



OUR LADY OF LOURDES

CATHOLIC MULTI-ACADEMY TRUST

Intimate Care Policy January 2024



Our Lady of Lourdes Mission Statement:

We are a partnership of Catholic schools.

Our aim is to provide the very best Catholic education for all in our community and so improve life chances through spiritual, academic and social development.

By placing the person and teachings of Jesus Christ at the centre of all that we do, we will:

- Follow the example of Our Lady of Lourdes by nurturing everyone in a spirit of compassion, service and healing
- Work together so that we can all achieve our full potential, deepen our faith and realise our God-given talents
- Make the world a better place, especially for the most vulnerable in our society, by doing *'little things with great love'* St Thérèse of Lisieux

Joshua 1:9-10 "Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go."

Date Issued	Feb 2022
Governors' Committee Responsible:	OLoL Trust Standards Committee/Executive Board
Updates	January 2024
Trust Board Safeguarding Governor	Sue Dryden
Trust Safeguarding Lead	Moira Dales
Status & Review Cycle:	3-yearly
Next Review Date:	January 2027
Author	Robert della-Spina, Moira Dales and Tracy Lane

Contents

1. Introduction
2. Aims
3. Legislation and statutory guidance
3. Role of parents
 - 3.1 Seeking parental permission
 - 3.2 Creating an intimate care plan
 - 3.3 Sharing information
4. Role of staff
 - 4.1 Which staff will be responsible
 - 4.2 How staff will be trained
5. Intimate care procedures
 - 5.1 How procedures will happen
 - 5.2 Concerns about safeguarding
6. Monitoring arrangements
7. Links with other policies
8. Further Guidance

Appendix 1: template intimate care plan

Appendix 2: template parent/carer consent form

Appendix 3: Intimate care record

1. Introduction

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. 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.)

The issue of intimate care is a sensitive one; it will require staff to be respectful of the pupil's needs. The pupil'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 pupils wherever possible.

2. 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 pupils are safeguarded
- Pupils with intimate care difficulties 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 toileting, washing, changing, touching or carrying out an invasive procedure to pupils' intimate personal areas.

3. Legislation and statutory guidance

- This policy complies with [statutory safeguarding guidance](#) (KCSIE 2021).
- It also complies with our funding agreement and articles of association.

The management of all pupils with intimate care needs will be carefully planned. The pupil who requires intimate care; will be treated with respect at all times; the pupil's welfare and dignity are of paramount importance.

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. Apparatus will be provided to assist with pupils who need special arrangements following assessment from physiotherapist/ occupational therapist as required.

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 and menstruation. Wherever possible staff who are involved in the intimate care of pupils will not usually be involved with the delivery of sex education to the pupils in their care as an additional safeguard to both staff and pupils involved.

The pupil will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each pupil to do as much for him/herself as he/she can. This may mean, for example, giving the pupil responsibility for washing themselves. Individual intimate care plans will be drawn up for particular pupils as appropriate to suit the circumstances of the pupil.

Each pupil's right to privacy will be respected. Careful consideration will be given to each pupil's situation to determine how many carers might need to be present when a pupil is toileted. Where possible one pupil will be catered for by one adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented.

Wherever possible the same pupil will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the pupil 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.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the pupil's care plan. The needs and wishes of pupils and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

3. Role of parents

3.1 Seeking parental permission

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

For pupils 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 isn't an intimate care plan in place, parental permission will be sought before performing any intimate care procedure.

If the school is unable to get in touch with parents and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents afterwards.

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's 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 1** 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.

Any child protection records linked to the pupil will need to be transferred to their new school within 5 days of leaving. **KCSIE Annex C.**

4. Role of staff

4.1 Which staff will be responsible

Members of staff involved with intimate care includes:

Class Teachers – specifically Mrs O'Neill (Early Years) and Miss Peterson (KS1) but also including any other Class Teacher where required

Support Staff – specifically Mrs Burkill (Early Years); Mrs Sherwood (Early Years and Breakfast Club); Mrs Amys (Early Years and Goldstar After-School Club); Mrs Maczka (KS1 and Goldstar After-School Club); Mrs Blewett (KS1); Mrs Nettleton (KS1/2); Mrs Mell

No other staff members can 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
- Hygiene and health and safety procedures, including those related to COVID-19

They will also be encouraged to seek further advice as needed.

5. Intimate care procedures

5.1 How procedures will happen

We do not anticipate that the changing of a child - either in nappies or otherwise - should raise any safeguarding issues, as all staff have been DBS checked. Therefore, it will be normal practice for only one adult to be involved in attending to a child's personal needs, although an individual child's intimate care plan may require more than one member of staff to be present. The person attending to a child will always be a member of the school staff. Students on placement will not be involved in supporting children in this area of care.

