



# 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 <u>statutory safeguarding guidance</u> (KCSIE 2023).
- 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 complete the 3 intimate care consents via Arbor. (See appendix 2).

For pupils whose needs are more complex or who need particular support outside of what's covered in the permission form (see appendix 1), 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

Tammie McNamara	Headteacher
Rachael Tipton	Deputy Headteacher
Sara Bruce	Reception class
Jo Pitman	Nursery Teacher
Rachel Bowen	Teacher Apprentice
Matthew Hammond	Teacher
Shirla Duong	Teacher
Laura Parker	Teacher
Bethany Gibbens	Teacher
Anna Fitzpatrick	Teacher
Nicola Oates	Teacher
Sarah Bamford	Teacher
Gemma Lloyd	Teacher
Arlene Hudson	Teacher
Laura Rainbow	Mental Health lead
Ruth Alderson	HLTA

Members of staff involved with intimate care includes:

Claire Marshall	Teaching Assistant	
Noeleen Knight	EYFS Teaching Assistant	
Lucy Brothers	Teaching Assistant	
Lisa Harper	Teaching Assistant	
Joseph Priestley	Teaching Assistant	
Tandy Kearney	Teaching Assistant	
Becky Priestley	Teaching Assistant	
Bill Harris	Teaching Assistant	
Grace Law	Teaching Assistant Apprentice Level 3	
Christa Bales	Wrap Around Care Lead	
Angela Wadsley	Teaching Assistant / Midday supervisor / Wrap Around Aare	
Teresa Mullin	Midday Supervisor / Wrap Around Care	
Julia Foxall	Midday Supervisor / Wrap Around Care	
Jennifer Ellison	Midday Supervisor / Wrap Around Care	
Tracy Charles	Midday Supervisor / Wrap Around Care	
Samantha Walker	Midday Supervisor / Wrap Around Care	
Teresa Horden	Office Manager	
Paula Keightley	Office Administrator	
Neil Pascoe	Site Manager / Football Coach	
Nigel Wooley	Sports Coach	

Experienced staff may also support with the training of trainee teaching assistants and teachers with the procedures for intimate care, including nappy changing as a second staff member to support with intimate care.

No other staff members, such as the kitchen staff or cleaning staff, 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 from experienced staff in school 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
- Training from external agencies (when required for any more complex intimate care needs)

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 (ICP)

#### 5.1 How procedures will happen

• Two members of staff **must** always be present when intimate care procedures (ICP) are carried out. If staffing in the classroom doesn't allow for this then an additional member of staff must be called to assist.

• ICP will be carried out in one of the following areas; EYFS toileting area, accessible toilet facilities in the KS1 corridor, or the disabled toilet in the main reception area.

#### We will ensure that the pupil has privacy and dignity at all times.

- A child's permission will always be sought.
- If the child is non-verbal staff will use nonverbal communication cards to explain what will happen.
- The individual needs of each child will be met according to the child. For example, if the sound of the hand dryer is distressing for the child, it will be switched off. If the child appears happier in a certain location, this location will be used. Routines must be in place so that the child can become familiar with the procedure.
- If the child refuses to give consent, then parents will be called to come and assist with ICP.

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

- Protective gloves must be worn.
- Face coverings- are available.
- Cleaning supplies mat/area to be wiped down each time it is used.
- Changing mats in the KS1 accessible toilet.
- Nappy bags to dispose of wipes and nappies, before putting them into the bin. (Located in the KS1 accessible toilet).
- Aprons worn when necessary
- Wipes for incidental ICP (parents will provide for children who need regular ICP)

Resources are stored in the KS1 accessible toilet and in the Nursery, next to the toilets. All nursery children are requested to have a spare set of clothes in school at all times. Children who receive ICP regularly will have their bag with spare clothing and resources on their named coat peg. Bulk nappies and wipes are to be stored in the KS1 accessible toilet to ensure a smooth procedure. Staff will make sure they have everything they need prior to starting the ICP.

#### **Risk of infection**

To mitigate the potential risk of infection with bodily fluids, a Hepatitis B risk assessment for all staff has been completed and access to Personal Protective Equipment (PPE) is available for all staff.

#### **Routine Intimate Care**

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, wipes, nappy bags, underwear and/or spare set of clothing.

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

#### **Informing Parents**

Parents will be sent a Class Dojo message if ICP is carried out of an incidental nature. Parents of children who regularly receive ICP will be informed of any irregularities, such as; irregular bowel movements, the child is complaining of pain, nappy rash or if resources need replenishing verbally via the telephone, via dojo message or at the end of the session.

#### **Recording ICP (See appendix 3)**

The member of staff **assisting** the main member of staff **carrying out** the ICP will complete the ICP record sheet and both members of staff must ensure they sign the sheet each time ICP takes place.

The Nursery and Reception class will store this record/file along with the ICP resources in the nursery for ease of access.

Records/files for children in KS1 or KS2 receiving ICP will be held in a safe place within the child's classroom.

All staff must ensure they are aware of where these records are stored and ensure they are completed and returned to the correct place.

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

#### Swimming

There might be times when it is necessary to support individual children with dressing and undressing and assisting with underwear after the swimming lesson. Wherever possible, adults will verbally instruct pupils on how to put items of underwear on. If pupils do need physical support, where possible, it would be preferable to have two adults available to support the child in these situations. If only one adult is available, the adult must ensure they have reported any intimate care to the parent and record this on CPOMS when returning to school. The lead teacher for swimming will maintain a record book for any children who required intimate care. This information will then be added to the ICP log file and added to CPOMS. The information will also be shared with the parent.

#### Sanitary products support

Education on periods and the use of sanitary products begins at the end of Year 4 through our RSHE programme. If a girl starts her period at school, on a school trip or on a residential visit and it is not possible to contact a parent, it may be necessary for a member of staff to help and explain how to use a sanitary pad. In this situation, it would be crucial to be respectful of the girl's age, knowledge, understanding of periods and to ensure that the pupil's dignity is respected. Wherever possible, adults will verbally instruct pupils on how to use a sanitary pad.

The adult would need to ask for consent from the pupil before any intimate care could be offered.

Sanitary pads are kept in the First Aid / SEND room. Staff will always ensure pads and spare underwear are taken on residential visits, sporting events off site and KS2 school trips.

#### 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 or Headteacher and record this concern on CPOMS.

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 and managing allegations protocol.

#### 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. <u>Working together to safeguard children - GOV.UK (www.gov.uk)</u>

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

<u>The Education (Independent School Standards) (England) Regulations 2003</u> (legislation.gov.uk)

• When to use PPE in school.

<u>Use of PPE in education, childcare and children's social care - GOV.UK (www.gov.uk)</u>

• 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. <u>Care and support statutory guidance - GOV.UK (www.gov.uk)</u>

• Keeping Children Safe in Education (most recent version) Keeping children safe in education - GOV.UK (www.gov.uk)

## Appendix 1: template intimate care plan

Parent an	nd 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:	
Chi	ild
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/carer consent form

Permission	for school to provide intimate care	
Name of child:		
Date of birth:		
Name of parent/carer:		
Address:		
	chool to provide appropriate intimate care to my clothing, washing and toileting)	Yes/No
	anything that may affect my child's personal care or if my child has an infection)	Yes/No
3. I understand the procedur immediately if I have any o	es that will be carried out and will contact the school concerns	Yes/No
Parent/carer signature:		
Name of parent/carer:		
Relationship to child:		
Date:		

## Appendix 3: Intimate care record

School: Intimate care record, Pupil's name:					