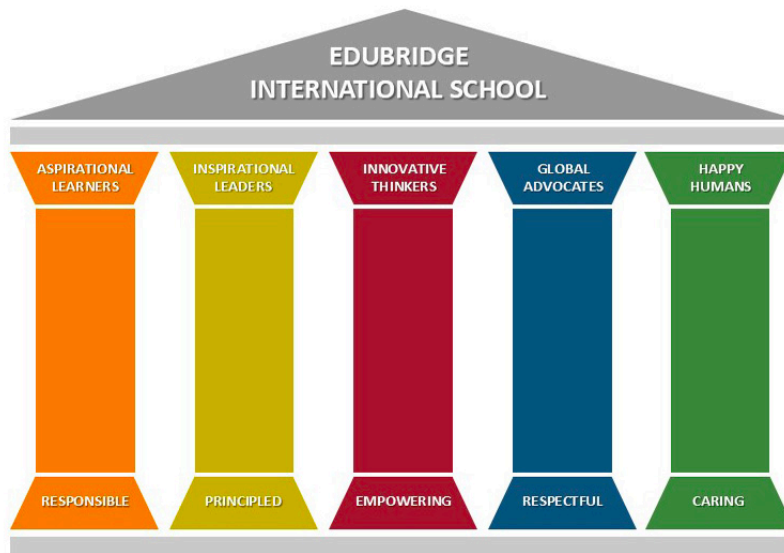




EIS Intimate Care Manual 2023-24



GUIDING STATEMENTS

Our Guiding Statements are central to everything we do. That is to say, we use them as a compass to inform our aspirations, actions and decisions.

EIS Vision

*Aspirational Learners
Inspirational Leaders
Innovative Thinkers
Global Advocates
Happy Humans*

EIS Mission

*Providing well-being
and high-quality learning
in pursuit of varied success
and a better world for all*

EIS Core Values

*Empowering
Caring
Principled
Respectful
Responsible*



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INTRODUCTION

At Edubridge International School (EIS), we understand the need to treat all children with respect when intimate care is given. We recognize that some students may need help with personal care, like going to the toilet. This could be because they are young, uncomfortable, or have specific needs, or disabilities. Our main goal is to make sure all our students are safe, secure, and protected from harm. This policy ensures that all staff responsible for providing intimate care professionally undertake their duties and treat children with sensitivity and respect.

To ensure the safety and well-being of both children and staff members, the school must emphasize the importance of treating all students with respect and dignity during intimate care, regardless of their age, gender identification, disability, religion, ethnicity, or sexual orientation. The primary focus is on the child's welfare, and their experience of intimate and personal care being a positive and nurturing one.

DEFINITION

Intimate care involves *“assisting with bodily functions, hygiene, and personal care that may require direct or indirect contact with intimate parts of the body.”* Direct contact involves physical contact between the student and the staff member. Indirect contact involves the supervision, observation and prompting of the student to complete personal and intimate care tasks.

Intimate care at school involves touching both intimate and non-intimate body parts. Intimate body parts include the student’s breasts, buttocks, and genitals. Intimate care at school includes tasks like:

- helping a child who has soiled themselves
- assisting with dressing/undressing
- using the toilet
- applying medical treatment (excluding certain areas)
- supporting/changing sanitary protection
- supervision of children involved in intimate self-care

Thus, it includes any care which involves washing, touching, or carrying out an intimate care procedure that some students are unable to do, due to physical disability, medical needs, or needs arising from the student’s stage of development.

OBJECTIVES

At EIS our objective towards providing intimate care is:

- to treat each student uniquely with gentle care, avoiding distress or pain during intimate care
- to clarify clear guidelines ensuring safe practices, supporting autonomy and student safety
- to respect the child's right to give or withdraw their consent during their intimate care to ensure that the dignity, rights, and well-being of children are safeguarded

PRINCIPLES

Rights of every child in intimate care:

- Right to safety and protection
- Right to personal privacy
- Right to individual value and recognition
- Right to be treated with dignity and respect
- Right to information to make informed and appropriate choices
- Right to participate and be consulted in their intimate care to the best of their abilities
- Right to express their views on their intimate care and have them considered
- Right to receive consistent levels of intimate care
- Right to attempt their intimate care before assistance is provided, with or without supervision

Right to information and procedures for any complaints or queries regarding intimate care

By adhering to these guiding principles, an intimate care policy can create a nurturing and safe environment that promotes the well-being, comfort, and dignity of all students and staff members involved in intimate care procedures.

