

# Donegall Road Primary School



## Intimate Care Policy

*Date Ratified by Board of Governors: March 2026*

*Date of Review: March 2029*

*Staff Member Responsible: Mr Massey (Principal)*

## **INTIMATE CARE POLICY**

The Intimate Care policy has been developed in line with the Regional Intimate Care Policy and Guidelines Regarding Children.

### **INTRODUCTION**

Donegall Road Primary School is committed to ensuring that all staff responsible for the intimate care of children will always undertake their duties in a professional manner. We recognise that there is a need to treat all children with respect when intimate care is given. No child should be dealt with in a way that causes distress, embarrassment or pain.

The Intimate Care Policy and Guidelines regarding children have been developed to safeguard children and staff. They apply to everyone involved in the intimate care of children.

### **DEFINITION OF INTIMATE CARE**

Intimate care may be defined as an activity required to meet the personal care needs of each individual child in partnership with the parent, carer and the child. (9.26, ACPC Regional Policy and Procedures, 2005). Intimate care may involve washing, touching or conducting an invasive procedure that most children can complete by themselves, but some are unable to do so due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.

Intimate care may also involve help with drinking, eating, dressing, toileting or supervision of a child involved in intimate self-care. Help may also be needed with changing colostomy bags and other such equipment. It may also require the administration of an insulin injection, EpiPen or rectal medication.

In most cases intimate care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process. In the case of a specific procedure, only a person suitably trained and assessed as competent will undertake the procedure.

In school, intimate care may occur on a regular basis or during a one-off incident.

### **AIMS**

The aims of this document are:

- To provide reassurance to staff and parents.
- To safeguard the dignity, rights and well-being of children.
- To assure parents that staff are knowledgeable about intimate care and that their child's individual needs and concerns are considered.

## PRINCIPALS OF INTIMATE CARE

This document embraces the Principles of The Children (N.I.) Order 1995, Cooperating to Safeguard Children 2003 and The Area Child Protection Committees' Regional Policy and Procedures (ACPC, 2005).

- Every child has a right to feel safe and secure.
- Every child has the right to privacy, dignity and a professional approach from all staff when meeting his/her needs.
- Every child has the right to be treated as an individual.
- Every child has the right to remain healthy.
- All children have the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to have levels of intimate care that are appropriate and consistent.

In Donegall Road Primary School, intimate care may include:

- Assisting a child to **change his/her clothes**.
- **Changing or washing a child** who has soiled him / herself.
- Assisting with **toileting** issues.
- Supervising a child involved in **intimate self-care**.
- Providing **first aid** assistance.
- **Providing comfort** to an upset or distressed child.
- **Feeding** a child.
- Providing **oral care** to a child.
- Menstrual care.
- Assisting a child who requires a specific **medical procedure** and who is not able to carry this out unaided. \*

\* 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, catheterisation, or stoma care). Parents have the responsibility to advise the school of any known intimate care needs relating to their child.

### **Assisting a child to change his/her clothes.**

This is more common in our Foundation Stage. On occasions an individual child may require some assistance with changing if, for example, he/she has an accident at the toilet, gets wet outside, or has vomit on his/her clothes etc.

Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given.

Staff will always ensure that they have a colleague in attendance when supporting dressing/undressing and will always give the child the opportunity to change in private, unless the child is in such distress that it is not possible to do so. If staff are concerned in any way, parents will be sent for and asked to assist their child and informed if the child becomes distressed.

### **Changing a child who has soiled him/herself.**

If a child soils him/herself in school, a professional judgement must be made whether it is appropriate to change the child in school or request the parent/carer to collect the child for changing. In either circumstance the child's needs are paramount, and he/she should be comforted and reassured throughout. The following guidelines outline our procedures, but we will also seek to make age-appropriate responses:

- The child will be given the opportunity to change his/her underwear in private and conduct this process themselves.
- School will have a supply of wipes, clean underwear, and spare uniform for this purpose.
- If a child is not able to complete this task unaided, school staff will attempt to contact the emergency contact to inform them of the situation.
- If the emergency contact can come to school within an appropriate time frame, the child will be accompanied and supported by a staff member until they arrive. This avoids any further distress and preserves dignity.
- If the emergency contact cannot attend, school will seek verbal permission for staff to change the child. If none of the contacts can be reached, the Principal is to be consulted and the decision taken based on loco-parentis and our duty of care to meet the needs of the child. Intimate care should not be carried out by a member of staff working alone with a child.
- The members of staff who have assisted a pupil with intimate care will complete the attached pro forma (appendix 2).

### **Basic hygiene routines:**

- Always wear protective disposable gloves.
- Seal any soiled clothing in a plastic bag for return to parents.

**Providing comfort or support to a child:**

There are situations and circumstances where children seek physical comfort from staff (particularly children in Early Years). Where this happens, staff need to be aware that any physical contact must be kept to a minimum.

