



**Phoenix**  
INTEGRATED  
PRIMARY SCHOOL  
*Achieving & Celebrating Together*

# Intimate Care Policy Relating to Pupils

Circular 2008/239

Ratified: 11.11.20

Reviewed 01.12.21/15.10.22/10/11/23

Signed 

Chair of Governors

# Intimate Care Policy

## **Rationale**

It is our intention to develop independence in each child, however there will be occasions when help is required. Our intimate care policy has been developed to safeguard children and staff. It is one of a range of specific policies that contribute to our pastoral care policy. The principles and procedures apply to everyone involved in the intimate care of children.

Children are generally more vulnerable than adults and staff involved with any aspect of pastoral care need to be sensitive to their individual needs.

Intimate care may be defined as any activity that is required to meet the personal needs of an individual child on a regular basis or during a one-off incident. Such activities can include:

- toileting;
- feeding;
- oral care;
- washing;
- changing clothes;
- first aid and medical assistance; and
- supervision of a child involved in intimate self-care.

Parents have a responsibility to advise the school of any known intimate care needs relating to their child.

## **Principles of Intimate Care**

The following are the fundamental principles of intimate care upon which our policy guidelines are based:

- 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;
- all children have the right to be involved and consulted in their own intimate care to the best of their abilities;
- all children have the right to express their views on their own intimate care and to have such views taken into account; and
- every child has the right to have levels of intimate care that are appropriate and consistent.

## **School Responsibilities**

All members of staff working with children are vetted through Access NI. This includes students on work placement and volunteers.

Only those members of staff who are familiar with the intimate care policy and other pastoral care policies of the school are involved in the intimate care of children.

Where anticipated, intimate care arrangements are agreed between the school and parents and, when appropriate and possible, by the child. Consent forms are signed by the parent and stored in the child's file. **Only in emergency would staff undertake any aspect of intimate care that has not been agreed by parents and school.** Parents would then be contacted immediately.

Intimate care arrangements should be reviewed at least six monthly. The views of all relevant parties should be sought and considered to inform future arrangements.

If a staff member has concerns about a colleague's intimate care practice he or she must report this to the Designated Teacher for Child Protection.

## **Guidelines For Good Practice**

All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children.

Young children and children with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs.

Members of staff also need to be aware that some adults may use intimate care, as an opportunity to abuse children. It is important to bear in mind that some forms of assistance can be open to misinterpretation. Adhering to the following guidelines of good practice should safeguard both children and staff.

- 1. Involve the child in the intimate care**  
Try to encourage a child's independence as far as possible in his or her intimate care. Where a situation renders a child fully dependent, talk about what is going to be done and, where possible, give choices. Check your practice by asking the child or parent about any preferences while carrying out the intimate care.
- 2. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.**  
Care should not be carried out by a member of staff working alone with a child.

3. **Make sure practice in intimate care is consistent.**  
As a child may have multiple carers a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent.
  
4. **Be aware of your own limitations**  
Only carry out activities you understand and feel competent with. If in doubt, ask. Some procedures must only be carried out by members of staff who have been formally trained and assessed.
  
5. **Promote positive self-esteem and body image.**  
Confident, self-assured children who feel their bodies belong to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.
  
6. **If you have any concerns you must report them.**  
If you observe any unusual markings, discolouration or swelling report it immediately to the Designated Teacher for Child Protection.

If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the designated teacher. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's personal file.

### **Working with Children of the Opposite Sex**

There is positive value in both male and female staff being involved with children. Ideally, every child should have the choice for intimate care but the current ratio of female to male staff means that assistance will more often be given by a woman.

The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:

- when intimate care is being carried out, all children have the right to dignity and privacy, ie they should be appropriately covered, the door closed or screens/curtains put in place;
- if the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance;
- report any concerns to the Designated Teacher for Child Protection and make a written record;
- parents must be informed about any concerns.

### **Communication With Children**

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Depending on their maturity and levels of stress children may communicate using different methods - words, signs, symbols, body movements, eye pointing, etc. To ensure effective communication:

- make eye contact at the child's level;
- use simple language and repeat if necessary;
- wait for response;
- continue to explain to the child what is happening even if there is no response; and
- treat the child as an individual with dignity and respect.

### **Review**

This policy will be reviewed annually.



## **Intimate Care Policy**

I have read the school's policy on intimate care and give permission for a member of staff or vetted volunteer to deal with my child/ren whenever necessary. I understand that intimate care can include:

- toileting;
- feeding;
- oral care;
- washing;
- changing clothes;
- first aid and medical assistance; and
- supervision of a child involved in intimate self-care.

**Names of children for whom my permission is given:**

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Parent's Signature:

Date:



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**Record of Intimate Care for:**

Your child required intimate care today. This was carried out in accordance with our school policy, ie in the presence of a witness and with respect for the privacy, needs and wishes of the child. When given appropriate attention the child then continued happily with the school day.

Please talk to your child about the incident and contact school if you have any concerns.

Carer: \_\_\_\_\_ Witness: \_\_\_\_\_

(This copy goes to the Parent/Guardian) Date: \_\_\_\_\_

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Please talk to your child about the incident and contact school if you have any concerns.

Carer: \_\_\_\_\_ Witness: \_\_\_\_\_

(This copy goes to the Principal) Date: \_\_\_\_\_



## Annex to Intimate Care Policy – COVID -19

September 2021

We will continue to meet the needs of those children who require intimate care. Parents should contact the SENCO and class teachers to discuss. An appropriate risk assessment will be put in place. During intimate care PPE must be worn. Please see guidance below We will ensure this is carried out in a sensitive way. All staff have had awareness training on putting on and removal of PPE.

### **Use of Personal Protective Equipment (PPE) / Face Coverings**

The PHA has published guidance to support safe working in educational settings in Northern Ireland. This advises that routine use of PPE within education settings is not required other than for certain tasks deemed to be of higher risk of transmission.

PPE is only needed in a very small number of cases. These are:-

- working with children, young people and pupils whose care routinely already involves the use of PPE, due to their intimate care needs; and
- giving children medication.
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PPE in the following situations means:-

- fluid-resistant surgical face masks;
- disposable gloves;
- disposable plastic aprons; and
- eye protection (for example a face visor or goggles).

Where PPE is recommended, this means that:-

- a facemask should be worn if a distance of 2m cannot be maintained from someone with symptoms of COVID-19 (**symptomatic children should not be in school**);

- if contact is necessary, gloves, an apron and a facemask should be worn; and
- if a risk assessment determines that there is a risk of fluids entering the eye (e.g. from coughing, spitting or vomiting), eye protection should also be worn.

When PPE is used, it is essential that it is used properly. This includes scrupulous hand hygiene and following guidance on donning (putting on) and doffing (taking off) PPE safely to reduce the risk of contamination

Face masks:-

- MUST cover both nose and mouth;
- MUST be changed when they become moist or damaged;
- MUST be worn once and then discarded – hands must be cleaned after disposal;
- MUST NOT be allowed to dangle around the neck; and
- MUST NOT be touched once put on, except when carefully removed before disposal.