



Regular incidents of this nature from the same child/student, should be monitored, recorded and reviewed for a medical condition or a safeguarding concern.

If a child/student needs to be cleaned, staff will make sure that:

- appropriate PPE (for example, protective gloves) are worn,
- the procedure is discussed in a friendly and reassuring way with the child/student throughout the process,
- the child/student is encouraged to care for him/herself as far as possible,
- physical contact is kept to the minimum possible to carry out the necessary cleaning,
- privacy is given appropriate to the child/student's age and the situation,
- all spills of vomit, blood or excrement are wiped up and either flushed down the toilet or double bagged and disposed of in the appropriate waste,
- any soiling that can be, is flushed down the toilet,
- soiled clothing is put in a plastic bag, unwashed, and sent home with the child/student.

Any child/student who may have an incident during their menstrual cycle should be supported consistently and not made to feel embarrassed or ashamed for the incident. Again, where possible they should be involved in providing their own self-care and supported by a member of staff. Children/students should be signposted to where menstrual products are available in the setting and advised to bring additional changes of clothing with them in the event of a reoccurrence.

Staff should be vigilant of children/students in regards to incidents of Female Genital Mutilation which may be masked through menstrual cycle as well as any suspicion of concern of a child/student bleeding from their genitals which may not be a menstrual cycle. All staff must report concerns directly to the Designated Safeguarding leads.

Changing areas should be clear and visible to other staff members. It is usual for one person to undertake intimate care for the rights and privacy of the child/students, however where necessary or where risk is involved this may need to be two members of staff.

Any changes to the policy or processes involved in nappy changing or intimate care should be made to meet the needs of the individual child/student or the whole staff and not for the benefit for one individual member of staff.

It is important that a sound process of recording and documenting the intimate care of children/students in all settings by all staff is in place.

There need to be clear processes for whistleblowing and there should be an open culture of challenge within the setting so that staff feel confident to alert/inform senior members of staff to any concerns raised. Staff should refer to relevant policies for further support and advice should they have concerns.

Parents should be aware of the setting's intimate care policy and have a copy of their child's care plan. Parents should be clear about who their child's key worker is and the processes of intimate care for that setting.

The needs of children/students with delayed personal development should be met in the same way as the individual needs of children /students with any other delayed development, e.g. language. Children/students should not be excluded from normal school activities because there may be intimate/personal care issues.

Staff must take precautions for avoiding infection, follow basic hygiene procedures, including wearing protective items such as a disposable apron or gloves. Items of PPE are available for the purposes of Intimate Care.

Child/Student's Name:

Year:

Class/Tutor Group:

Date	Time	Procedure	Staff/parent signature

Appendix 3

I/We give permission for school to provide intimate care to my/our child.

I/We will advise the school of anything that may affect issues of personal care (if medication is changed or my child has an infection for example)

I//We understand the procedures that will be carried out and will contact the school immediately if there are any concerns.

Signature:

Name:

Relationship to child:

Date: