns that they may have. The school's designated teacher for child protection may be the most appropriate person to undertake this responsibility.

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This policy aims to:

- Safeguard the dignity, rights and well-being of children;
- Provide guidance, support and protection to staff; and
- Reassure parents that their children are cared for and protected.

The school is committed to ensuring that all staff undertake their responsibilities in such a way that the rights, dignity and welfare of the children is protected.

The school is committed to ensuring that staff undertaking these responsibilities are supported by policy, training and monitoring.

All school staff receive child protection training, undertake 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.

An intimate care plan is drawn up for each child requiring such assistance, and is carefully planned and agreed in consultation with parents and child.

Provision is monitored and regularly reviewed to ensure that policy and procedure is adhered to, and that children and staff remain comfortable with the school's arrangements.

Links with Other Policies:

- Child Protection Policy
- Special Educational Needs Policy
- Medical/Medication Policy
- Health and Safety Policy
- Accident Reporting and Investigation Policy
- Partnership with Parents Policy

**INTIMATE CARE POLICY****APPENDIX 2****INTIMATE CARE PLAN****PERMISSION FOR INTIMATE CARE**

<b>Child:</b>	
<b>DoB:</b>	
<b>Address:</b>	
<b>Parent/guardian:</b>	
<b>I/we give permission for the assistance detailed overleaf to be provided to my/our child, and will advise the school of any change that may affect this provision.</b>	
<b>Signed:</b>	
<b>I, the child, give permission for the assistance detailed overleaf to be provided to me.</b>	
<b>Signed:</b>	

**INTIMATE CARE POLICY****APPENDIX 3****INTIMATE CARE PLAN**

<b>School: SULLIVAN UPPER SCHOOL</b>	
<b>Intimate care plan</b>	
<b>Pupil:</b>	<b>DoB:</b>
<b>Diagnosis:</b>	
<b>Assistance:</b>	

<b>Timetable:</b>		
<b>Persons assisting:</b>		
<b>Alternative arrangements:</b>		
<b>Location/equipment:</b>		

Designation	Signed	Date
Parent		
Pupil		
Assistant(s)		
Principal		



## INTIMATE CARE POLICY

## APPENDIX 4

# INTIMATE CARE PLAN

[illegible]

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## APPENDIX 5

<b>Sullivan Upper School</b> <b>Intimate Care of Pupils Within Schools Risk Assessment</b> Version 1				For further info on risk assessment see: BHCC Risk Assessment Guidance		To calculate Risk Rating (R): assess the likelihood (L) of an accident occurring against the <b>most</b> likely impact (I) the accident might have, taking into account the control measures already in place. $L \times I = R$			
Task / Activity Covered by the assessment	Intimate care of pupils within schools: Managing children with continence difficulties; nappy changing; dealing with bodily fluids (Consider and add tasks/ activities that relate to intimate care offsite eg on trips/excursions, PE, swimming, after school clubs, transport to and from school etc.)			Likelihood (L)	X	Impact (I)			
				Almost Impossible	1	Insignificant (minor injury, no time off)			
Workplace				Unlikely	2	Minor (non-permanent injury, up to 7 days off)			
Date of Assessment		Date Assessment to be reviewed		Possible	3	Moderate ((injury causing more than 7 days off)			
Person Completing		Manager/ Head teacher		Likely	4	Major (death or serious injury)			
Staff involved in assessment				Almost Certain	5	Catastrophic (multiplied deaths)			
				Low = 1-3	Moderate = 4-7	Significant = 8-14	High = 15-25		

What are the significant, foreseeable, hazards? (the dangers that can cause harm)	Who is at Risk?	Current control measures (What is already in place/done)	Risk Rating			What additional controls can be put in place to reduce the risk further?	Revised Risk Rating			Sign as done
			L	I	R		L	I	R	
1. Trips / slips / fall hazards created from bodily fluids	Staff Pupil(s) People in vicinity	<ul style="list-style-type: none"> <li>Spill kit available for dealing with bodily fluids</li> <li>Spillages are dealt with promptly and appropriately.</li> <li>Staff are aware of who is responsible for clearing/cleaning spillages</li> <li>Staff follow safe cleaning procedure to minimise infection risk.               <ul style="list-style-type: none"> <li>Wet floor signs in use</li> <li>Floors kept in good condition and regularly inspected</li> </ul> </li> </ul>								
2. Health risks and infection control including health risks from bites	Staff Pupil	<ul style="list-style-type: none"> <li>Disposable apron and gloves provided and used by staff.</li> <li>Good hygiene practice observed (washing exposed skin, etc).</li> <li>Staff aware of health/ infection risks associated with children concerned as identified in intimate</li> </ul>								