ROLES AND RESPONSIBILITIES

School Leadership is responsible to:

- develop, review, and approve the Intimate Care Policy
- ensure the policy aligns with legal requirements and best practices
- provide resources and support for policy implementation
- appoint a designated staff member or coordinator to oversee intimate care procedures

- ensure that the intimate care of children is carefully planned, including the creation of individual plans following discussions with the parent

The designated Intimate Care Coordinator is responsible to:

- oversee the implementation of the Intimate Care Policy
- ensure staff training on policy procedures, hygiene, privacy, and confidentiality
- collaborate with parents and guardians to develop individualized care plans
- maintain accurate records of [consent forms](#), care plans, and [incidents](#)
- monitor and update procedures to reflect changes in care needs
- undertaking intimate care practice respectfully, sensitively and in line with the guidelines outlined in this policy

Teaching and Support Staff are responsible to:

- receive training on intimate care procedures, including hygiene, infection control, and privacy
- follow the established procedures for providing intimate care to students
- maintain confidentiality and respect the dignity of students during intimate care
- report any concerns, incidents, or changes in a student's health or care needs to the designated coordinator

Parents are responsible to:

- provide informed consent for intimate care procedures and communicate any changes in care needs
- collaborate with the school to develop individualized care plans and provide necessary supplies
- inform the school of any cultural, religious, or personal preferences related to intimate care practices

Students are responsible to:

- cooperate and communicate their needs to staff members regarding intimate care
- respect privacy and maintain appropriate behaviour during intimate care procedures

GUIDELINES FOR BEST PRACTICES

Introduction

Following established guidelines for best practices is crucial to ensuring the safety and well-being of both children and staff members. Children with disabilities are particularly

vulnerable to potential abuse. The following are factors that increase the vulnerability of children or a person with a disability:

Communication Barriers: Individuals with disabilities or young children might face challenges in effectively expressing themselves, making it difficult to convey discomfort or abuse experienced during intimate care.

Dependence on Caregivers and Lack of Autonomy: Dependence on caregivers for daily activities, including intimate care, can create a power imbalance and potential for abuse, especially if trust is misused. Those with limited mobility may have difficulty physically resisting or escaping abusive situations, making them more vulnerable.

Lack of Awareness and Unfamiliarity with Rights: Limited understanding of rights, resources, and self-advocacy skills can leave individuals with disabilities and children unaware of their options and more susceptible to mistreatment.

Mental Health Concerns: Mental health challenges can amplify vulnerability, impacting decision-making and coping abilities. Individuals with cognitive impairments or young children might not fully comprehend appropriate boundaries, making them susceptible to misunderstandings or exploitation.

Hence, it is essential for staff members to be responsible for their care and to be attentive to their specific requirements. It's important to recognize that certain caregiving tasks or treatments could be misinterpreted if not handled appropriately. Additionally, staff members must remain vigilant as some individuals might exploit intimate care situations to harm children. Should a staff member have any reservations about a colleague's approach to personal care, it's their responsibility to communicate these concerns to the designated **Child Protection Officer (CPO)**. Consistency in the application of proper practices for intimate care is of utmost importance.

Following are the guidelines for best practices:

1. Safety

From the standpoint of child protection, the school recognizes that providing intimate care to children comes with potential risks for both the child and the caregiver, as it may involve handling sensitive and private areas of the child's body. At EIS, our focus will be on advocating for the highest standards of practice. We will actively encourage all adults, whether engaged in

intimate care or present in the vicinity, to maintain constant attentiveness, consult appropriate sources for guidance when necessary, and take ownership of ensuring a safe environment.

1.1 If the carer observes any unusual markings, discolourations, or swelling including in the genital area, they will immediately report it to the CPO. If a child is inadvertently discomforted during intimate care, if there are any indications of the child reacting in a sexually suggestive manner towards the carer's actions, or if there's a misunderstanding or misinterpretation, the carer will reassure the child, ensuring their wellbeing. Simultaneously, they will report the incident immediately to the Child Protection Officer (CPO).

1.2 Staff will report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made and kept in the child's medical file. Parents/carers must be informed about concerns.

1.3 If a student exhibits heightened distress or discomfort in response to receiving care from a specific staff member, it is essential to promptly notify the Chief Protection Officer (CPO). Subsequently, an investigation will be initiated at the appropriate level, with detailed documentation of the matter. The parents or caregivers will be contacted as swiftly as possible to facilitate a resolution. If a student raises an accusation against a staff member, all requisite procedures outlined in the Child Protection Policy must be diligently adhered to.

1.4 All children will be taught skills to advocate for their safety matching their level of development and understanding. Children who have a better understanding of their bodily autonomy are less vulnerable to abuse. ([Lesson resource](#))

2. Changing and Toileting Procedures

2.1 Students will be provided facilities that ensure privacy and modesty e.g. separate toileting for boys and girls and changing one child at a time.

2.2 The individualized intimate care plan specifies who will change the child and where the change will take place (to include more than one person to cover for absence etc.).

2.3 Resources will be provided for changing and toileting procedures:

- hot running water and soap (antibacterial where possible)
- toilet rolls
- bowl/bucket
- paper towels/cloths

- disposable aprons and gloves
- nappy bags/sacks
- cleaning equipment
- bin
- wipes
- spare clothes (it is always useful for each child to have their spare clothes in their locker to change into for physical and emotional comfort)
- changing mat or changing bench

3. Assistance with Personal Care and Hygiene

3.1 The carer will always encourage a child's independence as far as possible in his / her intimate care and the child's attempt to wash private parts of the body independently, using tissue paper

3.2. When the child is fully dependent, the carer will talk with them about the process and what is going to be done- giving them a choice where possible.

