



Little LODGE

0 - 4 YEARS CO-EDUCATIONAL DAY NURSERY

Intimate Care Policy

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1. Introduction

Little Lodge Nursery prides itself on the quality of the education and care provided to its children. This policy primarily incorporates procedures on Intimate Care, including Nappy Changing and Toileting. In addition, this policy should be read in conjunction with the wider Safeguarding & Child Protection suite.

All children at Little Lodge have the right to be safe and be treated with dignity, respect and privacy at all times.

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 Administering of Medicine policy.

2. Definitions

Intimate personal care includes hands-on physical care in personal hygiene and physical presence or observation during such activities. Intimate personal care tasks can include:

- > Toileting, wiping and care in the genital and anal areas.
- > Dressing and undressing.
- > Application of medical treatment, other than to arms, face and legs below the knee.
- > Supporting with the changing of sanitary protection.

3. Intimate Care

Working with young children to ensure they feel safe, secure and happy involves nursery staff being responsive to their needs, whilst maintaining professionalism. All children need contact with familiar, consistent carers to ensure they can grow confidently and feel self-assured. At times children need to be cuddled, encouraged, held and offered physical reassurance.

Intimate care routines are essential throughout the day to ensure children's basic needs are met. This may include nappy changing, supporting children with toileting, changing clothes where required, first aid treatment and specialist medical support.

In order to maintain the child's privacy, the majority of these actions will take place on a one-to-one basis and, wherever possible, will be supported by the child's key person with the exception of first aid treatment which must be carried out by

a qualified first aider.

We wish to ensure the safety and welfare of the children involved in intimate care routines and safeguard them against any potential harm as well as ensuring the staff member involved is fully supported and able to perform their duties safely and confidently.

To minimize the risk of allegations and through the following actions, the nursery will endeavor to support all parties by promoting good practice in the following ways:

- > Although it is appropriate to cuddle children, staff are advised to usually do this in view of other children and practitioners. There may be occasions, for example, when a child is ill and needs comforting away from others, where it is appropriate for this to happen away from others. In these circumstances staff should consider leaving the door open. It is the duty of all staff and the manager to ensure that children are appropriately comforted and to monitor practice.
- > When changing children's nappies or soiled/wet clothing, the doors remain open, where appropriate. All staff are aware of the whistle blowing procedures and the manager carries out random checks throughout the day to ensure safe practices.
- > Inappropriate behavior such as over tickling, over boisterous play or inappropriate questions such as, asking children to tell them they love them, is discouraged.
- > Staff are respectful of each other and do not use inappropriate language or behavior, including during breaks.
- > Promote consistent and caring relationships through the key person system in the nursery and ensure all parents understand how this works
- > Ensure all staff undertaking intimate care routines have suitable enhanced DBS checks
- > Train all staff in the appropriate methods for intimate care routines and access specialist training where required, i.e. first aid training, specialist medical support
- > Conduct thorough inductions for all new staff to ensure they are fully aware of all nursery procedures relating to intimate care routines
- > Follow up on these procedures through supervision meetings and appraisals to identify any areas for development or further training
- > Working closely with parents on all aspects of the child's care and education as laid out in the parent's as partner's policy. This is essential for intimate care routines which require specialist training or support. If a child requires specific support the nursery will arrange a meeting with the parent to discover all the relevant information relating to this to enable the staff to care for the child fully and meet their individual needs
- > Ensure all staff have an up-to-date understanding of safeguarding and how to protect children from harm. This will include identifying signs and symptoms of abuse and how to raise these concerns as per the safeguarding policy
- > The setting operates a whistle blowing policy as a means for staff to raise concerns relating to their peers. The management will support this by ensuring staff feel confident in raising worries as they arise in order to safeguard the children in the nursery
- > The management team regularly conducts working practice observations on all aspects of nursery operations to ensure that procedures are working in practice and all children are supported fully by the staff. This includes intimate care routines.
- > Staff will be trained in behavior management techniques as applicable
- > The nursery conducts regular risk assessments on all aspects of the nursery operation and this area is no exception. The nursery has assessed all the risks relating to intimate care routines and has placed appropriate safeguards in place to ensure the safety of all involved.

4. Professional Abuse

Where an allegation of abuse towards a member of staff has been made, the LADO, Initial Contact Team, OFSTED and Board of Directors would be informed. Please refer to the Child Protection & Safeguarding Policy for a detailed explanation of the procedure that would be followed.

5. Safeguarding Issues

All staff have the relevant police checks made through the Disclosure Barring Service (DBS), and are given training on safeguarding issues. Staff must be aware of the safeguarding guidelines and not put themselves in a vulnerable position.

Records of any safeguarding issues are kept confidential.

It is essential that the adult who is going to change the child informs the teacher and/or another member of staff that they are going to do this. There is no written legal requirement that two adults must be present, however, in order to completely secure against any risk of allegation, a second member of staff may be present where resources allow. Staff should:

- > Always inform other colleagues and/or parents/carers about the contact(s) beforehand, assessing the need to have them present or close by.
- > Make other staff aware of the task being undertaken.

In the very small number of cases where families do not co-operate or where there are concerns that there is evidence of excessive soreness that is not being treated and/or the parents are not seeking or following advice, in the first instance concerns will be raised with the families. A meeting will be called that could include the School Nurse and the Manager to identify the areas of concern. If these concerns continue there will be discussions with the Safeguarding lead about the appropriate action to take to safeguard the welfare of the child.

If any parent or member of staff has concerns or questions about safe and/or intimate care and practice procedures or behaviour they consider as inappropriate, including between staff members, they are urged to see the manager at the earliest opportunity. Management will challenge inappropriate behaviour in line with the supervision/ disciplinary or whistle blowing procedures.

