



## Personal Care Policy

Date: November 2025

To be reviewed: November 2027

### Principles

- 1.1 The Board of Trustees is committed to ensuring that all staff responsible for the intimate personal care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.
- 1.2 This Academy takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate personal care needs is one aspect of safeguarding.
- 1.3 The Board of Trustees recognises its duties and responsibilities in relation to the Equality Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.
- 1.4 The child/young person's welfare is of paramount importance and his/her experience of intimate and intimate 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. 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 personal care is given.
- 1.5 Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.
- 1.6 Where pupils with complex and/or long term health conditions have an individual health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate personal care policy.
- 1.7 All staff undertaking intimate care must be given appropriate training.
- 1.8 This Personal Care Policy has been developed to safeguard children and staff and it applies to everyone involved in the intimate care of children.

## 2. Child/ young children person focused principles of intimate and intimate personal care.

2.1 The following are the fundamental principles upon which this Policy and guidelines are based:

Every child/young person has the right to:

- be safe
- personal privacy
- be treated as an individual
- be treated with dignity and respect
- to be involved and consulted and have their views taken into account in their own intimate personal care, appropriate to age/ability
- have levels of intimate personal care that are as consistent as possible

## 3. Definition

3.1 Intimate personal 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 some pupils are unable to do because of their developmental stage, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with toileting or dressing.

3.2 It also includes supervision of pupils involved in intimate self-care.

## 4. Best Practice

4.1 Pupils who require regular assistance with intimate personal care may have written individual health care plans agreed by staff, parents/carers and any other professionals actively involved, such as nurses or physiotherapists.

Ideally the plan should be agreed at a meeting at which all key staff and the pupil (where applicable) are present. Any historical concerns (where known) 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 personal care). They should also take into account procedures for educational visits/day trips.

4.2 Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions, and this should be noted in the plan.

4.3 Where a care plan is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate personal care needs (e.g. has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate personal care should be treated as confidential and communicated in person.

- 4.4 In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child receives invasive care, e.g. support with catheter usage (see Appendix 2).
- 4.5 All pupils will be supported to achieve the highest level of autonomy that is possible given their developmental stage and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.
- 4.6 Staff who provide intimate personal care are trained in intimate personal care (e.g. health and safety, moving and handling and safeguarding) in order to meet the needs of the pupil. Best practice regarding infection control, including the requirement to wear disposable gloves, aprons etc. is to be followed at all times.
- 4.7 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.
- 4.8 There must be careful communication with each pupil who needs help with intimate personal 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.
- 4.9 Staff who provide intimate personal care should speak to the pupil personally by name, explain what they are doing and communicate with all children/young people in a way that reflects their age and developmental stage.
- 4.10 Every child/young person'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 personal care. 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.
- 4.11 An individual member of staff should request support from another appropriate adult when they are going to assist a pupil with intimate personal care.
- 4.12 The religious views, beliefs and cultural values of children/young people and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer. The care needs of the child/young person should be paramount.
- 4.13 Adults who assist pupils with intimate personal care will be employees of the Academy, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.
- 4.14 All staff should be aware of the Academy's confidentiality policy. Sensitive information will be shared only with those who need to know.

- 4.15 Health & Safety guidelines should be adhered to regarding waste products. If necessary, advice should be taken regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.
- 4.16 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate personal care. See Academy policy regarding mobile phones.

## 5. Child Protection

- 5.1 The Trustees and staff at this Academy recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.
- 5.2 The Academy's child protection procedures will be adhered to.
- 5.3 From a child protection perspective, it is acknowledged that intimate personal care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this Academy, best practice will be promoted and all adults (including those who are involved in intimate personal care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.
- 5.4 Pupils will be taught personal safety skills carefully matched to their level of development and understanding. This will include learning around consent, listening to what their bodies are telling them (protective behaviours), expectations of adults and how/who to ask for help.
- 5.5 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc. s/he will immediately report concerns as per the procedure laid down in the Child Protection & Safeguarding Policy.
- 5.6 If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the Designated Safeguarding Lead. The matter will be investigated at an appropriate level (usually the Headteacher) and outcomes recorded. If the concern is about the Headteacher then it should be reported to the Chair of Trustees.
- 5.7 If a pupil, or any other person, makes an allegation against an adult working at the Academy, this should be reported to the Headteacher (or to the Chair of Trustees if the concern is about the Headteacher) who will inform the CEO and consult the Local Authority Designated Officer in accordance with the Academy's policy.
- 5.8 Similarly, any adult who has concerns about the conduct of a colleague at the Academy or about any improper practice will report this to the Headteacher or to the Chair of Trustees, in accordance with the child protection procedures and 'whistle-blowing' policy.

