

## Policy Statements and Procedures

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# PERSONAL CARE AND HYGIENE POLICY

### 1. Introduction

At Brookside Primary School, we recognise that there may be occasions when pupils require the assistance of staff with intimate and personal care procedures. This may be necessary, for example:

- During the provision of medical care,
- When assisting young children with toileting,
- When assisting young children with dressing/undressing, for example during PE or swimming,
- As part of a care package for children with SEND and/or disabilities.

### **What is intimate care?**

Intimate care is a term used to describe activities involved in meeting the personal care needs of a child. It includes providing care which requires direct or indirect contact with, or exposure of, private parts of the body, such as:

- changing nappies, underwear, continence pads or sanitary wear
- helping a child use the toilet
- bathing, showering or washing
- providing some forms of specialist medical care (such as inserting suppositories or pessaries).

It can also involve other forms of physical care, sometimes referred to as 'personal care', including:

- feeding
- changing outer layers of clothing
- applying or administering external or oral medication
- hair care
- washing non-intimate body parts
- prompting children to go to the toilet.

The following are the fundamental principles upon which the 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.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

## 2. Aim and Purpose

The aim of this policy is to provide a framework which ensures that all staff follow practices which maximise the safety, dignity and independence of children at all times whilst minimising the potential for their actions being called into question. Therefore, the following must be considered at all times:

- *Depending on their abilities, age and maturity children should be encouraged to act as independently as possible during intimate or personal care procedures.*
- *All children have a right to safety, privacy and dignity when contact of a physical or intimate nature is required.*
- *The emotional responses of **any** child to intimate care should be carefully and sensitively observed, and where necessary any concerns passed to the Headteacher and parents/carers.*
- *It will not be appropriate for a member of staff to initiate intimate care procedures with a child without first alerting a second member of staff to the fact, the location and the details of the care to be provided, usually wherever possible, with 2 staff members in attendance.*
- *Photographic equipment, including mobile phones or computers with a camera facility will not be permitted in the vicinity whilst the intimate or personal care procedure is being carried out with an individual child in a private setting; whether or not the equipment is turned off.*

### **Safeguarding and child protection considerations**

Intimate care is an essential part of making sure a child's basic needs are met. The NSPCC recommends that organisations providing intimate care should ensure it is carried out in a safe, respectful and child-centred way.

#### **Who needs intimate care?**

Children of any age might need intimate care either occasionally or on a regular basis. The type and level of care a child need, depends on a number of factors, including: age; stage of development; and whether the child has any disabilities, special educational or additional needs, or medical conditions.

#### **Why is safeguarding an important part of intimate care?**

Providing intimate care involves working with children when they are particularly vulnerable. This can provide heightened opportunities for abuse. It's important that our schools put in place measures to prevent abuse, maintain children's dignity and create an environment in which all children feel safe and comfortable. As part of this, there are procedures in place for reporting concerns, in line with our **Safeguarding and Child Protection Policy**, using CPOMS systems and maintaining communication with the DSL, as appropriate.

Intimate care also provides opportunities for focused, positive, one-to-one interaction with a child. Whilst providing intimate care a child might tell a member of staff about something which has happened to them, or a staff member may identify potential safeguarding concerns. If a child tells staff something concerning, and potential changes in a child's behaviour are noticed, **or** unexplained bruises or marks are seen, then these concerns must be reported, immediately.

<https://nspcc.org.uk/>

### **3. Supporting Personal and Intimate Care**

Children and young people are entitled to receive respect and privacy at all times, and especially when in a state of undress, changing clothes, bathing or undertaking any form of personal care. There are occasions where there will be a need for an appropriate level of supervision in order to safeguard young people and/or satisfy health and safety considerations. This supervision should be appropriate to the needs and age of the young people concerned and sensitive to the potential for embarrassment.

