THE INDIAN PUBLIC SCHOOL

ERODE

INTIMATE CARE POLICY

DRAFT #1

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1. Purpose and Rationale

At The Indian Public School (TIPS), every child's dignity, health, and safety are of paramount importance. This policy ensures that any student who requires assistance with personal or intimate care receives support in a safe, respectful, and professional manner. It protects both students and staff through clearly defined protocols, consistent with CBSE child safety guidelines and TIPS safeguarding standards.

2. Scope and Applicability

This policy applies to:

- All TIPS campuses across levels (Kindergarten to Grade XII)
- All teaching and non-teaching staff involved in student care
- Any situation requiring physical assistance for personal hygiene, medical needs, or toileting
- Should be read with Safeguarding Policy.
- The School Management and Principal is committed to ensuring that all staff responsible for the intimate 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.
- TIPS recognises 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 care is given. The child's welfare is of paramount importance and his/her experience of intimate and 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.
- The staff at TIPS will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.
- All staff undertaking intimate care must be given appropriate training.

3. Definition of Intimate Care

Intimate care at school involves touching both intimate and non-intimate body parts. Intimate care refers to personal care activities that require direct or close physical contact with a student, including:

- Assistance with toileting or changing clothes after accidents
- helping a child who has soiled themselves
- supporting/changing sanitary protection

- supervision of children involved in intimate self-care
- Help with washing, cleaning, or menstrual hygiene
- Supporting students with physical disabilities during personal care routines
- First aid that involves cleaning or touching private body areas (with consent and protection measures)

4. Philosophy and TIPS Core Values

TIPS upholds Respect, Empathy, Safety, and Integrity as foundational values.

- Every child has the right to privacy and dignity.
- Intimate care is provided with kindness, empathy, and professionalism.
- Children are encouraged to develop independence and self-care skills where possible.
- The school fosters an environment where students feel safe to express needs without fear or embarrassment.

5. Principles of Good Practice

- Care is provided only when necessary and, in a child-centred manner.
- Parental consent is obtained in writing prior to routine care.
- Two-adult protocol: Wherever possible, another staff member is aware or nearby when intimate care is provided.
- All staff maintain professional boundaries and avoid unnecessary contact.
- All procedures are documented for transparency and accountability.
- 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.
- 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. Consistency in the application of proper practices for intimate care is of utmost importance.

6. Guidelines for Best Practices

6.1 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 TIPS, our focus will be on advocating for the highest standards of practice.
- We will actively encourage all adults, whether engaged in the 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.
- If the carer observes any unusual markings, discolorations, or swelling including in the genital area, they will immediately report it to the Intimate Care Coordinator.

6.2 Changing and Toileting Procedures

- 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.
- 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.).

6.3 Assistance with Personal Care and Hygiene

- 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
- 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.
- 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.

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

6.4 Communication and Respect

- Ask the child/parent about their likes/dislikes while carrying out intimate care and obtain consent
- 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.
- 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.
- Speak to the child personally by name so that s/he is aware of being the focus of the activity.
- Give explanations of what is happening straightforwardly and reassuringly.
- Enable the child to be prepared for and to anticipate events while demonstrating respect for his/her body.
- Respect a child's preference for a particular carer.
- 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.
- The plan should undergo periodic reviews, occurring at least annually and during any significant life changes, such as the recent onset of menstruation.

6.5 **Confidentiality**

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

7. Roles and Responsibilities

7.1 School Administration

- develop, review, and approve the Intimate Care Policy
- ensure the policy aligns with legal requirements and best practices
- appoint a designated staff member or coordinator to oversee intimate care procedures
- Nominate trained staff responsible for intimate care.
- Provide necessary infrastructure (changing area, privacy screens, sanitation).
- Maintain and monitor records of care provided.
- Conduct regular audits to ensure compliance with CBSE and POCSO norms.

7.2 Designated Intimate Care Coordinator is

- 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

7.3 Teachers, Coordinators and Support Staff

- 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
- Ensure timely communication between parents.
- Support children emotionally post-incident and maintain classroom inclusivity.

7.4 Parents/Guardians

- 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
- Sign and update the Intimate Care Agreement Form annually.

7.5 Student

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

8. Intimate Care Procedures

8.1 Routine Support

Used in cases such as toileting accidents in early grades or support for children with specific needs.

- Care should be offered discreetly, ensuring minimal disruption to the child's day.
- Staff should use gloves and follow hygiene protocols.
- Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.
- 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.
- Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.

- 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 class teacher or Principal. The matter will be investigated at an appropriate level (usually the Principal/SLT or MLT) and outcomes recorded

8.2 Emergency Situations

- In emergencies (vomiting, injury, menstrual emergency), immediate care may be provided without prior consent — followed by prompt parent notification and documentation.

8.3 Gender Sensitivity and Privacy

- Preferably, a female staff member assists female students and a male staff member assists male students.
- For cross-gender assistance in emergencies, another adult must be present.
- All staff should be aware of the school's confidentiality policy.
- Sensitive information will be shared only with those who need to know.
- No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

8.4 Communication with Parents

Parents must be informed of any incident requiring intimate care on the same day, either through phone, diary entry, or school app message.

9. Facilities and Environment

TIPS provides:

- Well-equipped restrooms and hygiene areas
- Emergency kits and sanitary disposal facilities
- Designated “care zones” for privacy during assistance

10. Training and Competency of Staff

All designated staff receive training on:

- Hygiene and infection control
- Child protection and safeguarding (as per CBSE/POCSO)
- Effective communication with children
- Recognizing and reporting inappropriate behaviour.

11. Record Keeping and Documentation

Each instance of intimate care is recorded with:

- Date, time, child's name, reason, staff involved, and brief description
- Signature of the staff member and countersignature by the class teacher or coordinator
- Records maintained confidentially in the Principal's office

12. Safeguarding and Child Protection Measures

- Staff must report any signs of discomfort, injury, or unusual behaviour immediately.
- Any suspicion of abuse or breach of boundaries is escalated to the TIPS Child Protection Committee.
- Adherence to CBSE Circular on Child Safety (No. 19/2018) and POCSO Act, 2012 is mandatory.

13. Confidentiality and Professional Conduct

- Information regarding a student's intimate care needs is confidential.
- Discussions about such incidents are limited to relevant personnel only.
- Staff must refrain from taking any photographs or using personal devices during care.

14. Monitoring and Review of Policy

The Principal and Child Protection Committee will review this policy annually or as per CBSE/NCPCR recommendations. Feedback from staff and parents will be incorporated to ensure continuous improvement.

15. Examples of Situations Requiring Intimate Care

Scenario	Response Example (Aligned with TIPS Practice)
A KG student wets uniform during class	Teacher escorts child to care area; support staff helps child change privately; parent informed through ClassDojo/app.
A Grade 5 student gets first period unexpectedly	Female staff provides sanitary supplies, explains calmly, and ensures emotional comfort; parent called.
A physically challenged student needs assistance post-therapy	Trained staff supports as per individualized plan in coordination with parent and school nurse.
A student vomits during lunch	Immediate care with gloves and hygiene control; area sanitized; incident logged.

16. Appendices

Appendix A – Parental Consent Form (Sample)

I, _____, parent/guardian of _____ (Grade ___), grant permission for designated TIPS staff to provide necessary intimate care support as per the school's Intimate Care Policy.

Signature: _____ Date: _____

Appendix B – Intimate Care Log Format

Date	Student Name	Class	Reason for Care	Staff Involved	Time	Parent Informed	Remarks

Approved by:
Principal, The Indian Public School (TIPS)

Date of Implementation: _____

Review Date: _____