When comforting a child or giving reassurance, staff must ensure that at no time can the act be considered intimate. If physical contact is deemed to be appropriate, staff must provide care which is professionally appropriate to the age and context.

If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable. If a child touches a member of staff, as noted above, this should be discussed, in confidence with the Designated Teacher for Child Protection.

**Menstrual Care:**

Support is available from class teachers, classroom assistants and the safeguarding team. Essential resources are provided discretely. Parents/guardians will be contacted if necessary.

**Assisting a child who requires medication in school or a specific medical procedure and who is not able to carry this out unaided.**

The Administration of Medications Policy outlines arrangements for the management of medications in school. Parental permission must be given before any medication is dispensed in school. A small number of children will have significant medical needs and in addition to the arrangements included in our Administration of Medications Policy will have an Individual 'Care Plan.' This Care Plan will be formulated by the relevant medical body. If required, school staff will receive appropriate training.

**Swimming**

When classes participate in a swimming programme, children are entitled to respect and privacy when changing their clothes. However, there must be the required level of supervision to safeguard young people regarding Health and Safety. Where a child needs additional support for changing, parental permission will be sought, and a personal care plan will be drawn up to maintain dignity but increase independence.

**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 children 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, i.e. 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 conducted, 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.

### **VOICE OF THE CHILD**

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 and treat the child with dignity and respect.
- Agree appropriate terminology for private parts of the body and functions to be used by staff.

### **SCHOOL RESPONSIBILITIES**

All members of staff working with children are vetted by the Education Authority. This includes students on work placement and volunteers who may be left alone with children. Vetting includes criminal record checks and two references.

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.

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.

### **WORKING WITH PARENTS**

Partnership with parents is an important principle in any school and is particularly necessary in relation to children needing intimate care. Much of the information required to make the process of intimate care as comfortable as possible is available from parents, including knowledge and understanding of any religious/cultural sensitivities. Prior permission must be obtained from parents before intimate care procedures are carried out (see appendix 1). Parents should be encouraged and empowered to collaborate with staff to ensure their child's needs are identified, understood, and met. Exchanging information with parents is essential through face-to-face contact, telephone, or written correspondence. However, information concerning intimate care procedures should not be recorded in home/school books as it may contain confidential information.

### **ENVIRONMENTAL**

Where children have a long-term incontinence or a disability requiring regular intimate care, the school may require specially adapted facilities. Specialist advice from medical or therapy staff will be sought when considering space, heating, ventilation, and lighting. Additional considerations we have in place include:

- Facilities with hot & cold running water.
- Protective clothing including disposable protective gloves.
- Labelled bins for the disposal of wet & soiled nappies/pads.
- Waste for incineration.
- Supplies of suitable cleaning materials, anti-bacterial spray, sterilising fluid, deodorisers, anti-bacterial hand wash
- Supplies of appropriate clean clothing, nappies, disposal bags and wipes.
- Changing mat or changing bench.

### **WRITING AN INTIMATE CARE PLAN**

Where a routine procedure is required an intimate care plan should be agreed in discussion with the child, school staff, parents, and relevant health personnel. The plan should be signed by all who contribute and reviewed on an agreed basis. In developing the plan, the following should be considered:

#### **a) Whole School implications:**

- The importance of working towards independence.
- Arrangements for home-school transport, sports day, school performances, school trips, etc.
- Ensure that there is enough stock of equipment such as nappies.
- Who will substitute in the absence of the appointed person?

#### **b) Classroom management**

- A system for the child to leave class without disruption to the lesson.
- Awareness of a child's discomfort which may affect learning.
- Implications for physical play e.g. discreet clothing, additional time for changing.
- Strategies for dealing with pressure from peers. e.g. teasing/bullying particularly if the child has an odour.
- All plans will be clearly recorded to ensure clarity of expectation, roles, and responsibilities.
- They will reflect all methods of communication including emergency procedures between home, school, and medical services. A procedure will also be included to explain how concerns arising from the intimate care process will be dealt with (e.g. School's Complaints Policy)

### **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 conducting 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 conducted 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 conduct activities you understand and feel competent with. If in doubt, ask. Some procedures must only be conducted 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.
7. **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 note must be provided to parents and kept in the child's personal file.

**Appendix 1**

**DONEGALL ROAD PRIMARY SCHOOL  
PARENTAL PERMISSION FOR INTIMATE CARE**

Should it be necessary, I give permission for \_\_\_\_\_ to receive intimate care (e.g. help with changing, toileting, administering medication).

I understand that staff will endeavour to encourage my child towards independence.

I understand that I will be informed discretely should the occasion arise.

Signed: \_\_\_\_\_

Adult with parental responsibility for: \_\_\_\_\_

Date: \_\_\_\_\_

**Appendix 2**

**DONEGALL ROAD PRIMARY SCHOOL  
RECORD OF INTIMATE CARE INTERVENTION**

Name of pupil \_\_\_\_\_

Care provided	Date	Time	Staff involved	Comments	Signature