In the school building there are designated areas providing a suitable place for the changing of children.

In the main school this is the disabled toilet area which provides additional space for attending to a child's personal needs. Equipment will be stored in the medical room.

In the Early Years Foundation Stage Unit, children use the designated toilet area in the Nursery. This is an appropriate environment for attending to children who may also be wearing 'pull-ups' or nappies.

Each of these areas will have appropriate resources provided:

<u>Foundation Stage Unit</u>	<u>Main School</u>
1. Disposable gloves and aprons	1. Disposable gloves and aprons
2. Changing Mat	2. Wet wipes
3. Wet wipes	3. Spare underwear
4. Spare nappies and/or pull up	4. Plastic bags for wet/soiled clothing
5. Nappy sacks	5. Antibacterial cleanser
6. Separate bin for disposal of nappies	6. Air Freshener
7. A selection of suitable spare clothing	7. Yellow plastic bags
8. Plastic bags for wet/soiled clothing	
9. Antibacterial cleanser	
10. Air Freshener	
11. Yellow Plastic Bags	

If a child accidentally wets or soils him/herself they will be attended to in either of the designated areas referred to above.

Staff involved in this procedure will be expected to wear disposable gloves. Aprons provided will be considered appropriate for staff involved in nappy changing.

Wet or soiled nappies will be double wrapped and disposed of via the normal domestic waste route. Gloves and aprons and any items used for cleaning the changing area will be disposed of in yellow bags via clinical waste.

Wet or soiled underwear/clothing will be returned to parents. Temporary storage of these will be in the designated changing area prior to the child being collected at the end of the session.

The changing area will be cleaned after use.

Hot water and liquid soap will be available to wash hands as soon as the task is complete. A hot dryer and/or paper towels will be available for drying hands.

Procedures will be carried out in a COVID-safe way according to the school's risk assessment and COVID-19 protocol.

For pupils needing routine intimate care, the school expects parents to provide, 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.

5.2 Concerns about safeguarding

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 Designated Safeguarding Lead (DSL) or Deputy DSLs.

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 as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures.

6. Monitoring arrangements

This policy will be reviewed and approved by our CMAT board every 3 years.

7. Links with other policies

This policy links to the following policies and procedures:

- The Child Protection policy
- Staff Code of Conduct policy
- Protocol for dealing with Allegations of Abuse against a member of staff
- Accessibility plan
- Child protection and safeguarding
- COVID-19
- Health and safety
- SEND
- Supporting pupils with medical conditions

8. Further Guidance

- 'Working Together To Safeguard Children', Inter-Agency Child Protection Procedures.
[Working together to safeguard children - GOV.UK \(\[www.gov.uk\]\(https://www.gov.uk\)\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/71544/Working_together_to_safeguard_children_-_2015.pdf)

- Circular 10/95, Protecting Children from Abuse; The Role of the Education Service. DFEE

[The Education \(Independent School Standards\) \(England\) Regulations 2003 \(legislation.gov.uk\)](#)

- When to use PPE in school.

[Use of PPE in education, childcare and children's social care - GOV.UK \(www.gov.uk\)](#)

- What To Do IF You're Worried A Child Is Being Abused. Summary (2003)

[Child abuse concerns: guide for practitioners - GOV.UK \(www.gov.uk\)](#)

- Care and support statutory guidance.

[Care and support statutory guidance - GOV.UK \(www.gov.uk\)](#)

- Keeping Children Safe in Education (KCSIE 2021)

[Keeping children safe in education 2021 \(publishing.service.gov.uk\)](#)

Appendix 1: template intimate care plan

Parent and Carers	
Name of child:	
Type of intimate care needed:	
How often care will be given:	
What training staff will be given:	
Where care will take place:	
What resources and equipment will be used, and who will provide them:	
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.	
Next review date:	To be reviewed by:

Appendix 2: template parent/carers consent form

Permission for school to provide intimate care	
Name of child:	
Date of birth:	
Name of parent/carers:	
Address:	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	<input type="checkbox"/>
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)	<input type="checkbox"/>
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	<input type="checkbox"/>
<p>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).</p> <p>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).</p> <p>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, to make them comfortable and remove barriers to learning.</p>	<input type="checkbox"/>
Parent/carers signature:	
Name of parent/carers:	
Relationship to child:	
Date:	

Appendix 3: Intimate care record

[illegible]