

ATTAIN ACADEMY PARTNERSHIP



Intimate Care Policy

For

Gosfield Community primary School



September 2024

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1. Introduction

- 1.1 Gosfield Community Primary School (herein referred to as the Academy) is an inclusive academy where all pupils are made to feel welcome and valued. Staff who work with children and young people who have special needs and medical needs will realise that the issue of intimate care is a difficult one and will require staff to be respectful and professional at all times.
- 1.2 The Academy recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain. At the Academy, a child's welfare and dignity is of paramount importance.
- 1.3 The purpose of this policy is to set out procedures that safeguard pupils and staff by providing a consistent approach to intimate care. The Academy recognizes that intimate care raises complex issues. Whilst it may not be possible to eliminate all risks, the balance should be on the side of dignity, privacy, parental and pupil choice and safety.
- 1.4 This policy complies with [statutory safeguarding guidance](#). It also complies with our funding agreement and articles of association.
- 1.5 This intimate care policy should be read in conjunction with the Academy's' policies on
- Safeguarding Policy and Child Protection Policy
 - Staff Code of Conduct Policy
 - Whistleblowing Policy
 - Health, Safety and Welfare Policy
 - Policy for the Administration of Medicines and Management of Children's Illness
 - First Aid Policy
 - Special Educational Needs and Disability Policy
 - Physical Intervention Policy
 - Female Genital Mutilation Policy
 - Accessibility Plan

2. Definition

- 2.1 Intimate care can involve helping pupils at the Academy with aspects of personal care, which they would otherwise undertake for themselves. Pupils with disabilities may require help with moving and handling, dressing, eating, drinking, toileting and menstruation, physiotherapy exercise programs and massage interaction.
- 2.2 Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual management, or medical treatment as well as more ordinary tasks such as help with dressing and undressing, washing or bathing.

3. Aims

- 3.1 All children have the right to be safe, to be treated with courtesy, dignity and respect and to access all aspects of the educational curriculum.
- 3.2 This policy and the intimate care procedures aims to:
- Safeguard the rights and well-being of pupils with regards to dignity, privacy, choice and safety
 - Ensure that intimate care is carried out properly by staff, in line with any agreed plans
 - Ensure that pupils who require intimate care are not discriminated against in line with the Equalities Act 2010
 - Assure parents/carers that all staff are knowledgeable about intimate care and that the needs of their child are taken into account
 - Ensure that staff carrying out intimate work do so within guidelines (i.e. health and safety, infection control, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved
 - Ensure that parents / carers and pupils, where appropriate, are actively involved in the development of agreed intimate care protocols
 - Ensure that details of an agreed intimate care protocol will be formally written in an individual intimate care plan / individual health care plan and will be shared with other agencies where necessary
 - Provide staff with information and appropriate training in intimate care

4. Protection of children

- 4.1 The Academy takes its responsibility to safeguard and promote the welfare of children and young people in its care seriously. Meeting a pupil's intimate care needs is one aspect of safeguarding.
- 4.2 Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Child protection procedures and health and safety for manual handling of people procedures will be accessible to staff providing intimate care and adhered to.
- 4.3 Each child's right to privacy shall be respected and children will be supported to achieve the highest level of autonomy that is possible for 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 where appropriate.
- 4.4 Children are taught at the Academy about personal safety within the curriculum as part of Personal, Social and Health Education in line with their developmental level and degree of understanding to ensure they maintain personal safety. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.
- 4.5 Each child's right to privacy will be respected. Careful consideration will be given to each child's situation and personal / intimate needs to determine how many carers might need to be present when a child is attended to. Although it

is best practice for personal and intimate care to be delivered by two members of staff, it is acknowledged that staffing resources do not always allow this, and that intimate care may be provided by one member of staff. Where intimate care is provided by one member of staff, it is advisable the member of staff informs a second member of staff beforehand.

- 4.6 Where possible, pupils will be given intimate care by the same sex member of staff. However, due to the higher number of female staff, this may not always be possible.
- 4.7 Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.
- 4.8 The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.
- 4.9 Each child / young person will have an assigned senior member of staff to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.
- 4.10 If a child becomes distressed or unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or headteacher. The matter will be investigated at an appropriate level. Parents / carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- 4.11 If a member of staff has any concerns about physical changes in a child's presentation e.g. marks, bruises, soreness etc., they will immediately report concerns to the designated safeguarding lead and follow the Academy's safeguarding protocols. A clear record of the concern will be recorded and where appropriate referred to Social Care. Parents will be informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm (See Child Protection Policy)
- 4.12 If a child makes an allegation against an adult working at the Academy, this will be dealt with in line with the safeguarding policy and the Trust's procedures for dealing with safeguarding allegations against adults in school. All staff are fully aware of these policies.

