



## **INTIMATE CARE POLICY**

Approved by the Learning and Standards Committee

**19.04.23**

RENEWAL DATE: MARCH 2026

All children at Discovery Multi Academy Trust have the right to be safe and be treated with dignity, respect and privacy at all times so as to enable them to access all aspects of their provision.

This policy sets out clear principles and guidelines on supporting intimate care with specific reference to toileting. It should be considered in line with our Safeguarding Policy, Health and Safety Policy and Supporting Medical Conditions Policy.

This policy supports the safeguarding and welfare requirements of the Early Years Foundation Stage 2021 and the Single Equality Act 2010, where disability discrimination is included as one of the nine protected characteristics. Discovery MAT will ensure that:

- No child's physical, mental or sensory impairment will have an adverse effect on their ability to take part in day to day activities
- No child with a named condition that affects personal development will be discriminated against
- No child who is delayed in achieving continence will be refused admission
- No child will be sent home or have to wait for the parent/carer due to incontinence

**Who requires and intimate care plan?** – any children from Foundation Stage onwards who needs support with changing, toileting and cleaning intimately.

**The role of intimate care provider** – this role is a voluntary position and therefore staff cannot be compelled to provide intimate care, including supported toileting unless they agree to do so or the intimate care role forms part of a job description, prior to appointment. Mobile devices that have capacity to take photographs and recorded video are **strictly prohibited** when a member of staff is involved in an intimate care procedure.

**Intimate care tasks** – covers any tasks that involve the dressing and undressing, washing, including those intimate parts, helping someone use the toilet, changing nappies or carrying out a procedure that requires direct or indirect contact to an intimate personal area.

**Recording intimate care interventions**– it is Trust policy to record all intimate care interventions that take place on a logging sheet. This must be completed by the intimate care provider, and must include details of who was involved in the practice, at what time/date and the nature of the care provided for the child concerned.

**Partnership with parents/carers** – staff/child's key worker at Discovery MAT works in partnership with parents and carers. We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgemental concern of adults. It is important that there is positive dialogue between home and school about strategies in use with the child so that these can be reinforced as appropriate. If appropriate we will work with parents to provide care appropriate to the needs of the individual child and together will produce a care plan. The care plan (Appendix a) will set out;

- What care is required
- Number of staff needed to carry out the task
- Additional equipment required
- Child's preferred means of communication
- Agreed terminology for parts of the body and bodily functions
- Child's level of ability ie. What tasks they are able to do by themselves
- Acknowledge and respect any cultural or religious sensitivities related to aspects of intimate care
- Be regularly monitored and reviewed in accordance with the child's development

Parents and carers may be asked to supply the following as required:

- Spare nappies
- Wipes, creams, nappy sacks, etc
- Spare clothes
- Spare underwear
- Any other equipment, including medical equipment, as necessary

**Best Practice** – we recognise that the children will join us having reached differing levels of independence and development in toileting and self-care:

- Key Persons have an awareness of personalised changing times for the children in their care who are in nappies or ‘pull-ups, and record changes.
- Children are changed whenever the need arises. Young children are not left in soiled or wet nappies, ‘pull-ups’ or pants, as we have a ‘duty of care’ towards children’s needs and this could be interpreted as neglect.
- Key persons undertake to change the children; another staff member will change them if the key person/teacher is absent.
- Changing areas are warm and there are safe and clean areas to lay children down so they are comfortable.
- Gloves are put on before changing commences and the areas are cleaned after each use.
- A clean and comfortable changing mat (at adult height for health and safety) is used in the changing area for the children, unless it is better to use it on the floor depending on the weight of the child.
- All staff are familiar with the hygiene procedures and carry them out when changing nappies or ‘pull-ups’.
- Key persons recognise that nappy changing is relaxed and a time to promote independence in young children.
- Changing area is left clean and ready for the next child.
- Children are encouraged to take an interest in using the toilet or potty when they are ready; they may just want to sit on the toilet at first.
- Older children who are toilet trained can access the toilets whenever they have the need to and are encouraged to be as independent as possible.
- Children are reminded at regular times to go to the toilet.
- New children who are able to use the toilet have a general ‘induction’ tour of the toilet to make them feel safe and comfortable.
- Children are encouraged to wash their hands after using the toilet and have soap and towels to hand.

