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## ***Intimate Care Policy***

**Date Approval** : 7 September 2024

**Review Cycle** : 24 months

**Ownership** : Campus Principal

**Next Review** : 7 September 2026

**Scope** : Whole School

**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.

### 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.

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.

#### Procedures

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. Staff should be vigilant and responsive to a child's reactions to any communication or actions.
3. 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.
4. 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.
5. Staff should adhere to safe hygiene practices by wearing disposable gloves, aprons, and face masks when undertaking intimate care subject to type of procedure.
6. 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.
7. Record all procedures carried out during intimate care.
8. Consent being obtained from parents/ carers, in certain cases it is necessary that the care plan being written with, and signed by parents/carers.
9. 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.

**10.** No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

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

### 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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