5. Additional guidance on specific areas of intimate care

5.1 Seeking Parental Permission

Parent/carers will be asked to provide consent for routine or occasional intimate care (e.g. for toileting or toileting accidents) as part of the Academy's standard admission pack.

For children who require regular assistance with intimate care, an Individual Healthcare Plans (IHP) or intimate care plans will be created in discussion with by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. The plan is 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 also take into account procedures for educational visits/day trips.

Where there isn't an intimate care plan, IHP or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure. If the Academy is unable to get in touch with parents/carers 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 Academy will inform parents/carers afterwards.

5.2 Children wearing nappies

If a child is admitted into the Academy and still wears nappies, parents will be provided with information from this policy and our practices in the Academy. These being: an intimate care plan for parents and the headteacher to sign; outlining who will be responsible, within the Academy, for changing the child and where and when this will be carried out. This agreement allows the Academy and the parent to be aware of all the issues surrounding this task from the outset.

5.3 Equipment Provision

If a child is admitted to Academy still wearing nappies it will be the parents responsibility to provide nappies, disposal bags, wipes and where necessary a changing mat. Spare clothes for the child will be needed too. The Academy will make the parents aware of this responsibility prior to the child joining the Academy. The Academy will be responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.

5.4 Health and Safety

Staff should be aware of the Academy's Health, Safety and Welfare policy. Staff should always wear an apron and gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag will then be placed in a bin (complete with liner) which is specifically designated for the disposal of such waste. The bin will be emptied regularly and the waste will be collected as part of the usual refuse collection service as this waste is not classified as clinical waste.

5.5 Changing facilities

Any child who has long-term incontinence will require specially adapted facilities. At the Academy we have a disabled toilet which can be used by children who need a larger space to toilet in. We also have disabled shower facilities. When children need to be changed in the Academy, the dignity, safety and welfare of the child is of paramount concern. An area, which can be made private by the use of a screen, is acceptable. Consideration will be given to the sighting of this area from a health and safety aspect. The area should not be situated in a thoroughfare.

5.6 Special Needs

Children with special needs have the same rights to safety and privacy when receiving intimate care. Additional vulnerabilities that may arise from a physical disability or learning difficulty must be considered with regard to individual teaching and care plans for each child. All pupils with SEND who require intimate care must have an Intimate Care Plan as part of their Individual Healthcare Plan (IHP). As with all arrangements for intimate care needs, agreements between the child, those with parental responsibility and the Academy will be easily understood and recorded. Regardless of age and ability, the views and/or emotional responses of children with special needs will be actively sought (with advocacy arrangements made for those who can't) in regular reviews of these arrangements.

Parents of children with regular soiling/wetting will be encouraged to leave a change of clothes in the academy for the use of their child. Regardless of age and ability, the views and/or emotional responses of children with special needs should be actively sought (with advocacy arrangements made for those who can't) in regular reviews of these arrangements.

5.7 Physical Contact

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact. The expectation is that staff will work in 'limited touch' cultures and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background.

Staff will be aware that even well intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny. Children with special needs may require more physical contact to assist their everyday learning.

The general culture of 'limited touch' will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny. Wherever possible, consultation with colleagues should take place where any deviation from the arrangements

is anticipated. Any deviation and the justification for it should be documented and reported. Extra caution may be required where a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to staff vulnerable to allegations of abuse. Additionally, many such children are extremely needy and seek out inappropriate physical contact. In such circumstances staff should deter the child without causing them a negative experience. Ensuring that a witness is present will help to protect staff from such allegations.

5.8 Physical intervention

There may be occasions where it is necessary for staff to restrain children physically to prevent them from inflicting damage on either themselves, others or property. In such cases only the minimum force necessary should be used for the minimum length of time required for the child to regain self-control. All cases of restrictive physical intervention must be documented and reported. Staff will be fully aware of the Academy's Physical Intervention Policy, which complies with national guidelines.