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			L	I	R		L	I	R	
		care plan. o Arrangements in place to ensure there is a supply of clean clothing. <ul style="list-style-type: none"> <li>Waste is disposed of appropriately [disposal of waste for one child can be in the usual bins using appropriate nappy sacks (considered 'municipal waste'.) where the school create more waste than this special arrangements will need to be in place].</li> <li>Wet nappies/pad can be bagged in a single bag, soiled nappies/pads require double bagging.</li> <li>Area where pad/nappy changes take place are cleaned routinely.</li> </ul> <b>Bites</b> <ul style="list-style-type: none"> <li>Individual intimate care plan in place</li> <li>Staff wear long sleeves/gauntlet style gloves under disposable gloves</li> <li>Staff considered at significant risk from bites have been offered Hep B Vaccines</li> <li>Pupil has sensory chew toy</li> </ul>								
3. Manual Handling – consider weight, size, shape of pupil; staff capability to undertake handling task,	Staff Pupil	<ul style="list-style-type: none"> <li>Intimate care plan includes any risks associated with physical handling of the child</li> <li>Staff trained in safe lifting techniques</li> <li>Hoists in place for transferring child/ young person. Hoists are maintained and tested [add details here] and staff are trained in their safe use.</li> <li>Changing area is ergonomically designed to reduce the need for staff to stretch, reach, stoop etc</li> </ul>								
4. Inadequate changing facility – too hot or cold; inappropriate location; inadequate lighting etc	Staff Pupil	<ul style="list-style-type: none"> <li>Dedicated space/ area for changing pupils</li> <li>Area is cleaned and disinfected regularly and immediately before and after use</li> <li>Suitable changing materials and equipment provided and maintained in good condition</li> <li>Sufficient lighting to carry out the task, located with consideration of the pupil to prevent glare</li> <li>Department of Health recommends that one extended cubicle with a washbasin should be provided in each school for children with</li> </ul>								

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			L	I	R		L	I	R	
		disabilities. <ul style="list-style-type: none"> <li>Department for Health guidance is that whenever possible it is recommended that:               <ul style="list-style-type: none"> <li>Mobile children are changed standing up - if this is not possible the next best alternative is to change a child on a purpose-built changing bed (these are available as portable or fixed and can be lowered and raised safely)</li> </ul> </li> </ul>								
5. Child Protection – risk to pupil; allegations of abuse against staff	Staff Pupil	<ul style="list-style-type: none"> <li>Staff trained and aware of good practice.</li> <li>Staff checked via AccessNI.</li> <li>Liaison with parents to ensure they understand procedure using intimate care plan.</li> <li>School has Safeguarding/ Child Protection Policy which staff will follow.</li> <li>There is an accepted procedure for intimate care which staff follow:               <ul style="list-style-type: none"> <li>child spoken to personally by name so that s/he is aware of being the focus of the activity</li> <li>An explanations of what is happening is given in a straightforward and reassuring way</li> <li>The child is prepared for and able to anticipate events while demonstrating respect for his/her body eg by giving them a strong sensory clue such as using a sponge or pad to signal an intention to wash or change</li> <li>A sponge or flannel is always used when cleaning and where possible the child is encouraged to attempt to wash private parts of the body him/herself</li> <li>Respect a child's preference for a particular carer and sequence of care</li> </ul> </li> <li>Records are kept which note responses to intimate care and changes in behaviour</li> <li>Facilities which afford privacy and modesty are provided eg separate toileting and changing for boys and girls or at least adequate screening; bathing/ changing one child at a time</li> </ul>								
6. Equipment failure or inadequate materials	Staff Pupil	<ul style="list-style-type: none"> <li>Equipment checked and maintained by a competent person.</li> <li>Regular checks by staff including immediately before use</li> <li>Faults reported.</li> </ul>								

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			L	I	R		L	I	R	
		<ul style="list-style-type: none"> <li>Equipment for assisting with toileting/ pad changes will include (but is not limited to): hot running water and soap (antibacterial where possible) toilet rolls, antiseptic cleanser Milton/sterilising fluid, bowl/bucket, paper towels/cloths disposable aprons and gloves nappy bags/sacks, cleaning equipment, bin, a supply of spare nappies and wipes (provided by the child's parent/carer), spare clothes (where possible each child to have their own spare clothes to change into for physical and emotional comfort) changing table (raised)/ changing mat/ electric changing table/bed</li> </ul>								
7. Individual pupil risks: -Does communication or comprehension present a risk? Are there any medical considerations including pain or discomfort; fragility, head control, epilepsy etc? -Are there any allergies to consider? -Does the pupil have challenging or risky behaviour?	Staff Pupil	<ul style="list-style-type: none"> <li>Intimate care plan outlines specific needs of child. Staff follow care requirements as set out in the plan.</li> </ul>								
8. Falls from changing tables/ beds	Pupil	<ul style="list-style-type: none"> <li>Only purpose-built changing tables/beds to be used</li> <li>Pupil/ young person is never left unsupervised on the table/bed</li> <li>The safe weight limits of the changing table will be followed</li> <li>Restraint straps will be used where provided</li> <li>Wherever possible the child will climb onto the changing bed themselves using appropriate/ built-in steps.</li> </ul>								