



**St Bonaventure's Catholic Primary School
Egerton Road,
Bishopston
Bristol, BS7 8HP**

INTIMATE CARE POLICY

Policy Owner	Headteacher
Governing Body Committee	Standards
Version no.	
Issue Date	25/5/21
Last Review Date	
Next Review Date	

This policy is available at
<http://www.st-bonaventures.bristol.sch.uk/>



Version History

Version	Date	Page	Description of Change	Origin of Change



Rationale

We are an inclusive school and may enroll pupils/children with physical disabilities or with specific medical needs. This may include help or support with intimate personal care including going to the toilet and washing.

What we do

- Ensure we gather all information about a child/pupil's needs prior to admission and agree with the parent/carer what intimate care is needed.
- We will also work with other agencies to gather support, advice and ensure staff are appropriately trained.
- Wherever possible we will involve the child/pupil in any plans to provide intimate care.
- Ensure we share this information with staff on a needs to know basis.
- Provide a name or names of staff who will take responsibility for such intimate care as required. When recruitment of staff is needed the information will be included in the job description and a clear statement about staffing ratios and gender of both staff and children/pupils.
- Provide details of appropriate training needed/undertaken by staff and this is linked to Safeguarding, Safe handling, and communication, medical or other needs.
- We respect the right to privacy and maintain the dignity of pupils.
- We aim to support children/pupils requiring intimate to be as independent as possible.
- We recognize that pupils requiring intimate care are vulnerable and commit to safeguarding at all times.
- Care plans are securely stored but accessible to appropriate staff.
- Concerns which arise are reported in line with the Safeguarding Policy.
- We recognise the vulnerability of staff providing intimate care and provide supervision and reporting systems to address such matters.



INTIMATE CARE RECORD FORM

NAME CLASS

DATE/TIME	DETAILS	LOCATION	INITIALS OF ADULTS	COMMENTS
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KEY

- DETAILS: NAPPY CHANGING “**NC**”, TOILETING SUPPORT “**TS**”
- LOCATION: RECEPTION TOILET “**RT**”, YEAR 1 TOILET “**T1**”, YEAR 3 TOILET “**T3**”, YEAR 4 TOILET “**T4**”, YEAR 6 TOILET “**T6**”, MEDICAL ROOM “**MR**”