Under no circumstances would it be permissible to use physical force as a form of punishment, to modify behaviour, or to make a pupil comply with an instruction. Physical force of this nature can, and is likely to, constitute a criminal offence.

5.9 Physical Education and other skills coaching

Staff will come into physical contact with pupils from time to time in the course of their duties when participating in games, demonstrating an exercise or the use of equipment. Staff should be aware of the limits within which such contact should properly take place and of the possibility of misinterpretation. Where it is anticipated that a pupil might be prone to misinterpret any such contact, alternatives should be considered, perhaps involving another member of staff or a less vulnerable pupil in the demonstration.

Under no circumstances should academy staff devise and carry out their own exercises or physiotherapy programmes.

Any concerns about the regime or any failure in equipment should be reported to the physiotherapist

5.10 Changing clothes

Children are entitled to respect and privacy when changing clothes. However, there must be the required level of supervision to safeguard young people with regard to health and safety considerations and to ensure that bullying or teasing does not occur. Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is present. However, this may not always be possible and therefore staff need to be vigilant about their own conduct, e.g. adults must not change in the same place as children.

Where a child needs additional support for changing parental permission will be sought and a personal care plan will be drawn up so as to maintain dignity but increase independence.

5.11 Out of academy trips and clubs

Staff should take particular care when supervising pupils in the less formal atmosphere of a residential setting or after-academy activity. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of staff will be no different from the behaviour expected within the Academy. Staff involved in such activities will be familiar with our Academy's 'Educational Visits' policy and Outdoor Education Advisers' Panel's (OEAP's) 'National Guidance regarding out of academy activities.

To ensure pupils' safety, increased vigilance may be required when monitoring their behaviour on field trips, holidays etc. It is important to exercise caution so that a pupil is not compromised and the member of staff does not attract allegations of overly intrusive or abusive behaviour.

On occasions (field trips/days out, etc.) some pupils might be short of funds and would be embarrassed or singled out if this were known. It would be acceptable for a member of staff to subsidise a child, provided that this was disclosed to colleagues.

Meetings with pupils away from the Academy premises where a chaperone will not be present, are not permitted unless specific approval is obtained from the headteacher. Staff should not place themselves in a position where they are in a vehicle, house or other venue alone with a child.

If staff come into contact with pupils whilst off duty, they must behave as though in their professional role and not give conflicting messages regarding their own conduct.

5.12 Photography, videos and similar creative arts

Staff should be aware of the potential for such mediums of teaching to be used for the wrong purposes. Additionally, children who have been previously abused in this way may feel threatened by the legitimate use of photography, filming etc. The potential for founded and unfounded allegations of abuse requires that careful consideration be given to our Academy of these activities.

The Academy has clear policies and protocols for the taking and use of images and of photographic equipment. These should require the justification and purpose of the activity; its content; avoidance of one-to-one sessions; appropriate privacy when the changing of clothes is required; and arrangements for access to the material and its storage.

Consent to participating in these activities should be sought from the child and those with parental responsibility at the beginning of courses, but staff should

remain sensitive to those children who appear particularly uncomfortable with the activity.

5.13 First Aid and intimate care

Staff who administer first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.

Regular requirements of an intimate nature should be planned for. Agreements between the Academy, those with parental responsibility and the child concerned should be documented and easily understood. (See Section 8). The necessity for such requirements should be reviewed regularly. The child's view must also be actively sought and, in particular, any discomfort with the arrangements addressed.

The Trust's policy for the 'Administration of medicines and the management of children's illness' outline arrangements for the majority of medications in the Academy, including those who require specific medical procedures but are not able to carry this out unaided.

5.14 Medical Procedures

Children with disabilities might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication. These procedures will be discussed with parents / carers and the agreed intimate care plan documented as part of the Individual Healthcare Plan (IHP). These procedures will only be carried out by staff who have been trained to do so.

It is important that these staff follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

Any members of staff who administer first aid should be appropriately trained. If an examination of a child is required in an emergency situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

5.15 Supporting dressing/undressing

Sometimes it will be necessary for staff to aid a child in getting dressed or undressed. Staff will always encourage children to attempt dressing / undressing unaided. However, if assistance is required this will be given.

Staff will always ensure that another member of staff is present when supporting dressing / undressing and will 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.

