



**OUR LADY
OF LOURDES**

CATHOLIC MULTI-ACADEMY TRUST

Intimate Care Policy

March 2025



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	March 2025
Trust Board Safeguarding Governor	Sue Dryden
Trust Safeguarding Lead	Moirra Dales
Status & Review Cycle:	3-yearly
Next Review Date:	January 2028
Author	Robert della-Spina, Moirra 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 Swimming
 - 5.3 Support for periods
 - 5.4 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 [statutory safeguarding guidance](#) (current updated version of KCSIE)
- 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 full time; 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 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 sign a consent form.

For pupils whose needs are more complex or who need particular support outside of what's covered in the permission form, 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 where possible, 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)**

4. Role of staff

4.1 Which staff will be responsible

All staff that need to be involved with intimate care will have read the policy and have the resources needed, and will receive the relevant training in intimate care. No staff can be forced to provide intimate care and parents will be spoken to if it is felt this is required.

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, due to them being in regulated activity, before appointment, as well as other checks on their employment history.

4.2 How staff will be trained

Staff will receive:

- Training 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

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

5.1 How procedures will happen

Intimate Care would be provided by two members of staff one to support and one witness. Intimate Care would be provided in school medical room for access to medical bed, sterile equipment, safety equipment, and the Intimate Care log completed.

Intimate care procedures (ICP) will be carried out in our Medical Room.

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

- Masks, aprons, gloves, cleaning supplies, changing mats and bins.

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, underwear and/or a spare set of clothing.

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

5.2 Swimming

There may be occasions when it is necessary to support individual, very young pupils or pupils with SEND with dressing and undressing, particularly in 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 provided to the headteacher and parent and record this on CPOMS and the intimate care log when returning to school.

5.2 Support with periods

Education on periods is provided through the RSHE programme. If a pupil 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 or demonstrate using a spare pair of pants not being worn by the pupil. The adult would need to ask for consent from the pupil before any intimate care could be offered and only if it was essential to the pupil's wellbeing and health. The adult must ensure they have reported any intimate care provided to the headteacher and parent and record this on CPOMS and the intimate care log. Sanitary pads are kept in the medical room and office.

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 Tina Cox, Kat Garland or Jo Oliver.

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.

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
- Health and safety
- SEND
- Supporting pupils with medical conditions

8. Further Guidance

- 'Working Together To Safeguard Children', Inter-Agency Child Protection Procedures.
[Working together to safeguard children - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- Circular 10/95, Protecting Children from Abuse; The Role of the Education Service.
DFEE
[The Education \(Independent School Standards\) \(England\) Regulations 2003 \(legislation.gov.uk\)](http://legislation.gov.uk)
- When to use PPE in school.
[Use of PPE in education, childcare and children's social care - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- What To Do IF You're Worried A Child Is Being Abused. Summary (2003)
[Child abuse concerns: guide for practitioners - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- Care and support statutory guidance.
[Care and support statutory guidance - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- Keeping Children Safe in Education (KCSIE 2021)
[Keeping children safe in education 2021 \(publishing.service.gov.uk\)](http://publishing.service.gov.uk)

Appendix 1: template intimate care plan

Parent and 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:	
Child	
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:	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	<input type="checkbox"/>
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)	<input type="checkbox"/>
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	<input type="checkbox"/>
<p>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).</p> <p>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).</p> <p>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.</p>	<input type="checkbox"/>
Parent/carer signature:	
Name of parent/carer:	
Relationship to child:	
Date:	

Appendix 3: Intimate care record

[illegible]