WROTHAM SCHOOL

INTIMATE CARE POLICY

Document Review	
Approval Date:	**September 2025**
Committee Responsible:	**Local Governing Body**
Next Review Date:	**September 2026**

Wrotham School – Intimate Care Policy (including Supporting Pupils with Medical Conditions and Moving & Handling)

Approval and review
Owner: Assistant Headteacher – SENCo
Approved by: Local Governing Board
Approved on:
Review due:

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1. Policy statement and aims

Wrotham School is committed to safeguarding and promoting the welfare, dignity and rights of all pupils. Some pupils may require intimate care and/or moving and handling support due to medical conditions, disabilities or temporary needs. This policy sets out safe, respectful and lawful arrangements so that pupils can access education, participate fully in school life and achieve their potential.

Aims

- safeguard pupils and staff and protect dignity, privacy and rights
- meet statutory duties to support pupils at school with medical conditions
- ensure intimate care and moving/handling are planned, risk-assessed and delivered by trained, competent staff
- engage parents/carers, pupils and relevant health professionals in planning and review
- promote inclusion and equality of access to the curriculum, enrichment and trips

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2. Scope and definitions

Intimate care includes any care requiring close personal contact to meet a pupil's health or personal needs (e.g. toileting/continence care, washing/showering, menstrual care, changing clothing, stoma/catheter/PEG-related care where specifically trained staff are required).

Medical condition includes physical or mental health conditions that may be long-term or temporary and require specific arrangements or emergency responses.

Moving and handling refers to assisting a pupil to move, transfer or be positioned (e.g. hoisting, use of slings, aiding transfers from wheelchair to chair, assisting on/off changing bed), and associated use of equipment.

This policy applies to all staff, pupils and visitors, during the school day and on off-site activities (including transport, work experience, residentials and fixtures).

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3. Legal and statutory framework (England)

- Children and Families Act 2014 (s.100 duty to make arrangements to support pupils with medical conditions)
- DfE *Supporting pupils at school with medical conditions* (statutory guidance)
- Manual Handling Operations Regulations 1992 (as amended) and associated HSE guidance
- HSE guidance for education settings on supporting children with disabilities/SEND and moving/handling
- DfE *Keeping Children Safe in Education* (KCSIE) – safeguarding
- Equality Act 2010 and Public Sector Equality Duty (reasonable adjustments, disability discrimination)
- SEND Code of Practice: 0–25 years
- Data Protection Act 2018 and UK GDPR
- Working Together to Safeguard Children (multi-agency)

Linked school policies: Safeguarding & Child Protection; SEND; Medicines/First Aid; Health & Safety; Behaviour; Educational Visits; Data Protection; Complaints; Staff Code of Conduct/Safer Working Practice.

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4. Roles and responsibilities

Governing Board

- approves and monitors this policy and ensures suitable arrangements, resources and training.

Headteacher

- ensures implementation, adequate staffing, competency, supervision and safer recruitment (including DBS).

Designated Safeguarding Lead (DSL)

- ensures intimate care arrangements align with safeguarding procedures; provides advice if concerns arise.

SENCo/Medical Needs Lead

- coordinates Individual Healthcare Plans (IHPs) and Intimate Care Plans (ICPs); liaises with health professionals; ensures risk assessments and Personal Emergency Evacuation Plans (PEEPs) are in place; maintains secure records.

Move & Handling Lead/Competent Person

- oversees moving/handling risk assessments; specifies equipment; organises training and refresher schedules; maintains equipment logs.

First Aiders/Named Staff

- deliver agreed care within their competence; record interventions; escalate concerns.

All staff

- follow plans and training; uphold dignity, privacy and safeguarding; report defects, near-misses and incidents promptly.

Parents/Carers & Pupils

- contribute accurate medical information; provide consent; supply spare clothing/consumables where appropriate; participate in reviews.

Health professionals

- provide clinical oversight, training and written protocols for specialist procedures (e.g. catheterisation, gastrostomy, suction).

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5. Planning and consent

- The school uses **Individual Healthcare Plans (IHPs)** for pupils with medical conditions and **Intimate Care Plans (ICPs)** where intimate care is required. Plans are co-produced with parents/carers, the pupil (as appropriate), relevant staff and health professionals.

- Plans set out daily routines, triggers, equipment, staffing numbers, gender preferences, dignity measures, communication, emergency actions and review dates.
- **Written parental consent** is required for intimate care and for any administration of medication not covered by self-carry arrangements. Pupils with capacity are involved and their consent sought before each episode of care.
- Plans are reviewed **at least annually** and following any change in needs, incidents, hospital discharge or new equipment.
- Staff must only undertake tasks for which they have been trained and signed off as competent.