5.16 Providing comfort or support

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. The member of staff's hands should always be seen and a child should not be positioned close to a member of staff's body which could be regarded as intimate. If physical contact is deemed to be appropriate, staff must provide care which is professionally appropriate to the age, gender and situation of the child. Where a member of staff has a particular concern about the need to provide this type of care and reassurance they should seek further advice from the designated safeguarding leads in the Academy.

If a child touches a member of staff in a way that makes them uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable.

6. Communication

- 6.1 During and after the intimate care process, clear communication will be made between staff, pupils and parents where necessary. Children with medical needs who require personal care will have an individual health care plan written collaboratively with the child, parent, the Academy and school nurse, which is reviewed annually, if not before. 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.
- 6.2 There will be careful communication during the intimate care process in line with their preferred line of communication (verbal, symbolic etc.) to discuss the child's needs and preferences. Each child shall be aware of the procedure carried out and the reasons for it.
- 6.3 Each pupil who requires intimate care will have a home/academy care diary which may include information on how well a pupil has eaten or drunk that day, particular achievements made by the pupil, medical information, record of toileting including the staff that was present and any physiotherapy / massage exercises undertaken.
- 6.4 Parents / carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's individual health care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints e.g. staffing and equal opportunities legislation.

7. Responsibilities

7.1 The Academy

7.1.1 The Academy is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. Staff at the Academy recognise that there is a need to treat children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

7.1.2 The management responsibilities are:

- To ensure that relevant staff will receive ongoing training in good working practices which comply with health and safety regulations such as hygiene procedures; manual handling; awareness of medical conditions and associated first aid; child protection procedures and other aspects of manual handling
- To provide an induction programme for all new staff to ensure that they are made fully aware of special educational needs and medical needs. Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils
- To ensure that all relevant staff are familiar with the academy's intimate care policy and that they receive support and assistance from experienced staff
- To ensure that all staff at the Academy who carry out intimate care have been subjected to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

7.1.3 The responsibilities for staff providing intimate care are:

- To ensure they have read and are familiar with the Intimate Care Policy
- To ensure they are adhering to the Academy's policy and procedures around intimate care and safeguarding
- To ensure they are communicating with parents/carers via the home/academy care diary
- To ensure they are familiar with the intimate care plan / individual health care plans for each child requiring intimate care
- To ensure they are working in consultations with the SENDCo and academy nurse
- To liaise with other professionals and agencies as appropriate to the intimate care
- To take part in staff training for any aspect of intimate care and safeguarding

7.2 Parents / Carers

7.2.1 The responsibilities for parents/carers are:

- To ensure that they provide relevant information to the Academy, as soon as possible, so that the needs of their child can be met. This includes the nature of their child's needs, details of any healthcare professionals

involved including specialist nurses, as well as any changes in their medication, care or condition.

- To ensure that they work towards their child achieving the maximum possible level of independence at home
- To work with the Academy to develop and agree an intimate care plan
- To ensure that the Academy always has the required equipment available for their child's intimate care or toileting needs

7.3 Pupils

7.3.1 The child's responsibilities are:

- To be involved as much as possible in their intimate care and with their care plan
- To let the Academy staff know when they are aware that they need assistance
- To let their parent / carer or any trusted member of the Academy staff know if they have any concerns or feel uncomfortable at any times.

8. Intimate Care Plan

- 8.1 Where an intimate care plan is required, it will be agreed in discussion between the Academy, parents, the child (when possible) and any relevant health professionals.
- 8.2 The Academy 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.
- 8.3 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.
- 8.4 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 Appendices 1 and 2 for blank care plan templates.

9. Record Keeping

- 9.1 A written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (see afore-mentioned multi-agency guidance for the management of long-term health conditions for children and young people).
- 9.2 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. (See Appendix 3 for an intimate care intervention log template)

9.3 These records will be kept in the child's file and available to parents/carers on request.

10. Training and Resources

10.1 Staff who provide intimate care are trained to do so and are fully aware of best practice. 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 possible

10.2 Staff will be familiar with:

- The control measures set out in risk assessments carried out by the academy
- Hygiene and health and safety procedures

Staff will be encouraged to seek further advice as needed.

10.3 Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.

10.4 Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible staff who are involved in the intimate care of children / young people will not usually be involved with the delivery of sex and relationship education to their children/young people as an additional safeguard to both staff and children / young people involved.

11. Confidentiality

11.1 Confidentiality is an important issue. Sensitive information about a child should be shared only with those who need to know, such as parents or other members of staff who are specifically involved with the child. Other staff members should only be told what is necessary for them to know in order to keep the child safe.

