



# **INTIMATE CARE AND TOILETING POLICY**

September 2018

### 1. General Statement

- 1.1 At Oakfields Montessori School we aim to meet the individual needs of all our children and promote their welfare. We will assist children with intimate care where needed and appropriate, and will ensure that the children are treated with courtesy, dignity, and respect at all times.
- 1.2 Intimate care is defined as care involving washing, touching or carrying out a procedure to intimate personal areas which some children may need support in doing because of their young age, physical difficulties or other special needs.
- 1.3 Where a child has intimate care needs, a designated member of staff takes responsibility to provide their care. We address issues on an individual basis.
- 1.4 Due to the developmental stages of the children that we work with, we support them with their personal care: reminding the children to go to the toilet, washing hands, hygiene to develop their independence. As outlined in the Early Years curriculum, we are responsible for children's personal care skills, as an essential part of their Personal Development, in order to be able to access the rest of the curriculum.
- 1.5 On some occasions, children come to our setting still in nappies. We support children sensitively and with dignity in this matter. Also, from time to time, some children will have wetting/soiling accidents which require attention. Parents are asked to supply a bag of clean clothes for their child in a drawstring bag to be hung on their child's peg and clearly labelled with the child's name. These are taken into the toilet facilities prior to changing. However, a supply of spare clothing is available if necessary and parents are asked to return this as soon as possible.
- 1.6 If a child has needed help with meeting intimate care needs (had an accident), this episode is treated confidentially and shared with the parents of the child in person at the end of the day by staff.

### 2. Staff Training

- 2.1 All staff members are knowledgeable about intimate care/personal and social care. They are aware of their responsibilities, relevant policies and procedures in place (including adhering to Child Protection, Health and Safety and Confidentiality). The designated employed adult is trained; DBS checked and has received training for very specific intimate care procedures where relevant. They follow the child's care plan (See below) and they undertake their duties in a professional manner at all times. They are fully aware of best practice including hygiene.

### 3. Intimate Care / Personal Care Plan

- 3.1 If a child requires regular assistance with intimate care, the designated member of staff meet with the parents to discuss the child's needs and together devise an agreed intimate/personal care plan for the child. Relevant health personnel are involved if needed. The designated member of staff will monitor and review the plan with the parents on a regular basis, usually termly dependent on need.
- 3.2 The designated member of staff within the Nursery/Pre Prep will deal with these issues.

### 4. Practice

- 4.1 The designated member of staff who provides the care (in most cases this is the child's key person) aims to form a strong, trusting relationship with the child and parents. They ensure that it is a positive experience that is safe and comfortable for all. Whilst the child is having their needs met, it is treated as a time to converse and promote their Personal Development.
- 4.2 The child is encouraged to undertake as much of the procedure for themselves as possible, including washing intimate areas, dressing/undressing and hygiene.
- 4.3 The Early Year's toilet area is used to attend to a child's needs and every effort is made to ensure privacy and modesty.
- 4.4 Most procedures are carried out by just the designated person. However, careful consideration is given to the child's individual circumstances to determine how many practitioners might need to be present when a child needs help with intimate care. There is always another member of staff within hearing distances at all times.
- 4.5 If a child is unhappy or anxious about the care being provided, the issue will be addressed to ensure that we continually meet a child's needs.

### 5. Working with Parents

- 5.1 We work closely with parents to identify and ensure we meet the child's needs. Cultural and religious values are respected when planning for their care and will be included in the care plan. We seek to engage in regular communication with parents and monitor and review the plan together.

### 6. Working with Outside Agencies

- 6.1 We work closely with outside agencies and utilise their knowledge and expertise, where necessary, within this area of intimate care. The SENCO coordinates this approach.

### 7. Provision of Nappies

- 7.1 Parents will provide the correct nappies and creams for their child in a named plastic box or similar.

### 8. Safe Disposal of Nappies, Aprons and Gloves

- 8.1 We have in place good hygiene practices when disposing of waste to stop infection. We follow stringent nappy changing procedures to ensure the safe disposal of waste, see below.

### 9. Changing a Nappy

- A clean disposable apron and gloves is worn every time a child is changed, after the designated member of staff has washed their hands thoroughly.
  - Whilst changing, the child's skin is cleaned with a disposable wipe/creams if needed.
  - Nappies and pull ups', gloves, aprons and wipes are disposed of hygienically and safely by the designated member of staff double bagging waste and placing in a special bin.
  - A log is kept of the nappy changing time, by which staff member and the type of nappy change (urination only or both).
- 9.1 This bin is emptied at the end of the day. We dispose of our waste in accordance with the guidelines recommended.

## Intimate Care and Toileting Policy

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Specialist Legal Advice	
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