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6. Safeguarding, dignity and safer working practice

- Respect privacy: use appropriate facilities (toilets/changing rooms/medical room); ensure doors are not locked; use screens/curtains where available.
- Encourage the **least intrusive** level of assistance, supporting independence and choice.
- Where practicable, **two adults** should be within line of sight or within immediate call when carrying out intimate care or hoisting; however, arrangements must not cause undue delay that compromises dignity, health or safety.
- Ensure **clear communication** with the pupil before and during care; consider cultural and gender preferences where reasonably practicable.
- Record every intimate care event and any variation from the plan; report concerns, bruising/injury or disclosures to the DSL immediately.
- No personal mobile phones or photography. Only school devices may be used where specified in the plan (e.g. for pressure area monitoring apps with parental consent and data protection controls).
- Allegations/concerns about staff conduct are managed per KCSIE and school procedures.

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7. Medicines and health care procedures (summary)

- The school maintains a separate **Supporting Pupils with Medical Conditions & Medicines Policy**; this policy signposts that document for detailed procedures.
- Prescription medicines are accepted when essential for attendance; non-prescription medicines are managed as per policy. Controlled drugs may be held/administered in line with prescriber instructions and secure storage procedures.

- Pupils may **self-carry** and self-administer (e.g. inhalers, adrenaline auto-injectors) where risk assessed; spares are stored accessibly.
- Only trained staff administer medicines or undertake clinical tasks (e.g. buccal midazolam, insulin, catheterisation, stoma care). Written care plans and training logs are required.
- Emergency protocols (e.g. asthma, anaphylaxis, diabetes, epilepsy, adrenal insufficiency) are included in the IHP and displayed discreetly in staff areas as agreed.
- All administrations are recorded on the **Medicine Administration Record**; parents are informed of any doses given in school that are not routine.

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8. Moving and handling – principles and practice

8.1 Principles

- Adopt an **"avoid–assess–reduce"** hierarchy: avoid hazardous manual handling where reasonably practicable; assess unavoidable tasks; reduce risk through equipment, environment, technique and staffing.
- Apply the **TILEE** factors in assessments: *Task, Individual, Load (pupil), Environment, Equipment*.
- Focus on enabling participation while managing risk; there is **no blanket "no lifting" rule** – decisions are based on competent risk assessment.

8.2 Risk assessment and planning

- Complete a **Moving & Handling Risk Assessment** and a **Moving & Handling Plan** for each pupil who requires assistance, and for relevant activities/areas (e.g. pool, stage, minibuses).
- Specify: equipment (e.g. hoists, slings, standing aids, shower/height-adjustable benches), safe working loads, storage/charging, maintenance schedules, sling compatibility/size, number of staff, communication cues, and emergency/failed-lift procedures.
- Ensure **PEEPs** for pupils who may need assistance in an evacuation, with provision for refuge points and evacuation chairs where required.

8.3 Training and competence

- Staff undertaking people-handling receive initial and **regular refresher** training from a competent trainer (typically every 12–24 months, sooner if needs change).
- Practical sign-off is required for each **specific technique/equipment** used with named pupils.

- Loads/equipment must **not** exceed the rated capacity; defective equipment is withdrawn immediately and reported.

8.4 Operational controls

- Maintain clear floorspace; set bed/bench/hoist heights correctly; use agreed verbal cues; check sling fit and attachments before lifting.
- Avoid lone hoisting; use the **agreed number of staff** (usually 2) for transfers.
- If a transfer cannot be completed safely, **stop, make safe and seek help**. Complete an incident/near-miss report and review the plan.

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9. Toileting, continence and menstrual care

- Provide discreet access to appropriate facilities and time without penalty (attendance/behaviour).
- Keep a stock of spare clothing and hygiene products; parents supply personal items where specified.
- Use gloves, aprons and single-use wipes as appropriate; follow infection prevention and control procedures; dispose of clinical waste safely.
- Promote independence with prompts and adaptive equipment where possible.
- Manage any intimate care during off-site activities through pre-planning, venue checks and travel arrangements.

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10. Off-site visits, PE, swimming and practical subjects

- The Visit Leader ensures medical/intimate care and moving/handling arrangements are built into the **EVOLVE/visit risk assessment** and that equipment and trained staff are available.
- For sport/PE and practical subjects, reasonable adjustments and alternative activities will be planned based on IHP/M&H assessments to ensure participation and safety.

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11. Information sharing, confidentiality and record keeping

- Information is shared on a **need-to-know** basis in line with UK GDPR and safeguarding guidance.

