St. Margaret's C of E. Primary School

EYFS Safeguarding – Additional Policy (to be read in conjunction with school Safeguarding Policy)

Last Update – September 2025
Last approved – October 2025 (Full Governing Body)
To be reviewed – September 2026 (or earlier in light of new legislation/LA guidance)

"So these three things continue forever: faith, hope and love. And the greatest of these is love."
1 Corinthians 13:13 (International Children's Version)

"Remember that I commanded you to be strong and brave. So don't be afraid. The Lord your God will be with you everywhere you go."
Joshua 1:9 (International Children's Version)

A learning community sharing God's faith, hope and love.

A Place to B.E.C.O.M.E

We desire to provide "*A learning community sharing God's faith, hope and love. A Place to BECOME.*"

The school's vision is theologically rooted in the Christian values of Faith, Hope and Love. Corinthians 13, 1-13.

The school vision 'A Place to BECOME' was born out of an EEF research project which identified pupils' motivation, resilience and perseverance as areas where improvements could be made. The curriculum aims to develop Bravery (confidence), **E**nergy (resilience), **C**reativity, **O**penness (collaboration), **M**otivation (perseverance), ultimately **E**mpowering children and providing them with A Place to BECOME. The learning line is used in school as a journey through the learning process and aims to develop children's character, leading to empowerment. The 'A Place to BECOME' aspect of the vision is rooted in the biblical reference of God's command to Joshua (Joshua 1:9) after Moses' death, *'Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go.'* As Joshua discovers he is to lead the Israelites to the promised land (a journey which will require strength, courage and faith), the learning line and developing the identified character attributes is a vision to enabling children to become the best they can be.

The intent of this policy is to fulfil the vision in the area of Intimate Care and Safer Eating (EYFS)

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Document History

Version	Date	Recipients	Purpose
1.0	September 2025	All St. Margaret's staff and governors	Previous intimate care policy updated in light of the new EYFS Framework. Safer Eating procedures introduced also as a result of the new framework.

1. Introduction

This policy and procedure should be read in conjunction with our Safeguarding and Child Protection policy: this policy and procedures sets out additional requirements to keep our EYFS children safe and meet the requirements of the 2025 EYFS Framework.

This policy and procedure are in place to ensure that intimate care is carried out properly by staff, in line with any agreed plans. The dignity, privacy, rights and wellbeing of every child are safeguarded. Pupils who require intimate care are not discriminated against, in line with the Equality Act 2010. Parents/carers are assured that staff are knowledgeable about intimate care and that the needs of their child are taken into account. Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved

Intimate care refers to any care that involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

The Safer Eating procedures are based on the guidance introduced in the Early Years Framework in September 2025 to protect young children from the risks of choking and food allergies, and to ensure a safe, hygienic and nutritious environment during mealtimes.

2. Legislation and statutory guidance:

This policy complies with the Department for Education (DfE) statutory safeguarding guidance:

- Keeping Children Safe in Education
- Early Years Foundation Stage (EYFS) statutory framework

This policy also acknowledges the school's legal duties under the Equality Act 2010, in respect of Safeguarding and in respect of pupils with special needs (SEN).

3. Role of parents/carers

For children who need routine intimate care (e.g. for nappy changing or toileting accidents), parents will be asked to provide an adequate supply of necessary items (e.g. nappies, wipes, creams, changes of clothing). For children whose needs are more complex or who need particular support, an intimate care plan may be created in discussion with parents/carers.

3.1 Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents/carers, the child (where possible) and any relevant health professionals. The school will work with parents/carers and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately. Subject to their age and understanding, the preferences of the child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents/carers will be consulted.
The plan will be reviewed twice a year, even if no changes are necessary, and updated whenever there are changes to a pupil's needs. See appendix 1 for a template plan.

The school will share information with parents/carers as needed to ensure a consistent approach. Parents/carers are expected to also share relevant information regarding any intimate matters as needed.

3.2 Sharing information

The school will share information with parents/carers as needed to ensure a consistent approach. Parents/carers are expected to also share relevant information regarding any intimate matters as needed.

4. Role of staff

4.1 Which staff will be responsible

Any roles who may carry out intimate care will have this set out in their contract or job description. This will usually be those staff members working as 1:1 teaching assistants as well as some working as general teaching assistants. All staff who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history. The SENCO, Mrs Cara Campbell will:

- Oversee the implementation of this policy
- Ensure staff receive appropriate training and support
- Oversee the development of individual intimate care plans
- Act as a point of contact for parents/carers/staff regarding intimate care concerns

4.2 How staff will be trained

Staff will receive:

- Training in the specific types of intimate care they undertake
- Regular safeguarding training
- If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as possible

They will be familiar with:

- The control measures set out in risk assessments carried out by the school
- Hygiene and health and safety procedures

They will also be encouraged to seek further advice as needed.

5. Intimate care procedures

During nappy changes, toileting and any intimate care procedure, St Margaret's will balance children's privacy with safeguarding and support needs.

5.1 Staffing

All members of staff performing intimate care procedures have an enhanced DBS with barred list check.