However, we recognise that children develop at different rates:

- Some children will be engaged in fully developing this aspect of their self-care when they start school.
- Some children will not have had the practice that they need to use the facilities available: this could include culturally different expectations of self-care.
- Some children may start wetting or soiling themselves after they start at the setting during the settling-in period. In these circumstances, the staff communicate sensitively with parents to determine if this is a temporary set-back (anxiety, arrival of new sibling, illness).

All staff working in our settings must have a DBS check. Particular staff members are identified to change a child with known needs and this shall be recorded for that child. It is the right of the child to be treated with sensitivity and respect and in such a way that their experience of personal care is a positive one.

**Safeguarding** – All of our staff are trained on the signs and symptoms of child abuse, in line with the Plymouth Children’s Safeguarding Board guidelines and are fully briefed on our Safeguarding Policy.

If a member of staff has any concerns about a child, they will inform the Designated Safeguarding Lead (DSL) immediately. The Safeguarding & Child Protection Policy will then be implemented. Should a child become unhappy about being cared for by a particular member of staff, the DSL will look into the situation and this will be discussed with the child’s parents or carers to resolve the problem. If necessary, the DSL will seek advice from other agencies.

If a child makes an allegation against a member of staff, the procedure set out in the Safeguarding Policy will be followed.

**Management of Soiled Waste (including clinical waste)** – Urine, faeces, blood and vomit will be cleaned up immediately and disposed of in the appropriate yellow bin provided.

When dealing with bodily fluids, staff wear protective clothing and wash themselves thoroughly afterwards.

Soiled children’s clothing will be bagged to go home; staff will not rinse it.

Children will be kept away from any contaminated area until the incident has been completely dealt with.

All staff maintain high standards of personal hygiene, and will take all practicable steps to prevent and control the spread of infection.

This policy aims to manage risks associated with toileting and intimate care needs and ensures that employees do not work outside the remit of their responsibilities set out in this policy.

## Appendix a



Intimate Care Plan

Name:

DoB:

Member of staff –

Secondary member of staff-

Current toileting needs –

Parents will send in the following resources –

Protocol-

Agreed terminology for parts of the body and bodily functions:

Acknowledge and respect any cultural or religious sensitivities related to aspects of intimate care:

Signed Parent: .....

Signed Staff: .....

Signed Staff: .....

Signed Lead Teacher: .....

## Appendix b

### Example



#### Intimate Care Plan

Name - xxxxxxxx

DoB - xxxxxxxx

Member of staff – xxxxxxxx

Secondary member of staff - xxxxxxxx

xxxxxx is currently wearing pull ups and although he can sometimes successfully take himself to the toilet this is not a learnt behaviour.

Parents will send in the following resources –

Nappy bags

Pull up nappies

Wet wipes

If xxxxxx has wet or soiled his nappy he will be taken to the Edison toilet by a member of staff. This member of staff will put on the appropriate PPE – apron, mask, gloves. Another member of staff will remain close by to ensure safety but to promote privacy.

The member of staff will ask xxxxxx to remove his trousers and will support if necessary. The nappy will be removed and xxxxxx will be asked to wipe himself using provided wet wipes. xxxxxx will be supported if necessary. The dirty nappy and wet wipes will be placed into a nappy bag which will be tied and placed in the sanitary bin.

The member of staff will then encourage xxxxxx to put on a new pull up and his trousers they will support if necessary.

Throughout the day xxxxxx will be encouraged to use the toilet especially before and after lunch and if staff see signs of him needing the toilet. PECS and Makaton may aid this.

Agreed terminology for parts of the body and bodily functions: bum, willy

Acknowledge and respect any cultural or religious sensitivities related to aspects of

intimate care: N/A

Signed Parent: .....

Signed Staff: .....

Signed Staff: .....

