



Newton Bridge Academy

Intimate Care Policy

Last review date: March 2026

Next review date: March 2027

Reviewed by: Kate White (Deputy Headteacher)

and

Kathryn Betts (Designated Safeguarding Lead)

The purpose of this Intimate Care Policy is to ensure that all pupils at Newton Bridge Academy receive appropriate and respectful care in relation to their intimate care needs. This policy aims to promote dignity, privacy, and respect while protecting both pupils and staff. This policy provides information to parents/carers about the school's arrangements for intimate care and ensures that the high standards of intimate care within these guidelines are maintained by all staff.

Newton Bridge Academy takes seriously the responsibility to safeguard and promote the welfare of the pupils in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

Definition of Intimate Care

Intimate Care is defined as enabling pupils to carry out or be involved in personal life functions with dignity and respect, meeting individual needs.

Intimate Care can include the following:

- Toileting
- First Aid
- Changing pupils for swimming/PE
- Dressing
- Feeding
- Moving pupils including physiotherapy and mobility support
- Administering medication and/or emergency medication
- Personal hygiene e.g. menstruation

Roles and responsibilities

Governing body:

- To see seek assurance that the policy is kept up to date and is followed correctly both in terms of the practice and the philosophy.

Senior Leadership Team/Senior Management Team:

- To ensure that all staff understand the intimate care policy and that it is implemented with respect, dignity and in a professional manner.
- To ensure that the policy is reviewed annually, and any new guidance or legislation is updated within the policy.
- To ensure that only staff who have the relevant safeguarding training and DBS clearance carry out intimate care.

Teachers:

- To ensure that all pupils who require intimate care have an up to date and detailed care plan within their pupil profile and moving and handling plans where required.
- To ensure that the above plans are followed at all times.
- To ensure that the class team understand what is needed to support a student with their care needs.
- To ensure that any amendments to a care plan are shared with parents/carers and where possible, pupils.

- To ensure that the class team are confident in supporting with intimate care and have the correct resources to achieve this.
- To model good intimate care practice to new staff and to ensure that practice is of high quality and is carried out with respect and dignity.

Teaching Assistants:

- To provide intimate care support with respect, dignity and in a professional manner. Ensuring that a pupil's intimate care is only discussed with those that support them.
- To ensure that intimate care is carried out in a hygienic and appropriate way ensuring that the correct equipment is used to support a pupil.
- To ensure that the intimate care plan is followed correctly and to feedback to the teacher any element of the care plan that may need reviewing.
- To record intimate care routines, including the date, time and staff members involved. Records will be available for SLT, SMT and parents/carers on request.
- In line with the safeguarding policy, staff should be vigilant to any indicators of possible harm and this should be reported as per the safeguarding policy.

Best practice principles:

- It is important that privacy, dignity and confidentiality are maintained at all times. Adults should be sensitive to pupils' feelings and wishes, introducing age appropriate strategies in consultation with home and outside agencies.
- Intimate care tasks should be seen as a very important part of the individual's curriculum. It may be that targets within a pupil's Individual Progress Plan (IPP) are linked to aspects of intimate care.
- Intimate care tasks should focus on communication, increasing independence and raising self-esteem.
- Pupils with communication difficulties must be informed about what is going to happen, in a way that is appropriate for them (e.g. Symbols, signs, visual and verbal cues, objects of reference). Consent should be sought for intimate care procedures.

Location and resources

- Intimate care procedures should take place in designated areas ensuring total privacy where required.
- The environment should be clean, pleasant, hygienic and relaxing. Appropriate resources should be available.
- Health and hygiene procedures should always be followed, e.g. use of gloves, aprons, hand washing, safe disposal of waste, wiping down of surfaces, etc.
- For offsite situations, staff must ensure that appropriate facilities are available, prior to the visit. A risk assessment of all needs should be completed e.g. whether a mobile hoist is required, or any other equipment needs.

Training

- Staff receive a thorough induction, through which they develop a robust understanding of safeguarding pupils. Where required, staff will receive moving and handling training and all staff who provide intimate care and personal hygiene to pupils will be made aware of the arrangements for this and be supported in its delivery.

- It is important that for certain pupils, their intimate care is provided by familiar staff on a daily basis where possible. (i.e. feeding pupils with dysphagia difficulties/gastrostomies/suctioning – this can only be carried out by staff with up-to-date training)
- Intimate care tasks must not be attempted unless the member of staff feels confident and sure about how to proceed. If in doubt, ask a colleague.
- First Aid, including the administration of rectal Diazepam, buccal Midazolam or Epipens must follow the appropriate guidelines and only staff trained in these areas by specialist nurses will complete these tasks.
- No voluntary or supply staff should assist with moving or handling unless they have received this training.

