



RAINFORD  
HIGH

# Intimate Care Policy

## **Everyone Matters**

We expect our community to be kind, polite and respectful

## **Everyone Helps**

We expect our community to make sensible choices

## **Everyone Succeeds**

We expect our community to work hard

<b>Responsible for Policy</b>	Principal
<b>Scope of the Policy</b>	All staff
<b>Committee Responsible</b>	SISS
<b>Last reviewed by trustees</b>	<b>September 2025</b>
<b>Next review due</b>	<b>September 2026</b>
<b>Summary of key changes</b>	SIMS changed to cpoms on Page 4 added page numbers Addeddd at EHCP reviews and also where info is saved has been updated all on page 4

## Rationale

Rainford High is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff that provide intimate care to children have a high awareness of safeguarding issues. Staff will work in partnership with parents/carers to provide continuity of care. Intimate personal care includes hands-on physical care in personal hygiene, and physical presence or observation during such activities.

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of associated equipment as part of the staff member's duty of care. In the case of specific procedures only the staff suitably trained and assessed as competent should undertake the procedure (e.g. the administration of rectal diazepam).

Intimate personal care tasks can include:

- body bathing other than to arms, face and legs below the knee.
- toileting, wiping and care in the genital and anal areas.
- dressing and undressing.
- application of medical treatment, other than to arms, face and legs below the knee
- supporting with the changing of sanitary protection

Along with care, safety and hygiene, these procedures must consider a student's dignity and privacy and take into account their age, gender, culture along with their physical and developmental needs.

This policy deals with all aspects of personal care and intimate support for children attending Rainford High.

This policy includes details of:

- *support and maintain pupils' rights to privacy and dignity*
- *safeguard pupils and adults from any misunderstanding of support*
- *identify situations which have elements of intimate or close personal contact and ensure they are supported accordingly*
- *guarantee consistency of support and procedures whilst being sensitive to individual need*
- *identify the responsibilities of adults involved*
- *dispose of waste as per protocol*

**The person with Lead Responsibility is: - Jo Burgess (SENCo)**

Medical notes available to staff through synergy to ensure staff are aware of who the children are and what their medical needs are.

This policy supports the safeguarding and welfare requirements of the Disability Discrimination Act 2005.

**Rainford High** will ensure that:

- *No child's physical, mental or sensory impairment will have an adverse effect on their ability to take part in day to day activities.*
- *No child with a named condition that affects personal development will be discriminated against.*
- *No child who is delayed in achieving continence will be refused admission.*
- *Adjustments will be made for any child who has delayed incontinence.*

## **Compliance**

This policy has been written with reference to the following guidance and documents:

- *Equality Act 2010: advice for schools DfE Feb 2013*
- *SEND Code of Practice 0 – 25*
- *UNICEF Convention of the Rights of the Child*
- *Keeping Children Safe in Education (2015)*

## **Safeguarding**

All child concern matters must be reported to the person in school designated to deal with such issues. Set procedures must be followed (see safeguarding procedures within the Rainford High Staff Handbook.)

Staff are safeguarding trained and are aware of the DFES booklet 'What to do if you think a child is being abused' and will follow the guidance given. If a member of staff is concerned about any physical or emotional changes, such as marks, bruises, soreness, distress etc. they will immediately inform the appropriate Safeguarding Officer:

- Mr Kenyon – Designated Safeguarding Lead & Prevent Lead
- Miss Litherland - Designated Safeguarding Officer
- Mr Pendlebury - Designated Safeguarding Officer
- Mrs McCartney - Designated Safeguarding Officer
- Mrs Sheedy - Designated Safeguarding Officer

Should a child become unhappy about being cared for by a particular member of staff, the SENCo will look into the situation and record any findings. These will be discussed with the child's parents/carers in order to resolve the problem. If necessary, the SENCo will liaise with other agencies and seek guidance.

**If a child makes an allegation against a member of staff, the procedure set out in the Safeguarding Policy will be followed.**

## **Health & Safety**

All staff should be aware of and adhere to general Health and Safety guidelines. Risk assessments should be carried out taking the advice of relevant personnel. All equipment must be serviced and maintained in accordance with legal requirements.

**Any Health and Safety concerns should be reported to Alex Marsh (Health & Safety Manager) who will act on the information accordingly.**

## **Partnership with Parents/Carers**

Staff at Rainford High will work in partnership with parents/carers to provide care appropriate to the needs of the individual child and together will produce a management plan. The management plan will set out:

- *what care is required*
- *number of staff needed to carry out the task (if more than one person is required, reason will be documented)*

- *additional equipment required*
- *child's preferred means of communication (e.g. visual, verbal). Agree terminology for parts of the body and bodily functions*
- *child's level of ability i.e. what tasks they are able to do by themselves*
- *acknowledge and respect for any cultural or religious sensitivities related to aspects of Intimate Care*
- *be regularly monitored and reviewed in accordance with the child's development*

Parents/Carers are asked to supply the following:-

- *spare nappies/pads/ sanitary products*
- *wipes, creams, nappy sacks etc.*
- *spare clothes*
- *spare underwear*

## **DBS Checks**

All adults participating in activities requiring intimate/close personal care will have undergone statutory police checks and will be in possession of an enhanced DBS check.

