



St. MICHAEL'S
CE (CONTROLLED) INFANT SCHOOL

Intimate & Personal Care Policy
St Michael's CE Infant School

Reviewed September 2022

To be Reviewed by September 2023

'Intimate Care' can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body. The Intimate Care tasks specifically identified as relevant include:

- Dressing and undressing (underwear)
- Helping someone use the toilet
- Changing continence pads (faeces/urine)
- Bathing / showering
- Washing intimate parts of the body
- Changing sanitary wear
- Inserting suppositories
- Giving enemas
- Inserting and monitoring pessaries.

'Personal Care' involves touching another person, although the nature of this touching is more socially acceptable. These tasks do not invade conventional personal, private or social space to the same extent as Intimate Care.

Those Personal Care tasks specifically identified as relevant here include:

- Skin care/applying external medication
- Feeding
- Administering oral medication
- Hair care
- Dressing and undressing (clothing)
- Washing non-intimate body parts
- Prompting to go to the toilet.

Personal Care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of disability or medical need. Children and young people may require help with eating, drinking, washing, dressing and toileting.

Where Intimate Care is required, we will follow the following principles:

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 give choices where possible. 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.

Staff can administer intimate care alone however we will be aware of the potential safeguarding issues for the child and member of staff. Care should be taken to ensure adequate supervision primarily to safeguard the child but also to protect the staff member from potential risk.

3. Be aware of your own limitations

Only carry out activities you understand and with which you feel competent. If in doubt, ASK. Some procedures must only be carried out by members of staff who have been formally trained and assessed.

4. Promote positive self-esteem and body image

Confident, self-assured children who feel their body belongs 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.

5. If you have any concerns you must report them.

If you observe any unusual markings, discolouration or swelling, report it immediately to the designated practitioner for child protection.

If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the DSL. 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 child protection record.

6. Helping through communication

There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.)

to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

7. Support to achieve the highest level of autonomy

As a basic principle, children 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 themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.

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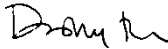
Risk	Intimate care
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What are the hazards?	Who might be harmed and how?	What are you already doing (existing Control Measures)?	Do you need to do anything else to manage this risk (Additional Control Measures)?	Action by whom?	Action by when?	Done
Intimate care demands direct or indirect contact with, or exposure of the genitals	Child – could become distressed or embarrassed, vulnerable to abuse	<ul style="list-style-type: none"> All children are supported to achieve as much autonomy as possible Private toilet used for changing – disabled toilet whilst at school. If offsite, facilities must be arranged to include a designated changing area. Adults who provide intimate care to children are employees of the school and have enhanced DBS checks Staff inform another colleague when they are going to assist a 	<ul style="list-style-type: none"> Meet with relevant parents to discuss child's needs, routines and preferences 	Relevant class teacher	As soon as a child with toileting needs is identified	

What are the hazards?	Who might be harmed and how?	What are you already doing (existing Control Measures)?	Do you need to do anything else to manage this risk (Additional Control Measures)?	Action by whom?	Action by when?	Done
		<p>child with intimate care</p> <ul style="list-style-type: none"> • Cameras and mobile phones are never taken into bathroom areas • When a child is not the subject of an intimate care plan, parents/carers are informed the same day if their child has needed help with meeting intimate care needs • All staff to follow safeguarding policy and child protection procedures (including whistleblowing) 				
Manual handling - staff bending over/leaning down to change children	Staff – muscular/skeletal damage	<ul style="list-style-type: none"> • All staff to follow safe manual handling procedures • Wherever possible, children to change 	<ul style="list-style-type: none"> • Meet with relevant parents and explain procedures so they can be 	Relevant class teacher	As soon as a child with toileting	

What are the hazards?	Who might be harmed and how?	What are you already doing (existing Control Measures)?	Do you need to do anything else to manage this risk (Additional Control Measures)?	Action by whom?	Action by when?	Done
		<p>themselves in a standing position rather than lying down (pull-ups to be encouraged rather than nappies)</p>	<p>consistent and follow these at home too</p>		<p>needs is identified</p>	
<p>Slips, trips and bumps on sanitary fittings</p>	<p>Adult, child</p>	<ul style="list-style-type: none"> • Disabled toilet with adequate space to be used for changing children • All spillages to be dealt with immediately • Changing mat to be used • Wherever possible, children to change themselves in a standing position rather than lying down (pull-ups to be encouraged rather than nappies) 				

What are the hazards?	Who might be harmed and how?	What are you already doing (existing Control Measures)?	Do you need to do anything else to manage this risk (Additional Control Measures)?	Action by whom?	Action by when?	Done
Risk of infection	Adult, child	<ul style="list-style-type: none"> • Disposable gloves and apron will be worn by the adult providing intimate care and disposed of in the nappy bin • Soiled disposable nappies are placed in nappy bin • Soiled clothing placed in double plastic bags and returned to parent/carer • Correct handwashing techniques used. Staff supervise child washing their hands. 				

Risk Assessor Miriam Thorley	Signature M.J. Thorley	Date 30.3.22
Responsible Manager	Signature 	Date 30.3.22

Date Reviewed	Signature	Role