In general, 1 member of staff will be present with each child, except for circumstances where:

- 2 members of staff are needed to:
    - Safely handle a child who needs to be assisted
    - Use equipment such as a hoist
- There is a known risk of false allegations by the pupil

In cases where a pupil needs regular intimate care, where possible, the same member of staff will assist the same pupil each time they need support. We will train 2-3 members of staff per child to cover absences, emergencies and school trips. Where possible, we will ensure that these backup members of staff are also people known to the child.
At St Margaret's male members of staff may be allocated to change female pupils or vice versa. The decision to allocate a member of staff of a different gender to the pupil will be discussed with the parents/carers and pupil, if appropriate.

5.2 Arrangements

Procedures will be carried out in designated changing areas.

Before going to perform intimate care on a child, the member of staff allocated to that child will inform another member of staff of where they are going, and leave doors open as much as privacy allows. Where possible, they should be within earshot of other members of staff, but the comfort and care of the child should be the priority when choosing a location.

When carrying out procedures, the school will provide staff with: protective gloves, cleaning supplies, changing mats and bins.

For pupils needing routine intimate care, the school expects parents/carers to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and/or a spare set of clothing.

Any soiled clothing will be contained securely, clearly labelled and discreetly returned to parents/carers at the end of the day.

Instances of intimate care are recorded with the date/time, staff involved, and any relevant observations such as skin integrity) and reported to parents/carers, if appropriate.

5.3 Concerns about safeguarding

If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this using the school's safeguarding procedures. Any concerns about the safety or welfare of a pupil will be reported immediately to the local authority's children's social care team.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to the Designated Safeguarding Lead.

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures.

Where the school notices an increasing pattern of soiling instances, it will first hold a meeting with parents/carers and with any other relevant individuals, such as medical professionals involved with the

child to discuss why this might be occurring, and how to help the child. If the pattern continues, the school's designated safeguarding lead (DSL) will be notified. If there is other evidence which indicates a safeguarding concern, the DSL may contact the local authority designated officer (LADO), who will consider whether there is a safeguarding issue.

5.4 Specific procedures for toileting accidents

Where pupils are starting school without having been toilet-trained, staff will work with the pupil's parents/carers to agree on a care plan.
The school will record the number of soiling incidents in school, and liaise with the pupil's parent/carers about:

- The outcomes of relevant medical appointments attended by the child
- Whether there is a change in the pattern of soiling incidents, at home or at school
- Whether the current plan is working

6. Safer Eating Procedures for children in the EYFS

There should always be a member of staff in the room with a valid paediatric first aid certificate while children are eating.

Settings must gather, record and act on information about special dietary or health requirements, preferences and food allergies children have.

All staff must be aware of the symptoms and treatments for allergies and anaphylaxis.

Food should be prepared in a suitable way for each child's individual developmental needs. Food must be prepared in a way to prevent choking.

When there is a choking incident that requires intervention, providers should record where and how the child choked and inform parents or carers. Records should also be reviewed periodically and appropriate action should be taken to address any identified concerns.

Where possible, staff should sit facing children while they eat to make sure children are eating safely, prevent food sharing and be aware of any unexpected allergic reactions

Appendix Two contains food preparation advice for children age 5 and under to reduce the risk of choking.

7. Monitoring and review

This policy will be reviewed by the School SENCO and Designated Safeguarding Lead annually. At every review, the policy will be approved by the Safeguarding Governor.

8. Links with other policies

This policy links to the following policies and procedures:
Accessibility plan
Child protection and safeguarding
Health and safety

SEND
Supporting pupils with medical conditions
PSHRE policy

Appendix One – template intimate care plan

Parents/Carers	
Name of child	
Type of intimate care needed	
How often care will be given	
What training staff will be given	
Where care will take place	
What resources and equipment will be used, and who will provide them	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	
child	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
Signature of child	
Date	

This plan will be reviewed twice a year.
Next review date:
To be reviewed by:

Appendix Two – food preparation advice for children age 5 and under to reduce the risk of choking.

Choking can happen with any food, but there are steps you can take to minimise the risks.
Food preparation:

- remove any stones and pips from fruit before serving
- cut small round foods, like grapes, strawberries and cherry tomatoes, lengthways and into quarters
- cut large fruits like melon, and hard fruit or vegetables like raw apple and carrot into slices instead of small chunks
- do not offer raisins as a snack to children under 12 months – although these can be chopped up as part of a meal
- soften hard fruit and vegetables (such as carrot and apple) and remove the skins when first given to babies from around 6 months
- sausages should be avoided due to their high salt content, but if offered to children these should be cut into thin strips rather than chunks and remove the skins
- remove bones from meat or fish
- do not give whole nuts to children under five years old
- do not give whole seeds to children under five years old
- cut cheese into strips rather than chunks
- white bread can form a doughy ball in the throat, consider wholemeal or toasted bread and for very young children cut all types of bread into strips
- do not give popcorn as a snack
- do not give children marshmallows or jelly cubes from a packet either to eat or as part of messy play activities as they can get stuck in the throat
- do not give children hard sweets