

## ***Intimate Care Policy***

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Review Cycle	: 12 months	Scope	: Whole School
Ownership	: Campus Principal	Approved by	: SLT

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### **Introduction**

Asia Pacific school is committed to ensuring that all staff responsible for the intimate care of our students will always undertake their duties in a professional manner. We recognise that it is a must to treat all children with respect when intimate care is given when there is a need. No child should be attended to 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.

At the moment, we only accept children with independent ability to manage themselves, except for toddler programme who are allowed in nappies. When there is a need at any time or under any circumstance, this policy must be the guidelines in carrying out intimate care.

This policy should be read along with:

- Safe Touch Policy
- Physical restraint policy

### **Definition of Intimate Care**

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. It refers to any activity required to meet the personal care needs of each individual child. Intimate care may involve washing, touching or carrying out an invasive procedure (such as cleaning up after a child has soiled him/herself).

Intimate care may also involve help with dressing, menstrual care, supervision of a child involved in intimate self-care and toileting. Help may also be needed with changing medical equipment and administration of medical procedure. Intimate care tasks specifically identified as relevant include:

- Dressing and undressing (underwear)
- Helping someone use the toilet
- Changing continence pads (Urine/faeces)
- Bathing/ showering
- Washing intimate parts of the body
- Changing sanitary wear

### **Definition of personal care**

Personal care generally carries more positive perceptions than intimate care. Although it may often involve touching another person, the nature of this touching is more socially acceptable, as it is less intimate and usually has the function of helping with personal presentation and hence is regarded as social functioning. These tasks do not invade conventional personal, private or social space to the same extent as intimate care and are certainly more valued as they can lead to positive social outcomes for people. 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 (hand, leg, face etc)
- Prompting to go to the toilet.
- Showering

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. This guidance is not prescriptive but is based on the good practice and practical experience of those dealing with such children and young people.

## Aims

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

## 6. Specific Guidelines

### *i. Intimate Care*

- 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.

Confident, self-assured children who feel their bodies belong to them are less vulnerable to sexual abuse. The approach taken with intimate care can convey lots of messages to a child about their body worth.

There must be careful communication with each child 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 child is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure. Below are the guidelines:

1. Staff should communicate with the child, using the child's chosen method of communication, to explain what is going to happen, and to allow the child to respond and express choices and preferences.
2. In general, intimate care should only be provided by the school nurse if it is a medical issue. If a child needs intimate care for an 'accident' there should always be a minimum of two adults. An individual member of staff should inform another appropriate adult when they are going to assist a child with intimate care. Intimate care should be undertaken with a minimum of two adults in attendance so as to safeguard both the adults and the child.
3. Adults who assist children with intimate care should be employees of the school or individual assigned by parent/carer who are not students or volunteers, and therefore have the usual range of safer recruitment checks, including all required checks.
4. No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.
5. Staff should be vigilant and responsive to a child's reactions to any communication or actions.
6. Staff should ensure that intimate care is delivered in the least restrictive way, allowing the child to carry out the task as independently as possible, providing support where necessary.

7. Staff undertaking intimate care should be the same gender as the child, if possible. Two staff should be present when intimate care of a learner is required, if possible. Immediate supervisor must be informed and made aware of the actions being taken.

8. Staff should adhere to safe hygiene practices by wearing disposable gloves, aprons, and face masks when undertaking intimate care subject to type of procedure.

9. Where possible, children should be given a choice of which staff will carry out intimate care. However, only qualified and recognized staff is allowed to carry out intimate care, such as nurse if it is a medical issue. It is not appropriate for volunteers to carry out intimate care procedures.

10. Record all procedures carried out during intimate care such as time and what has been done.

11. Consent being obtained from parents/ carers, in certain cases it is necessary that the care plan being written with and signed by parents/carers for non-emergency and life-threatening case.

12. 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.

14. In all intimate care situations, the Schools' Safeguarding Policy must be adhered to.

### ***Pre-school Programme & Toddler Programme***

All children other than those in toddlers programme who join our setting are expected to be toilet trained and are age appropriately independent when using the lavatory. Only children in toddlers programme are allowed in nappies and specific guidance must be referred to APS Intimate Care policy.

In the event of an 'accident' or on the rare occasion that a child needs support with toileting we will aim to reinforce with the child a basic understanding of hygiene and to maintain high standards of health and hygiene whilst protecting ourselves from infection.

### ***Guidelines for Good Practice***

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. Where a child is fully dependent, the adult must talk to the child about what is going to be done and, where possible give choices.

### ***Hygiene.***

All staff must be familiar with normal precautions for avoiding infection and should ensure the use of appropriate protective equipment when necessary, for example, protective, disposable latex/vinyl gloves and apron. School also has shower and washing machine facilities.

### ***Training***

All staff involved in showering/toileting support must be aware of how to ensure the children are safe and their dignity is maintained.

#### **i. Toileting**

Teaching staff will:

- Always respect the child's privacy.
- Create awareness and understanding of good hygiene practice, e.g. by encouraging the child to flush the toilet, by establishing a thorough hand washing regime and by ensuring children clean the toilets when required (see appendix 5)
- Ensure anti-bacterial soap and disposable paper towels for washing and drying hands are used
- Encourage independence in all toileting activities.

- Use praise and recognition when children are newly independent toilet users to promote self-esteem and a sense of achievement
- Assist a child if they show any difficulty using the toilet on their own
- Ensure that any 'accidents' or the need to assist a child are recorded and shared with families in order to help with increasing toileting independence
- Treat the child in a sensitive manner when toileting accidents occur, reassuring and emotionally supporting the child
- Wash their hands after assisting a child.

