Woodlands Secondary School	Intimate Care and Close Personal Contact Policy	

Date	Review Date	Author	Nominated Governors
July 2025	July 2027	Sandra Clarke Becky Geary	N/A
Website	**Statutory Policy**	**Source**	**Ratification Date**
Yes	No	The Key	July 2025

RATIONALE

Some students at Woodlands Secondary School will require assistance from adults in activities that involve intimate care and close personal contact to ensure that they are kept healthy, well and so that they can comfortably participate in learning.

Intimate care refers to any care that involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

At Woodlands, maintaining each student's dignity, with proper regard for privacy, is at the heart of all personal care activities. This must be combined with fulfilling our duty of care, mutual safety and good hygiene.

When carrying out all intimate care, assistance and personal contact activities, all procedures must have due regard for the student's dignity and privacy and take into account their age, gender, culture and physical and developmental needs.

Where possible staff should encourage as much independence as possible.

Progression of skills:

- Dependence.
- Co-operation.
- Participation.
- Supervised independent action.
- Independence.

Students may demonstrate different levels of independence or reliance on others, depending on their individual needs; some students may always require full support.

This policy is in place to protect children and young people and staff who require support, when they require it.

PURPOSE/AIMS OF THE POLICY

The purpose of the policy at Woodlands Secondary School is to ensure that:

- Situations which have elements of intimate care/ close personal contact are clearly identified

- Intimate care is carried out properly by staff, in line with any agreed plans
- Students and adults are safeguarded from any misinterpretation of action
- Student needs for care and assistance are appropriately, safely and sensitively met.
- The dignity, rights and wellbeing of children and young people are safeguarded
- People who require intimate care are not discriminated against in line with the Equality Act 2010
- Parents and carers are assured that staff are knowledgeable about intimate care and that the needs of their children are taken into account
- Good and safe hygiene protocols are implemented consistently and any waste disposed of safely.
- Adult responsibilities are clear. Staff carrying out intimate care work do so within guidelines (i.e. health and safety, moving and handling, safeguarding protocols awareness) that protect themselves and the students involved.

SITUATIONS/ACTIVITIES THAT HAVE ELEMENTS OF INTIMATE CARE OR CLOSE PERSONAL CARE FOR SOME STUDENTS

Intimate care refers to any care that involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas

This list is not exhaustive.

- Changing for PE or swimming
- Toileting
- Feeding and drinking

GUIDELINES

The guidelines cover a variety of activities and it must be accepted that there has to be a degree of flexibility and judgement within some situations. The guidelines must be followed in the context of safeguarding, child protection, health and safety and Disclosure and Barring procedures.

- Disclosure and Barring checks: All adults participating in any activities including intimate/close personal contact must have undergone an enhanced disclosure check from the DBS.
- Safeguarding and Child Protection: All safeguarding and child protection concerns must be reported to the Designated Safeguarding Lead (DSL) or Deputy Designated Safeguarding Lead. Procedures should follow the Safeguarding Children Policy.
- Health and Safety: All staff should be aware of and adhere to the general health and safety guidelines as documented by the LA. Appropriate risk assessments should be carried out. Any health and safety concerns or queries should be taken up with the Head Teacher.

THE ROLE OF STAFF There should always be 2 staff members present when students are supported with intimate care, this is in order to provide safeguards for the students and for the staff members who assist or provide intimate care. There may be exemptions to this, for example of the presence of too many staff may trigger or escalate behaviours or when wishing to protect the modesty/privacy of a student in a confined space. Exemptions should be discussed and agreed with department leaders and noted in the young person's Intimate Care plan. Any queries should be addressed to the Designated Safeguarding Lead.

Staff should always follow individual Moving and Handling plans with regards to the required number of staff to safely hoist or move a student.

WHICH STAFF WILL BE RESPONSIBLE?

Any roles who may carry out intimate care will have this set out in their job description. This includes TAs and MDSAs

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.

How staff will be trained

Staff will receive:

- Training in the specific types of intimate care they undertake by working alongside experienced staff, who will take the lead in supporting and delivering intimate care.
- Regular safeguarding training
- If necessary, moving and handling training that enables them to remain safe and for the student to have as much participation as 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
- They will also be encouraged to seek further advice as needed.

THE ROLE OF SUPPLY STAFF (FROM AGENCIES WITH ENHANCED DBS CHECKS)

1. May assist in helping students change for PE, **only when supervised** by a member of school staff.
2. May assist at the dining table in general situations.
3. **Must not** assist with any feeding requiring medical training to give food or respond to an emergency situation.
4. Must only assist with toileting when there are two people involved; the school member of staff must take the lead; the supply staff member can be the second person. Supply staff must not toilet students on their own.
5. Must be supervised and not put in a situation where they are alone with students

THE ROLE OF SCHOOL STAFF – AGED UNDER 18

1. May assist in helping students change for PE, **only when supervised** by a member of school staff.
2. May assist at the dining table in general situations.
3. **Must not** assist with any feeding requiring medical training to give food or respond to an emergency situation.
4. **Must not assist with toileting.**
5. Must be supervised and not put in a situation where they are alone with students

