



**Hayes School**  
**(Part of the Impact Multi Academy Trust)**

**Policy Document**

Policy Name:	Personal & Intimate Care Policy
Date of Last Review:	Spring 2025
Date of Next Review:	Spring 2027
SLT Responsible:	Assistant Headteacher



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## **1. Statement of Intent**

1.1 Hayes School takes the health and wellbeing of its students very seriously. As described in the Supporting Students with Medical Conditions Policy, the school aims to ensure that students with medical conditions receive appropriate care and support whilst at school.

1.2 The school recognises its duties and responsibilities in relation to the Equality Act 2010 which states that any student with an impairment affecting their ability to carry out normal day to day activities will not be discriminated against.

1.3 Students will always be treated with dignity, care and respect when intimate care is given, and all possible measures will be taken to ensure that no student will be left feeling embarrassed.

## **2. Legislation and Guidance**

2.1 This policy has due regard to relevant legislation and guidance, including, but not limited to the following:

- Keeping Children Safe in Education 2024
- The Children and Families Act 2014
- The Health Act 2006
- The Equality Act 2010
- SEN Code of Practice (2015)

## **3. Definitions**

3.1 Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but which some students are unable to do because of their physical difficulties or other special needs.

3.2 Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

3.3. It also includes supervision of students involved in intimate self-care.

## **4. Our Approach to Best Practice**

4.1 All students who require intimate care are treated respectfully at all times; the individual's welfare and dignity is of paramount importance. There is careful communication with each student and their parent/carer who needs help with intimate care to discuss their needs and preferences.

4.2 Staff who provide intimate care must be trained to do so (including comprehensive safeguarding training and, where appropriate, Health and Safety training in manual handling) and must be fully aware of best practice. Staff will be supported to adapt their practice in relation to the needs of individual students, taking into account developmental changes such as the onset of puberty and menstruation.

4.3. As a basic principle, students will be supported to achieve the highest possible level of autonomy, given their age and abilities. Staff will encourage each student to do as much for themselves as they can. Students who require intimate care will be involved in planning for their own healthcare needs wherever possible.

4.4 Where appropriate, individual intimate care plans (risk assessments) may be drawn up for particular students to suit the circumstances of the individual. These plans include a full risk assessment to address issues such as moving and handling and the personal safety of the student and the carer.

4.5 Wherever possible the same student will not be cared for by the same adult on a regular basis; this aims to ensure that, as far as possible, 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.

4.6 Wherever possible and practicable- though this may not always be so- students will have their personal care needs met by a staff member of the same gender. It is always desirable that all female pupils have their intimate care needs met by female members of staff. There may, however, be some exceptional circumstances where this general rule needs to be amended; for example, in the case of an emergency where a male member of staff is the nearest person available to assist a female student to safety, despite the fact that that student may be in an 'intimate care context'. In such an event it would be unethical and contrary to best health and safety practice to wait for a female member of staff and thus increase the risk to the student concerned.

4.7 Where there is not 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/carers and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure that the student is comfortable, and the school will inform parents/carers afterwards.

4.8 Every occasion that intimate care (and supervision of students involved in intimate self-care) is delivered should be logged centrally through a mechanism such as Medical Tracker.

## **5. Child Protection and Safeguarding**

5.1 Students are taught personal safety skills through the ACTIVE curriculum and assembly and tutor time programme.

5.2 If a member of staff has concerns about physical or personal changes in a student's presentation when undertaking intimate care, e.g. marks, bruises, soreness, fearfulness, these must

be immediately reported to the Designated Safeguarding Lead (or member of the safeguarding team in their stead) in line with the Impact Multi Academy Trust Child Protection and Safeguarding Policy.

5.3 If a student becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and the outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing timetables will be altered until the issue(s) are resolved so that the student's needs remain paramount. Further advice will be sought from outside agencies if necessary.

5.4. If a student makes an allegation against a member of staff, all necessary procedures will follow as stated in the Impact Multi Academy Trust Child Protection and Safeguarding Policy.

## **6. Safe Working Practices for Staff**

6.1 All staff involved with the intimate care of Hayes students have an enhanced DBS check. Volunteers must not be used to support students with their intimate care needs. Agency staff should not accompany students 1:1 during personal care unless authorised by the Headteacher and the Senior Leadership Team: these agency staff must also have an enhanced DBS check.

6.2 To ensure positive safeguarding practice, students who are able to manage most of their intimate care but just need oversight or minimal prompting can be taken to the toilet by one member of staff; visibility should be high, if respectfully discrete, while any assistance is offered. Doors are not to be locked under any circumstances while managing intimate care within the school building.

6.3 The expectation is that staff will work in a 'limited touch' culture with respect to intimate care and that when physical contact is made with students this will be in response to the students' needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background.

6.4 Mobile phones, cameras or similar devices must not be carried by staff while providing intimate care.

## **7. Facilities**

7.1 All staff involved with intimate care should be trained in and use the following facilities, as necessary and appropriate:

- Hoist and sledge
- Accessible toilets located on school site (B Block, C Block and M Block)
- Protective clothing and disposable gloves
- Labelled bins, waste bins for incineration
- Supplies of suitable cleaning materials with COSHH certification.

## **8. Off-Site Visits**

8.1 Consent from a parent/carer will be obtained and recorded prior to any off-site visit.

8.2 Before the off-site visit, including residential trips, the student's individual intimate plan will be amended to include procedures for intimate care whilst off the school premises. Staff will apply all the procedures described in this policy during residential and off-site visits. It is the responsibility of the trip coordinator to ensure that this has been put in place.