## ii. Showering

Showering facilities are a requirement for the school in order to hold a licence for toddler provision. In Asia Pacific Schools, children up to the age of 5yrs of age are offered the opportunity to shower before taking their afternoon nap. Showering is not compulsory.

In order for the school to provide supervised showering the following must be in place

- Written permission from parents and the Head of School will be obtained before staff assist a child with showering. This will be kept in the child's file. (see Appendix 3)
- Parents must provide suitable showering products, towels and a change of clothes daily; all clearly labelled for their child.
- Fresh clothes and a clean dry towel should be ready prior to commencing the showering of a child.
- Only one child may be showered at a time
- Boys and girls will have separate showering cubicles
- There must always be 2 adults present whenever a child is being showered.
- Any concerns about the physical, emotional health or welfare of a child must be reported to the Designated Safeguarding Lead immediately
- Staff must aim for minimum physical contact with a child who is showering and avoid confusing touch or touching a child in the area of their genitals.
- Adults must wash their hands prior to and after showering children.
- Staff will not make inappropriate comments about children's bodies
- Children's privacy must be respected.
- The recording either through photography or video of a child whilst showering or using the toilet is strictly forbidden
- Other children must not be able to view the showering procedure.
- Non - slip mats must be used both inside and outside the shower

The Facilities Manager will ensure

- A cleaning schedule is in place to maintain children's toilets in a clean and hygienic condition at all times
- Staff will ensure that showers are cleaned prior to use to avoid any cross contamination of bacteria (e.g. veruccas)
- All hazardous and/or dangerous materials are labelled and stored in a locked cupboard out of reach of children
- Children's bathrooms are cleaned daily.

## **Health/Personal Care Plans**

- Some children who require more regular assistance with intimate care will be supported to become as independent as possible through the development of an individual health or personal care plan agreed by staff, parents/guardians 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's and parents'/guardians' appropriate terminology for private parts of the body and functions and this should be noted in the plan.
- Where an Individual Health/Personal Care Plan is not in place, parents/guardians will be informed the same day if their child needs help with 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 confidential and communicated in person by telephone, and not through the homework diary.

### ***Record Keeping.***

- Accurate records should also be kept when a child requires assistance with medical 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 4)
- For those with medical needs these records will be kept on file by the Nurse and available to parents/guardians on request
- Staff must only carry out activities that they understand and feel confident and comfortable with. If in doubt, they must seek further assistance. Some procedures must only be carried out by members of staff who have been formally trained eg use of hoist.

### ***Reporting Duties***

- If any unusual markings, discolouration, or swellings are observed this must be reported immediately to the Designated Safeguarding Lead.
- If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, staff must reassure the child, ensure their safety, and report the incident to the Designated Safeguarding Lead. Staff must report and record any unusual emotional or behavioural response by the child.

### **The Protection of Children**

APS Safeguarding Policy will be adhered to. If a member of staff has any concerns about changes in a child's presentation, e.g. marks, bruises, soreness, etc., he/she will immediately report concerns to a member of the Safeguarding Team. Further advice will be sought from external agencies, if necessary. If a learner makes an allegation against a member of staff, all necessary procedures will be followed.

### **Allegation against staff**

Intimate care may involve touching the private parts of the child's body and therefore may leave staff more vulnerable to accusations of abuse.

It is unrealistic to eliminate all risk, but this vulnerability places an important responsibility on staff to act in accordance with agreed procedures. Staff must always be prepared to justify actions and accept that all physical contact is open to scrutiny.

Staff should bear in mind the following principles:

- Children have a right to feel safe and secure.
- Children should be respected and valued as individuals.
- Children have a right to privacy, dignity, and a professional approach from staff when meeting their needs.
- Children have the right to information and support to enable them to make appropriate choices.
- Children have the right to be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs.

- A child's Intimate/Personal care plan should be designed to lead to independence.

## Managing risk

We aim to manage risks by following agreed procedures and take all reasonable precautions to prevent or minimise accidents, injury, loss, or damage. These include employee training, accurate record keeping, parental consent or a care plan written with and signed by parents.

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### Appendix 3: Permission to administer toileting/showering assistance

Date	
Name of child	D.O.B
<p>I give permission for staff at Asia Pacific Schools to assist my child with toileting needs and /or showering. (delete as necessary). We do not accept children who are still in nappies except for Toddler Programme.</p> <p>I understand that my child will be encouraged to be as independent as possible. This means that my child will only be assisted where absolutely necessary and in order to maintain a safe and healthy environment</p> <p>I agree to provide clearly labelled clothes, towels and toiletries for my child, if showering.</p> <p>I understand that Asia Pacific Schools requires two adults to be present when assisting a child with showering.</p> <p>I understand that if any staff have any concerns about a child's welfare they have a duty to pass it onto the schools' Designated Safeguarding Lead.</p> <p>I agree to notify the school of any medical concerns that may affect the health of other children or adults e.g. veruccas, head lice, ring worm, scabies etc</p> <p>I agree to notify the school of any allergies my child has</p> <p>I understand that the final decision to give permission for toileting/showering assistance lies entirely with the Head of School and that permission can be withdrawn if there are any concerns.</p>	
Signed..... Date.....	
For Office use	
Permission granted..... Date.....	
Permission not granted..... Date.....	
Parent contacted..... Date.....	

#### Appendix 4: Exemplar record of toileting/showering/medical intimate care assistance (other methods of recording are acceptable)