#### **Definitions of Personal and Intimate Care**

**Personal Care:** *is defined as those tasks which involve touching, which is more socially acceptable, as it is non-personal and intimate and usually has the function of helping with personal presentation and enhance social functioning. This includes, skin care, applying external medication, feeding, administering oral medication, hair care, brushing teeth, applying deodorant, dressing and undressing, (clothing), washing non-personal body parts, prompting to go to the toilet. This could also include physical positioning to promote and manage physical wellbeing, following physiotherapy programmes.*

**Intimate Care:** *is defined as those care tasks associated with bodily functions, body products, and personal hygiene which demand direct or indirect contact or with exposure to the genitals including dressing or undressing (underwear), helping with the use of the toilet, changing continence pads (faeces and/or urine), bathing/showering, washing personal and intimate parts of the body, changing sanitary towels.*

**Each time intimate care is administered to a child, the details (time, place, member/s of staff present, reason) must be recorded in an Intimate Care Book.**

#### **This means that staff should:**

- Adhere to the school Safeguarding and Child Protection Policy.
- Make other staff aware of the task being undertaken explain to the child what is happening
- Consult with senior staff/welfare/SLT and parents/carers where any variation from agreed procedure/care plan is necessary
- Record the justification for any variations to the agreed procedure/care plan and share this information with parents
- Ensure that any changes to the agreed care plan are discussed, agreed and recorded.

**Adults need to be vigilant about their own behaviour, ensure they follow agreed guidelines and be mindful of the needs of the pupils with whom they work.**

#### **This means that staff should:**

- avoid any physical contact when children are in a state of undress (unless assistance needed – e.g., for their age and stage of development)
- avoid any visually intrusive behaviour

#### **Where there are changing rooms announce their intention of entering**

#### **This means that staff should not:**

- change in the same place as children
- shower or bathe with children
- assist with any personal care task which a child or young person can undertake by themselves

## Children with disabilities

- Where a child requires regular intimate or personal care, the nature of the child's intimate care requirements and the way in which that care is best provided in line with the child's uniquely individual characteristics should be determined with parents/carers and where possible and appropriate, with the involvement of the child, as part of a personal care plan.
- The additional vulnerabilities that may arise from a physical or learning disability will be taken into account and be recorded as part of the child's agreed care plan.
- The plan will be annually reviewed.

### **4. Child focused Principles of Intimate Care: Best Practice**

Pupils who require regular assistance with intimate care can/may have written Individual Education Health and Care Plans (EHCP'S), health care plans or intimate care plans agreed by staff, parents, guardians and carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g., for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips

Where relevant, it is good practice to agree with the pupil and parents, guardians and carers appropriate terminology for private parts of the body and functions and this should be noted in the plan. Where a care plan or EHCP is **not** in place, parents, guardians and carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g., has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as strictly confidential and communicated in person by telephone or by sealed letter, not through the home/school diary where relevant.

In relation to record keeping, a written record should be kept in a format agreed by parents, guardians and carers and staff every time a child has an invasive medical procedure, e.g., support with catheter usage (*see guidance for the management of long term health conditions for children and young people*).

Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.

All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.

Staff who provide intimate care are trained in personal care (e.g., health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

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.

There **must** be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

**Every child's right to privacy and modesty will be respected.**

Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

**The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.**

Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.

Adults who assist pupils with intimate care MUST be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

All staff should be aware of the school's Confidentiality Policy. Sensitive information will be shared only with those who need to know.

Health and Safety guidelines should be adhered to regarding waste products and disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.

**Monitor and Review:**

Brookside Primary School will be responsible for promotion of this policy across the school. Any required changes to this policy due to changes in legislation, will be made as and when required to maintain professional accountability, support and wellbeing of the school community. However, it is the responsibility of individual schools to ensure that their staff are made aware of their specific guidance. Individual assessment, care plan and safe system of work reviewed annually or when changes occur.

**Policy Revised: September 2024**

**Policy Review Due: September 2025**