11.2 Parents and staff should be aware that matters concerning intimate care will be dealt with confidentially and sensitively and that the young person's right to privacy and dignity is maintained at all times.

12. Equal Opportunities

12.1 The Academy recognises its duties and responsibilities in relation to the Equalities Act 2010. We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and their experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an

individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

13. Complaints

- 13.1 If a parent has a complaint about an intimate care matter, they should follow the Trust's Complaints policy.

14. Whistleblowing

- 14.1 Any adult who has concerns about the conduct of a colleague at the Academy or about any improper practice will report this in line with the child protection procedures and the Trust's whistle-blowing policy. Concerns should be raised should be brought to the attention of the headteacher or to the chair of governors / trustees. Where concerns relate to the headteacher or a member of the central team they should be brought to the attention of the CEO or the chair of trustees and concerns relating to the CEO should be raised with the chair of trustees.

15. Reviewing the policy

- 15.1 The policy will be monitored and reviewed biennially by the headteacher and SENDCo. The policy will be shared with parents / carers and made available on the Academy's website.

16. Document Version Control

Version	Date Issued	Author(s)	Update Information
	October 2018		Original date of issue
2020-1	February 2020	Mrs Ellwood	Clarification of expectations with regards to the Equality Act, responsibilities (Section 7), Confidentiality (section 9) and Complaints (section 10).
2022-1	June 2022	Mrs Ellwood, Mrs Morgan	No procedural changes. Minor amendments to include: Section 5.12: clarification on procedure where no parental consent is in place Section 7: Clarification on DBS requirement Section 8: Clarification of process for creating intimate care plans Section 12: Clarification of responsibility for equal opportunity Section 14: Clarification whistleblowing procedures
2024-1	September 2024	Mrs Ellwood, Mrs Morgan	Minor amendments to clarify carer levels (section 4.5), consent (section 5.1), care assessments (section 5.1 & 5.6, appendix 1), staff training (section 10); and to include an intervention log template (appendix 3).

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Appendix 1: Intimate Care Plan Template



Insert Academy Logo

Intimate/Personal Care Plan

Use this template for pupils who need regular support with toileting, washing and/or changing

Child's Name:	Date:
Type of intimate care needed:	
How often care will be given:	
Where the care will take place:	
Resources and equipment required and who will provide:	
Additional details for the plan:	
Special arrangements for school trip or outing:	
Names of key members of staff responsible for making sure care is carried out according to the intimate care plan:	
Date for review:	
Next review date:	
Name of parent/carer:	
Relationship to child:	
Signature of parent/carer:	Date:
Signed on behalf of School:	Date
Printed Name:	

If the child is unduly distressed, a member of staff will endeavour to contact the parent/carer. The plan should also be read in conjunction with the agreement signed by staff and parents. If at any time a named person is unavailable another person familiar to the child will attend to the child's needs.

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Intimate Care Plan Agreement

The Parent:

- I agree to ensure that my child is changed at the latest possible time before being brought to school
- I will provide the school with the equipment as detailed above including spare nappies or pull ups and a change of clothing
- I understand the agreed procedures that will be followed when my child is changed at school- including the use of wipes
- I agree to inform the school should the child have any marks or rashes
- I agree to a minimum change policy, i.e. the school will not undertake to change the child more frequently than if they were at home.
- I agree to review arrangements should this be necessary

Signed: _____ **Parent/carer**

Date: _____

The school:

- We agree to change the child during a session should the child soil themselves or become uncomfortably wet
- We agree to monitor the number of times the child is changed in order to monitor progress
- We agree to report if the child is distressed or if marks or rashes are seen
- We agree to review arrangements should this be necessary

Signed: _____ **School representative**

Name: _____

Date: _____

Appendix 2. Individual Healthcare Plan

Name of school/setting
 Child's name
 Group/class/form
 Date of birth
 Child's address
 Medical diagnosis or condition
 Date
 Review Date

	Insert Photo

Family Contact Information

Name
 Phone no. (work)
 (home)
 (mobile)
 Name
 Relationship to child
 Phone no. (work)
 (home)
 (mobile)

Clinic/Hospital Contact

Name
 Phone no.

G.P.

Name
 Phone no.

Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

--

Name of medication, dose, method of administration, when to be taken, side effects, contra-
indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc.

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

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