

Safeguarding Children Intimate Care Policy

- Intimate care can be defined as care tasks of an intimate nature associated with bodily functions, bodily products and personal hygiene which demand direct or indirect contact with, or expose of the genitals.
- All children who require intimate care are treated with respect and dignity at all times.
- Each child has a right to privacy appropriate to the child's age and situation and staff will encourage each child to do as much for themselves as they can, taking into account their age and ability.
- Staff who provide intimate care to children have enhanced DBS checks, training in Child Protection issues and awareness of Health and Safety procedures.
- Wigton Moor Playschool Staff are able to administer suncream, creams or ointments (non-steroid) provided that the parent/carer gives clear instructions and the items are labelled with the child's name. Any application must be recorded in the Intimate Care Book.
- Children are encouraged to be responsible for their own intimate care as far as possible. Any child that is unable to manage their own intimate care independently will be offered the necessary level of support by staff, staff will talk to the child about what they are doing and give them choices where possible.
- Parents/carers are made aware of how intimate care for their child will be managed. Parents will be asked to sign a slip to give staff permission to administer intimate care.
- All staff who provide intimate care to a child will be required to record details in the Intimate Care Record Book. All details will be kept confidential.
- If a member of staff has any concerns about physical changes in a child's presentation eg; marks, bruises, soreness, etc, they will immediately report concerns to the Playschool Supervisor and the Child Protection Policy will be implemented.
- If a complaint is made against staff within the playschool we will follow the guidelines of the Leeds Safe Guarding Children Board.

This policy was adopted by _____ (name of provider)
On _____ (date)
Date to be reviewed _____ (date)
Signed on behalf of the provider _____
Name of signatory _____
Role of signatory (e.g. chair, director or owner) _____