- Records kept securely include: IHPs, ICPs, M&H Assessments/Plans, PEEPs, training certificates, equipment maintenance, medicine records, incident/near-miss reports and intimate care logs.
- Parents/carers are notified of significant changes, incidents and any non-routine interventions.

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12. Equality, pupil voice and mental health

- We make **reasonable adjustments** so pupils are not placed at a substantial disadvantage due to disability or medical need.
- Pupil preferences are sought and respected; interpreters/communication aids are used where needed.
- We recognise the **mental health** impact of medical needs and intimate care; support is coordinated with pastoral staff and external services as appropriate.

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13. Complaints and escalation

Concerns should be raised with the SENCo/Medical Needs Lead in the first instance. Formal complaints follow the school's Complaints Procedure. Safeguarding concerns are referred to the DSL without delay.

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14. Monitoring and review

The SENCo/Medical Needs Lead audits plans, records, training and equipment at least annually. The Governing Board receives an anonymised annual report on compliance, incidents and training.

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15. Appendices (school templates)

Appendix A – Intimate Care Plan (ICP)

- Pupil details; summary of needs; dignity/privacy measures; staff required; location/equipment; step-by-step procedures; infection control; communication cues; gender preference; cultural considerations; emergency actions; review date; signatures (parent/carer, pupil where appropriate, staff, SENCo).

Appendix B – Parental/Carer Consent for Intimate Care

- Consent statement; scope of tasks; named staff; right to withdraw/alter consent; data privacy notice; signatures/date.

Appendix C – Individual Healthcare Plan (IHP)

- Based on DfE model: diagnosis; symptoms/triggers; daily management; medication (dose, route, storage, self-carry); equipment/devices; specific support for education/social/emotional needs; arrangements for PE/trips/exams; emergency plan; roles/responsibilities; training; review.

Appendix D – Medicine Administration Record (MAR)

- Pupil; medicine name/strength; dose/time/route; prescriber instructions; batch/expiry; given by/checked by; refusals/omissions; parent notifications.

Appendix E – Moving & Handling Risk Assessment (TILEE)

- Task analysis; pupil factors (tone, pain, understanding, fatigue); load characteristics; environment (space, surfaces, lighting); equipment (type, SWL, compatibility); staffing numbers/competence; controls; residual risk; review triggers.

Appendix F – Moving & Handling Plan

- Step-by-step technique (with diagrams if provided by trainer), sling type/size, attachment points, hoist settings, communication cues, staff positions, contingency/failed-lift actions.

Appendix G – Personal Emergency Evacuation Plan (PEEP)

- Routes/refuge; assistance/equipment required; staff roles; training; drill frequency; review.

Appendix H – Intimate Care/Moving & Handling Event Record

- Date/time; staff present; location; actions taken; deviations from plan; supplies used; pupil comment; parent notification; signatures.

Appendix I – Staff Training & Competency Log

- Course/provider; content (people-handling, hoist/slings, catheterisation, medication); practical assessment; renewal due date; manager sign-off.

Quick-reference checklists

For staff before providing intimate care or moving/handling:

1. Check the current plan and any updates; 2) Gain the pupil's consent and explain the steps; 3) Wash/sanitise hands and wear appropriate PPE; 4) Prepare equipment and clear space; 5) Use agreed cues/technique; 6) Record the intervention and report any concerns.

For visit leaders:

- Confirm trained staff, equipment, storage/charging and venue suitability; carry IHP/ICPs and emergency meds; brief all supervising adults; complete dynamic risk assessment on arrival.

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16. Local arrangements at Wrotham School (to complete)

- Named Medical Needs Lead: [insert]
- Named Moving & Handling Lead/Competent Person: [insert]
- Medical room/changing facilities locations and access procedures: [insert]
- Equipment inventory and inspection schedule: [insert]
- Training providers and refresher cycles: [insert]
- Secure record systems used (e.g. CPOMS/Arbor/Integris): [insert]

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17. References (key national guidance)

- Children and Families Act 2014, s.100
- DfE: *Supporting pupils at school with medical conditions* (statutory guidance) and associated templates (Individual Healthcare Plans, medicines forms)
- DfE: *Keeping Children Safe in Education* (current edition)
- HSE: Manual Handling Operations Regulations 1992 (as amended) and guidance (L23, INDG143)
- HSE for education: *Supporting pupils with disabilities, SEND and medical conditions*; *Moving and handling in health and social care*
- Equality Act 2010; SEND Code of Practice (0–25); UK GDPR/Data Protection Act 2018

This policy will be shared with staff annually, with updates communicated through safeguarding/medical briefings and recorded on the school training log.