Working with parents/carers and other professionals

- Links with the home are essential to maintain continuity and consistency of practice.
- Contact with outside agencies, such as speech & language therapy, occupational therapy and physiotherapy, needs to be maintained where appropriate
- Non-prescription creams/lotions/sprays for use on sore areas relating to any part of the body cannot be used unless permission has been gained from parents and been logged on CPOMS. Prescription creams/medications/sprays must have the appropriate consent form and be administered in line with the administration of medication policy.

Safeguarding

- Risk assessments should highlight the potential for abuse / accusation of abuse during intimate care procedures. Appropriate staffing will be determined by risk assessment. Staff must be familiar with and follow the Child Protection policy and guidelines.
- Evidence of soreness, irritation, bruising, scratches, discharge, etc. need to be recorded and reported to parents/carers and class teachers. It may be necessary to share this information with the Designated Safeguarding Lead if there is a new, persistent or unexplained occurrence.
- Where signs or symptoms of a suspicious nature concern staff, it should be reported immediately to the Designated Safeguarding Lead or a Deputy Designated Safeguarding Lead.

Supporting sexualised or other behaviours

- In cases where pupils become sexually aroused or pupils have emotional reactions during intimate care procedures, this must be identified on their pupil profiles and strategies/arrangements should be agreed with parents/carers.
- If staff feel that a pupil is using an intimate care situation inappropriately, all those involved need to discuss the situation to determine an outcome in consultation with parents/carers.
- As young people develop, they will explore their understanding of their own bodies which is a natural development stage however, it is our duty along with parents and carers to ensure that all pupils are taught about appropriateness in public and private situations.
- In all areas of the school and at all times staff are trained to respond to the following incidents in a way that ensures the dignity and privacy of pupils whilst ensuring there is limited impact on the pupil and others around them.
- If a pupil exhibits behaviours in crisis or in curiosity that include removing clothing, exposing private areas, engaging in self-soothing strategies, attempting touch of self or others, staff will respond in the following ways depending on the level of understanding of the students.

For those with a higher level of understanding:

- Remind students of personal boundaries
- Remind students that these behaviours are not appropriate in a public place
- Remind students about appropriate touch and personal space
- Provide verbal or visual cues to stop the students in their current presentation.
- If a student does not respond to the verbal cues, then the remaining students will be removed from the area until the situation is resolved.
- Parents/carers will be informed by phone and where necessary further intervention will be provided such as pastoral intervention using resources such as social stories.

For those with lower cognitive functioning and more complex needs:

- Clear and concise visual and verbal request to stop.
- Transition to a more appropriate space such as toilets/black out tents or private safe space reinforcing the message of private behaviour in a private space /removal of other students from the area if possible or screen the student being supported.
- Provide strategies such as distraction and clear communication systems.
- Where necessary adults who know the student best will support with any care needs.
- Providing motivating activities and or objects to redirect students back into the classroom environment where necessary.
- Parents/carers will be informed by phone and where necessary further intervention will be provided such as pastoral intervention using resources such as social stories and exploration of sensory needs.

In all cases school will work with parents to ensure that a consistent language and approach is used so that students are provided with clear information and responses.

Related documents

Keeping Children Safe in Education
Child Protection policy
First Aid statement and policy
Special Educational Needs (SEND) policy
Administration of medication policy

Appendix:

A: Intimate Care Record

Name:						Week Commencing:	/	/	
<i>Please ensure that you write the actual time that the pupils are changed</i>									
	8:50 - 10:00	10:00 - 11:00	11:00 - 12:00	12:00 - 1:00	1:00 - 2:00	2:00 - 3:00	Notes	Abbreviation	
Monday								D =	Checked & Dry
Signature 1									
Signature 2								W =	Wet
Tuesday									
Signature 1								S =	Soiled
Signature 2									
Wednesday								SS =	Slightly Soiled
Signature 1									
Signature 2								X =	Sat on the toilet but DID NOT GO
Thursday									
Signature 1								U =	Urinated on toilet/potty
Signature 2									
Friday								B =	Bowels open on toilet / potty
Signature 1									
Signature 2								R =	Refused to sit
Any Other Comments:								P =	Period