## 6. Medical Procedures

- 6.1 Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the individual health care plan and will **only** be carried out by staff who have been trained to do so.
- 6.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.
- 6.3 Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

## 7. Monitoring and Evaluation

This policy will be reviewed every two years.

### This policy links to the following policies:

This intimate personal care policy should be read in conjunction with the Academy's' policies as below:

- Child Protection & Safeguarding Policy;
- Code of Conduct Policy;
- 'Whistle-blowing' Policy;
- Health and Safety Policy;
- Confidentiality Policy;
- Academy Policy regarding mobile phones.

## Appendix 1

### The Nappy Changing Procedure

These procedures are to ensure the safety of both the children in our care and staff.

- A child's nappy should be checked on arrival at the Academy. We do ask that parents/carers try their best to ensure their child arrives with a clean and dry nappy/pull up/ underwear. If necessary, it should be changed immediately.
- All children should be changed as and when needed. Whenever possible, the child should be changed by their nominated key person in the presence of another adult who must be DBS checked.
- All nappy changes must be recorded by the member of staff responsible. It should also be recorded whether the nappy was W (wet) or BM (bowel movement), time of nappy change and initialled by the member of staff.
- A child should be changed immediately if they soil their nappy or it becomes wet.
- Only staff with a valid DBS check will be permitted to change nappies.
- When changing a nappy, staff members must wear a disposable apron and disposable gloves. These must be removed after every nappy change, disposed of and new ones worn for the next nappy change.
- When changing a nappy, a sheet from the blue/white roll must be placed on the changing mat to lay the child down on. This must be replaced after the mat has been sprayed with the anti-bac after every nappy change.
- Please wash hands after each nappy change.
- It is good practice to ask children to wash their hands after nappy changes. This promotes good hygiene practice from an early age.
- Potties – staff are to give children privacy when using potties, by sitting them out of sight of passers-by and other children using the toilet area. After use, staff need to dispose of the waste appropriately in a toilet. Potties must be cleaned with anti-bac and put away immediately. Again, staff should wash their hands.

### Application of Creams

For any non-prescription cream for skin conditions e.g. Sudocrem, each child should have their own creams and lotions. These should be supplied by the parent/carer and must be clearly labelled with the child's name. Prior written permission must be obtained from the parent/carer. When applying creams, a gloved hand will be used. Children should be encouraged to apply their own cream under supervision of a member of staff, if the child is old enough and is able to.

Prescription creams or lotions must come to school with the prescription label clearly showing on the tube or box. The parent/carer must sign a medical consent form before leaving the item and the child in the care of staff.

### Supporting children who are toilet trained

If a child is old enough to meet their own toileting needs, a staff member can support the child according to age and ability to use the toilet, ensure they are comfortable, clean and dry and have washed their hands afterwards.

When supporting a child that needs to be changed, the staff member will approach the child and explain that they need to be clean and change them into some dry clothes.

The staff member will put on a pair of disposable gloves and / or apron. Remove the wet/soiled clothes from the child. Clean the areas that need cleaning. The staff member will talk with the child about what they are about to do so that they are happy and understanding. The child should be encouraged to help with the removal of any clothing.

Wet/soiled clothing will be put into a bag so that they can be sent home. The staff member will wash their hands with antibacterial soap and running water and then dry them on a disposable paper towel. Staff will help the child to wash their hands using liquid soap, warm water and a paper towel. They will then return them to their class, notifying the teacher in charge. Staff will return to the changing area and clean the area using the cleaning materials and liquids provided.

### Parent/Carer Responsibilities

At the Academy, we work in partnership with parents and ask them to assist us by ensuring the following:

- Parents/Carers understand and agree with the procedures that will be followed when their child is changed at school as set out in this policy.
- The school requires the parents/carers to supply nappies/ pull ups, wipes and sundries that will be used and applied as necessary.
- Parents/Carers understand that they will be asked to collect their child from school if their child shows symptoms of illness or indications of ill health (2 watery/loose nappies in quick succession so within an hour of each other).  
Parents/carers must send their child in nappies or protective underwear until they are dry and clean most of the time.

## Appendix 2

### Record of Personal Care

<b>Name of Child:</b>			
<b>Class:</b>			
<b>Date:</b>			
<b>Time:</b>			
<b>Action/s:</b>			
<b>Comments:</b>			
<b>Circle appropriate:</b>	<b>Bowel Movement</b>	<b>Wet</b>	<b>Other</b>
<b>Parent Informed:</b>	<b>Date:</b>		<b>Time:</b>
<b>Staff name:</b>			
<b>Staff signature:</b>			