

Intimate care and toileting policy

Agreed by governors: September 2020

Whenever we say parents in this document we mean parents and carers and whenever we say child we mean children and young people aged 0 to 11 years old.

These guidelines are designed to promote good practice and therefore safeguard children and practitioners; they apply to everyone involved with the intimate care of children.

# Aims:

* to safeguard the rights and promote the welfare of children
* to provide guidance and reassurance to staff whose role includes intimate care
* to assure parents that staff are knowledgeable about personal care and that their individual concerns are taken into account.

# Definition of Intimate Care:

‘Care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demands direct or indirect contact with, or exposure of, the sexual parts of the body’

Intimate care tasks specifically identified as relevant include:

* dressing and undressing (underwear)
* helping someone use a potty or toilet
* changing nappies
* cleaning / wiping / washing intimate parts of the body.

# Definition of Personal Care:

‘Although it may involve touching another person, it is less intimate and usually has the function of helping with personnel presentation’

Personal care tasks specifically identified as relevant include:

* feeding
* administering oral medication
* hair care
* dressing and undressing (clothing)
* washing non-intimate body parts
* prompting to go to the toilet.

Children‘s intimate care needs cannot be seen in isolation or separated from other aspects of their lives. Encouraging them to participate in their own intimate or personal care should therefore be part of a general approach towards facilitating participation in daily life.

All children have the right to be safe and to be treated with dignity and respect.

Disabled children can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs.

Staff also need to be aware that some adults may use intimate care, as an opportunity to abuse children. It is important to bear in mind that some care tasks / treatments can be open to misinterpretation. Adhering to the settings policy and procedure guidelines should safeguard children and practitioners.

# Toilet Training:

Starting at an early years setting is always an important and potentially challenging time for both children and their parents, it is also a time of growth and very rapid developmental change for all children. As with all developmental milestones in the Early Years Foundation Stage (EYFS), there is wide variation in the time at which children master the skills involved in being fully toilet trained. For a variety of reasons children may:

* be fully toilet trained
* have been fully toilet trained but regressed for a little while due to the excitement and stress of starting at a setting
* may be fully toilet trained at home but have accidents in the setting, or visa versa
* may be nearly there but needs some reminders and encouragement
* not toilet trained, but responds well to a structured toilet training process
* be fully toilet trained but has a serious disability or learning difficulty
* may have development delays but with additional support will master these skills
* have SEND and might require help with some or all aspects of personal care.

At Mylor Bridge School we will help and support children to become independent in self-care. Where children need help we will talk them through how to clean themselves. If a child has a large toileting accident a member of staff will help to clean the child using wet wipes – this member of staff will be in the toilet space, with the door open. They will ensure that another member of staff knows that they are helping to clean the child. They will use PPE – eg gloves and dispose of wet wipes in a tided bag.

Any dirty clothes will be sent home with the child. Their parents will be informed at the end of the day.

Children with SEND who need changing will use the staff toilet with a raised bed. Wet-wipes and /or cotton wool and water to be used to clean these children – all soiled wipes to be bagged before binning – in appropriate bin.

1 member of staff can complete this nappy changing but they have to tell a second member of staff before competing this task.

# Safeguarding:

Historically, we now recognise that abuse of children has and can still happen in not only early years settings but also schools and other child related activities. Therefore, it is crucial that you are not only alert to this but also consider how you can prevent your staff from having allegations made against them. Having a policy and procedure in place that all staff and parents are aware of will explain your expectations on all parties. There is no written legal requirement that two adults must be present when providing intimate care.

* All staff to have up to date DBS checks.
* All staff to have up to date safeguarding training
* Member of staff to record when a child has their nappy changed/ needed help because of wetting or soiling.
* Parents to be informed.

# Health and Safety:

* staff to wear fresh disposable aprons and gloves while changing a child
* soiled nappies/pull ups securely wrapped and disposed of appropriately
* changing area/ toilet to be left clean
* hot water and soap available to wash hands as soon as changing is done
* paper towels to be available to dry hands.
* Due to current COVID19 – staff to also wear face masks and face shield and also a plastic apron.
* Staff taught now to don and doff this PPE

Intimate care can also take substantial amounts of time but should be an enjoyable experience for the child and for their parents. It is essential that every child is treated as an individual and that care is given as gently and as sensitively as possible. Children should be treated with dignity and respect and given privacy appropriate to the child’s age and situation. The child should be encouraged to express choice and to have a positive image of his/her body. Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse.

Intimate care arrangements must be agreed by the setting, parents and child (if appropriate), and be recorded in the child’s personal file and consent forms signed by the parents and child (if appropriate).

Practitioners should not undertake any aspect of intimate care that has not been agreed between the setting, parents and child (if appropriate). Settings need to make provisions for emergencies i.e. a key person on sick leave. Intimate care arrangements should be reviewed at least six monthly.

The views of all relevant parties, including the child (if appropriate), should be sought and considered to inform future arrangements.

Intimate care may involve touching the private parts of the child body and therefore may leave staff more vulnerable to accusations of abuse. It is unrealistic to eliminate all risk but this vulnerability places an important responsibility on staff to act in accordance with agreed procedures.

If a staff member has concerns about a colleague’s intimate care practice they must report this following the settings whistleblowing policy.

If you observe any unusual markings, discolourations or swelling including the genital area, report immediately following your settings policy and procedures.

If during the intimate care of a child you accidentally hurt them, misunderstand~~s~~ or misinterpret~~s~~ something, reassure the child, ensure their safety and report the incident immediately following your settings policy and procedures.

Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made and kept in the child’s personal file. (Via Myconcern)

The normal process of changing a nappy or supporting toileting should not raise child protection concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the nappy changing process to ensure that abuse does not take place.

However, in some instances it may be appropriate for two members of staff to change/support a child, i.e. if a child gets very distressed or has made an allegation previously.