THE ROLE OF VOLUNTEERS

1. May assist in helping students change for PE, **only when supervised** by a member of school staff.
2. May assist at the dining table in general situations
3. **Must not** assist with any feeding requiring medical training to give food or respond to an emergency situation.
4. **Must not assist with toileting.**
5. Must be supervised and not put in a situation where they are alone with students

THE ROLE OF PARENTS/CARERS

1. For the children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents/carers will be asked to sign a consent form (see Appendix 1)
2. For children whose needs are more complex or who need particular support outside of what is covered in the permission form, an intimate care plan will be created in discussion with parents/carers (see section on creating an Intimate Care Plan, and Appendix 2)

3. Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure.
4. If the school is unable to get in touch with parents/carers 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 the parents/carers afterwards.

CREATING AN INTIMATE CARE PLAN

Where an intimate care plan is required, it will be agreed in discussion between the school, parents/carers,the child (when possible) and any relevant health professionals.

The school will work with parents/carers 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 is doubt as to whether the child is able to make an informed choice, their parents/carers 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 student's needs.

See appendix 1 for a blank template plan to see what this will cover.

SHARING INFORMATION

The school will share information with parents/carers as needed to ensure a consistent approach. It will expect parents/carers to also share relevant information regarding any intimate matters as needed.

TOILETING

The following must be taken into consideration:

1. Intimate Care Plans and Moving and Handling Risk Assessments should be adhered to.

2. Students that require hoisting should be supported by two staff to safeguard both students and staff. The lead member of staff must be trained in Safe Moving and Handling. They should always use equipment recommended to assist with moving/transfers and follow advice from the appropriate therapy/medical staff.

3. The need for privacy, whilst being aware of the need to protect staff from allegations and students from possible inappropriate touching.

4. There must always be a female lead for changing females and, where possible, a male lead to change males.

5. Staff should ensure a consistency of approach and ensure that all necessary information is communicated to all appropriate staff.

6. Staff should give students sufficient time to achieve; they need to be aware of expectations and to be familiar with the type and frequency of prompts required.

7. Staff should follow good personal hygiene practices; they should use appropriate PPE i.e. gloves and aprons.

8. Good hygiene practices should be deployed in the toileting environment – the area should be clean before and after use. Any beds used will be thoroughly cleaned and disinfected after use.

9. All waste materials should be disposed of safely

10. When cleaning female students and male students who catheterise, they should be cleaned from front to back.

11. Creams should only to be used with written permission from parents and where there is a pharmacy label, this should be recorded, according to the administration of medicine policy.

12. Medical interventions e.g. colostomy and catheterisation must only be carried out by appropriately trained staff. These staff must be trained and signed off by the school nurse as confident and competent for these medical interventions. Trained staff must ensure that Care Plans are up-to-date and followed.

13. Students will only be left alone in a bathroom if they are independent toilet users or are safely strapped on to a toilet seat and can independently call out for assistance if and when required.

14. Staff should communicate clearly and sensitively with students; giving verbal prompts/instructions before touching, moving or handling students.

FEEDING/EATING

1. Where individuals have emergency care or feeding plans, staff working with the student should adhere to the details of the plan and be aware of the potential risk and emergency procedures to be put in place for example, if choking occurs.

2. Staff should ensure that care plans are up to date and where specialist training is required, the plans should only be implemented by appropriately trained staff. .

3. Staff should follow good personal hygiene practices; they should use appropriate PPE i.e. gloves and aprons.

4. The working area should be thoroughly cleaned and disinfected before and after use

5. Staff should account for individual students' likes and dislikes and their normal routine.

6. Social interaction and allowing for student communication is important at snack/ lunch time, particularly when students are non-verbal or have limited communication skills and staff need to tune into their non-verbal communications.

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 must 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 Headteacher.

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.

This policy will be reviewed every two years.

Appendix 1 – Permission for provision of intimate care

Woodlands - Parental/Carers Permission for School to Provide intimate Care	
Name of child	
Date of Birth	
Name of parent/carer	
Address	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	☐
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)	☐
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	☐
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). 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). 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.	☐
Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	

We understand the importance of ensuring that all students receive the appropriate support to fully participate in their education. As is common across many school settings, we ask parents to send all incontinence resources such as pads, wipes and creams into the school for students that have incontinence needs as the school is not provided with any funding for these items.

Please be assured, however, that the school is committed to providing necessary incontinence care should a parent be unable or unwilling to supply these products. We request for you to contact our Family Team in this instance as regular reminders will be sent out from class staff.

Appendix 2- Intimate Care Plan

Woodlands School Intimate Care Plan	
Name of student and D.O.B.:	**Type of intimate care needed:**
How often will the care be given?	**What training do staff need in order to provide intimate care?**
Where will care will take place?	**What resources and equipment will be needed? How many staff will support me?**
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 /Signature/Date	**Relationship to child**