## **Intimate Care Tasks**

Cover any tasks that involves the dressing and undressing, washing including intimate parts, helping someone use the toilet, changing nappies or carrying out a procedure that requires direct or indirect contact to an intimate personal area.

## **Best practice for Intimate Care Staff**

The management of all children with intimate care needs will be carefully planned. The child who requires care will be treated with respect at all times; the child's welfare and dignity is of paramount importance. Staff who provide intimate care are fully aware of best practice. Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from the appropriate agencies.

It is essential that the adult who is going to change the child informs the teacher and/or another member of staff that they are going to do this. There is no written legal requirement that two adults must be present. However, in order to completely secure against any risk of allegation, a second member of staff may be present where resources allow.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty or menstruation. Wherever possible staff involved in intimate care will not be involved in the delivery of sex education to the children in their care as an extra safeguard to both staff and children involved.

The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as they are able. Individual Intimate Care Management Plans will be drawn up for children as appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers will need to be present when the child is toileted.

## **Procedures**

When Intimate Care is given, the member of staff explains fully each task that is carried out, and the reason for it before moving into a pupil's personal space. Verbal prompts must be given before touching, handling or moving a pupil.

If appropriate, staff should encourage children to do as much for themselves as they can, lots of praise and encouragement will be given to the child when they achieve.

All staff working in Intimate Care must have a full DBS.

Specific staff members are identified to change a child with known needs and that they plan and record their work with that child after every event. A written record will be kept every time a child has an invasive medical procedure, e.g. support with catheter usage. This will be kept in an agreed format.

Disabled pupils may need help with medical procedures such as the administration of rectal medication, managing catheters or colostomy bags.

These procedures will be discussed with parents/carers and documented in the pupil's individual healthcare plan.

They will only be carried out by staff who have been trained.

Staff will follow **infection control guidelines** and ensure that any medical items are disposed of correctly.

Staff are expected to consistently use recommended equipment to assist with movement and transfers as per Medicine, Hygiene, Manual Handling and Care Plans policy. Equipment should be regularly audited every half term and staff should inform Lead First Aid Staff/SENCo should parents need to be contacted to refresh supplies for their child.

## Toileting and Changing

The following points must be taken into consideration:

1. *The need for privacy whilst being aware of the need to protect pupils from inappropriate touching.*
2. *The need for privacy whilst being aware of the need to protect staff from allegations of inappropriate touching.*
3. *Consistency of approach with necessary information, routines and verbal prompts communicated to staff assisting.*
4. *Awareness of assistant's personal hygiene procedures to include the use of gloves, aprons, etc. and emphasise the importance of correct hand washing.*
5. *Awareness of general hygiene and disposal of waste procedures.*
6. *Ensure that females and boys who catheterise are cleaned 'front to back' to prevent the risk of infection.*
7. *Give sufficient time for the pupil to achieve, to be aware of expectations, and be familiar with the type and frequency of prompts.*
8. *Encourage as much independence as possible (where appropriate), using the progression of skills appropriate to individual need i.e.*
  - *Opportunity*
  - *Dependence*
  - *Co-operation*
  - *Participation*
  - *Supervised independent action*
  - *Independence*
9. *Agree upon the mix of male/female adult assistance with boy/girl pupils. It may not be appropriate for older boys to be assisted by female support staff.*
10. *Only use creams/lotions/wipes etc. with written permission of parents.*
11. *Secure written parental agreement to procedures.*

## Dealing with body fluids

Urine, faeces, blood and vomit will be cleaned up immediately and will be disposed of safely. This sanitary care is organised and managed by our PFI, Interserve.

When dealing with bodily fluids, staff wear protective clothing (disposal plastic gloves and aprons) wash themselves thoroughly afterward. Soiled children's clothing will be bagged to go home – staff will not rinse it. Children will be kept away from the affected area until the incident has been completely dealt with.

**All staff maintain high standards of personal hygiene, and will take all practicable steps to prevent and control the spread of infection.**

### **Refusing Physical Intervention**

Should any student refuse appropriate physical care requiring intimate or close personal contact, the School Nurse or trained member of education staff should inform the child's parent / guardian as soon as possible within the school day. This should also be logged on CPOMs and reported to SENCo.

### **Individual Pupil Updates and Reviews**

All pupils who require them will have individual bathroom, feeding and physical assistance plans which will be reviewed on a regular basis i.e. at EHCP reviews and in response to any significant changes.

All have a comprehensive file containing all current documentation relating to individual health & welfare needs on CPOMs and in the assessment drive.

Information re: Intimate Care programmes will be made available to all staff working with the individual child and a copy stored in their pupil file.

**Where possible, advice from therapists and School nursing team should be sought.**

**This policy aims to manage risks associated with toileting and Intimate Care needs and ensures that employees do not work outside the remit of their responsibilities set out in this policy.**

Date: June 2025

Review: June 2026