3.3 Urine, faeces, blood, and vomit will be cleaned up immediately and disposed of safely using bins provided. When dealing with body fluids, staff should wear protective clothing (disposable plastic gloves and aprons) and wash themselves thoroughly afterwards.

3.4 Soiled children's clothing should be bagged to go home wherever practicable – staff will rinse it but not wash it. Children will be kept away from the affected area until the incident has been completely dealt with.

3.5 All staff maintain high standards of personal hygiene and will take all practical steps to prevent and control the spread of infection.

4. Communication and Respect

4.1 Ask the child/parent about their likes/dislikes while carrying out intimate care and obtain consent

4.2 Students with special needs requiring regular intimate care have documented health care or Intimate Care Plans. These plans are collaboratively agreed upon by staff, parents or caregivers, and relevant professionals. Historical concerns, including past abuse, should be taken into consideration while providing intimate care.

4.3 Effective communication between parents/carers/agencies ensures the practice is consistent. Be aware of your limitations: Carers must carry out activities they understand and feel competent and confident to carry out. If in doubt, reach out for help. Some procedures must only be carried out by staff who have been formally trained and assessed.

4.4 Speak to the child personally by name so that s/he is aware of being the focus of the activity.

4.5 Give explanations of what is happening straightforwardly and reassuringly.

4.6 Enable the child to be prepared for and to anticipate events while demonstrating respect for his/her body.

4.7 Respect a child's preference for a particular carer.

4.8 When an Individualized Care Plan is not in place in case of an accident or emergency (e.g. a child has an 'accident' or soiled himself/herself), the parents/guardians will be informed the same day. The information on intimate care should be treated as confidential and communicated in person or through telephone or email.

4.9 The plan should undergo periodic reviews, occurring at least annually and during any significant life changes, such as the recent onset of menstruation.

5. Confidentiality

5.1 Confidential information regarding a child should only be disclosed to relevant parties, including parents or staff directly engaged with the child.

5.2 Communication relating to intimate care will be made through either a telephone call or an email between a member of staff and parent/carer and recorded. Sharing information between home and school is important to secure the best care for pupils.

5.3 Parental consent is needed for the School Nurse to pass on information about their child's health to school staff or other agencies. Parents and staff should be aware that matters concerning intimate care will be dealt with confidentially and sensitively and that the young person's right to privacy and dignity is maintained at all times.

STAFF DEVELOPMENT

Enhancing staff development within the Intimate Care Policy is essential to equip caregivers with the necessary skills for safe and effective intimate care, ensure adherence to regulations and high standards through regular training, foster improved relationships via empathy and communication training, and decrease the chances of errors and injuries during care procedures, prioritizing safety for all involved.

Components of Staff Development:

Initial Training: New staff members should undergo comprehensive training sessions that cover the Intimate Care Policy, hygiene protocols, infection control, privacy considerations, and proper techniques for various intimate care tasks.

Continuing Education: Regular workshops, seminars, and refresher courses should be provided to keep staff updated on the latest developments in intimate care practices, and legal requirements.

Communication Skills: Staff should receive training in effective communication, active listening, and empathy to create a comfortable environment for care recipients to express their needs and concerns.

Ethics and Dignity: Workshops focusing on ethics, cultural sensitivity, and maintaining the dignity of care recipients are essential to ensure respectful and unbiased care provision.

Infection Control: Training in infection control measures is critical to prevent the spread of infections among both staff and care recipients during intimate care procedures.

Emergency Preparedness: Staff should be trained to handle unexpected situations, emergencies, and challenging behaviours while delivering intimate care.

APPENDIX

[Intimate Care Record Sheet](#)

[Procedures for Intimate Care](#)

[Intimate care consent form](#)

THE POLICY IS CREATED IN CONJUNCTION WITH:

[Guidelines on School Safety and Security](#) - developed by the Department of School Education and Literacy, Ministry of Education, 2021

[The Protection of Children from Sexual Offences Act \(POCSO\), 2012](#)

[National Child Protection Policy](#)

[EIS Child Protection Manual](#)

[EIS Policy: Anti-Bullying 10.0](#)

[EIS Behaviour and Discipline Policy 8.0](#)

[EIS Staff Handbook](#)

[EIS Inclusive Education Policy 8.0](#)

[EIS Charter of Student Rights](#)

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Period of Review: September 2023 - February 2024

Name of the Reviewer	Role
Ms Lajya Nayak	Whole school Socio-Emotional Counsellor & DP Psychology Teacher
Ms Aditi Khanna	Whole school Socio-Emotional Counsellor & Learning Support Teacher
Ms Chhavi Tibrewala	Whole school Learning Support Teacher
Ms Rabab Bohra	Whole school Learning Support Teacher
Ms Sunita Agarwal	Well-being Coordinator
Extended Leadership team	All Coordinators, Head of School
Members of the Board	Co-founder, Director

