



Intimate Care Policy

2019~2020

Intimate care is any assistance that involves touching a child while carrying out a procedure that most children are able to do for themselves but some are unable to manage without help. This may involve help with eating, drinking, dressing, and matters of personal hygiene such as washing and toileting. In some instances more specialised intimate assistance may be needed for children with physical or medical difficulties.

This policy aims to:

- safeguard the dignity, rights and well-being of children;
- provide guidance, support and protection to staff;
- reassure parents that their children are cared for and protected.

City of Armagh High School is committed to ensuring that all staff undertake their responsibilities in such a way that the rights, dignity and welfare of the children is protected.

City of Armagh High School is committed to ensuring that staff undertaking these responsibilities are supported by policy, training and monitoring.

All school staff receive child protection training and undertake to help children do as much as possible for themselves and develop each child's ability to achieve independence. Staff receive appropriate specialised training and are provided with facilities and equipment to ensure safety, privacy and dignity.

An intimate care plan is drawn up for each child requiring such assistance, and is carefully planned and agreed in consultation with parents and child (see appendix 1, 2 & 3)

Provision is monitored and regularly reviewed to ensure that policy and procedure is adhered to, and that children and staff remain comfortable with the school's arrangements.

Supporting girls during their menstrual cycle

Girls have access to free sanitary products in school. These are available from Mrs Reid when needed.

School: _____

Permission for intimate care

Child:	
DoB:	
Address:	
Parent/Guardian	
<p>I/We give permission for the assistance detailed overleaf to be provided to my/our child and will advise the school of any change that affect this provision.</p> <p>Signed:</p>	
<p>I, the child, give permission for the assistance detailed overleaf to be provided for me.</p> <p>Signed:</p>	

Appendix 2

School:		
Intimate Care Plan		
Pupil:		DoB:
Diagnosis:		
Assistance:		
Timetable:		
Persons assisting:		
Alternative arrangements:		
Location/Equipment:		

Designation	Signed:	Date:
Parent		
Pupil		
Assistant(s)		
Principal		

Appendix 3

[illegible]