

Policy	INTIMATE CARE POLICY			
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Scope	Whole Group	<input type="checkbox"/>	Whole School	✓
	International Primary	<input type="checkbox"/>	National Primary	<input type="checkbox"/>
	International Secondary	<input type="checkbox"/>	National Secondary	<input type="checkbox"/>
Ownership:	Campus Principal		Approved by:	Senior Leadership Team (SLT)

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Intimate Care Policy

Aims

At Tenby Schools Ipoh we aim to provide the utmost care for our students and staff. The aims of the school are to provide a safe environment for all students who may require intimate care in line with the following: -

- *Every child has the right to be safe.*
- *Every child has the right to personal privacy.*
- *Every child has the right to be valued as an individual.*
- *Every child has the right to be treated with dignity and respect.*
- *Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.*
- *Every child has the right to express their views on their own intimate care and to have such views taken into account.*
- *Every child has the right to have levels of intimate care that are as consistent as possible.*

Definition of Intimate Care

Intimate care can be defined as any care which involves washing, touching, or carrying out a procedure to intimate personal areas which most people usually carry out themselves, but some children are unable to do because of their young age, physical difficulties or other special needs.

Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting, or dressing.

It also includes supervision of children involved in intimate self-care.

Procedures

- Children who require regular assistance with intimate care have written Individual Health Plans, agreed by staff, parents/guardians and any other professionals actively involved, such as school nurses or physiotherapists.
- Ideally the plan should be agreed at a meeting at which all key staff and the child should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.
- Where relevant, it is good practice to agree with the child and parents/guardians' appropriate terminology for private parts of the body and functions and this should be noted in the plan.

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- Where a care Individual Health Plan is not in place, parents/guardians will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone, and not through the homework diary.
- In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure.
- Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.
- These records will be kept on file by the Nurse and available to parents/guardians on request.
- All children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual child to do as much for his/herself as possible.
- There must be careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where the child is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

- An individual member of staff should inform another appropriate adult when they are going to assist a child with intimate care. Intimate care should be undertaken with a minimum of two adults in attendance so as to safeguard both the adults and the child.
- In general, intimate care should only be provided by the school nurses if it is a medical issue. If a child needs intimate care for an 'accident' there should always be a minimum of two adults.
- Adults who assist children with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including all required checks.
- The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.
- No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.
- In all intimate care situations, the Schools' Safeguarding Policy must be adhered to.

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