6. Cleanliness of Changing Areas & Toilets

These areas must have exceptional levels of hygiene at all times as they can be a breeding ground for all types of infections. High levels of hygiene can limit the chance of cross contamination and lower the chances of spread of infectious diseases within the Nursery.

Staff are encouraged to notify the Nursery Manager should they feel that the facilities for intimate care are ever not kept to the appropriate standard.

7. Nappy Changing Procedure

Children must never be left alone on the changing mat.

Our nappy changing procedure is as follows:

Step 1	Children who are soiled will be changed immediately
Step 2	Gloves and aprons will be worn by practitioners. PPE will be stored appropriately in both the nappy changing area as well the toilets for easy access when dealing with both changing nappies and accidents.
Step 3	Practitioners will collect all changing items needed before changing the child.
Step 4	All children are changed in the changing area, on the changing table. Staff should not lift children but encourage children to use the steps.
Step 5	Children will not be left unattended in the changing area.
Step 6	Wet/soiled nappies will be removed, and the child cleaned with baby wipes (unless otherwise specified by the parent) from front to back.
Step 7	If needed, cream will be applied and then a clean nappy/pull up will be put on. (Parents/carers must provide their child's own labelled nappy cream).
Step 8	Changing unit will be sprayed with sanitizing spray and wiped thoroughly using blue roll following every nappy change. The unit will also be cleaned at the beginning and end of every day and recorded on the nappy

	station cleaning log.
Step 9	Soiled nappies, used wipes, gloves and aprons will be disposed of in the designated yellow nappy bin.
Step 10	Practitioner and child will thoroughly wash and dry their hands following recommended hand washing procedures.
Step 11	Practitioners will update record of nappy changing on the nappy changing log and within the child's diary (including any information to be passed on to parent at pick up, i.e. rash)

Where possible, key persons change their own key child's nappy. If this is not possible, a designated replacement staff member (whom the child is familiar/comfortable with) will undertake this task.

8. Toileting

We promote independent toileting for all children as they progress through this developmental stage.

Only Nursery Managers, Practitioners and Support Workers will be permitted in the toilet at any point.

9. Toileting support procedure

Our toileting support procedure is as follows:

Step 1	Children are encouraged to ask a staff member if they need to use the toilet.
Step 2	Children are not to be left unsupervised when in the toilet area. (This arrangement enables toileting to be closely monitored by practitioner)
Step 3	Children will be encouraged to clean and wipe themselves after toilet use.
Step 4	Practitioners will check children afterwards and if they need additional help with their hygiene, practitioners will support and wipe children.
Step 5	Practitioners will use disposable protective equipment e.g. gloves and aprons
Step 6	After each use of toilet, the toilet seat and handle will be sprayed with sanitizing spray, contact time followed before being wiped thoroughly with a disposable cloth.
Step 7	Children will be encouraged to tend to their personal hygiene needs. However, practitioners will supervise hand washing afterwards and provide help should it be required.
Step 8	The children are to wash their hands with soap and water in the handwash basins within the toilets. They are encouraged to dry them thoroughly with paper towel before leaving the toilets.

During Intimate Care

- > Speak to the child personally by name so that s/he is aware of being the focus of the activity.

- > Give explanations of what is happening in a straightforward and reassuring way.
- > Enable the child to be prepared for and to anticipate events while demonstrating respect for his/her body e.g. by giving them a strong sensory cue such as using a sponge or pad to signal an intention to wash or change.
- > Always encourage the child to attempt to wash private parts of the body independently, using wipes, sponge or cloth.
- > Provide facilities which afford privacy and modesty e.g. separate toileting and changing for boys and girls or at least adequate screening; changing one child at a time.
- > Respect a child's preference for a particular carer and sequence of care.
- > Keep records, which note responses to intimate care and changes in behaviour if any concerns.
- > Record time and date on Intimate Care Log via Family App.

10. Confidentiality

Sensitive information about a child should be shared only with those who need to know, such as parents or other members of staff who are specifically involved with the child. Other staff members will only be told what is necessary for them to know to keep the child safe.

Parents and children will be told that when staff have concerns about a child's wellbeing or safety arising from something said by the child or an observation made by staff then the Safeguarding lead will be informed. This may lead to the procedures set down in the Safeguarding Policy being implemented.

Information concerning intimate care procedures (with the exception of the Nursery classes) will not be recorded in a home school diary, as the diary is not a confidential document and could be accessed by people other than the parent/carer and member of staff. Communication relating to intimate care will be made through one of the following: face to face meeting, phone call or email (if necessary).

Parental consent is needed for the School Nurse to pass on information about their child's health to school staff or other agencies. Parents and staff should be aware that matters concerning intimate care will be dealt with confidentially and sensitively and that the young person's right to privacy and dignity is maintained at all times.

11. Working in partnership with parents

Family members are children's first and most enduring educators. When parents and practitioners work together, the results have a positive impact on a child's development and learning. Regular consultation and information sharing remains an essential feature of this partnership. Issues around toileting should be discussed at a meeting with the parents/carers prior to admission into school. Senior leaders will be made aware of these at this point. This also provides an opportunity to involve other agencies as appropriate, such as a Health Visitor and the School Nursery. A Care Plan should be written and agreed with all children and families where a long term plan is required.

Parents/ Carers agree to:

- > Provide a change of clothes.
- > Understand and agree the procedures to be followed during changing at school.
- > Inform the School should the child have any marks/rash.
- > Review the arrangements, in discussion with the School, should this be necessary
- > Encourage the child's participation in toileting procedures wherever possible.

The Nursery agrees to:

- > Change the child should they soil themselves or become wet.
- > Inform parents if a member of staff has changed or assisted a child if they have soiled.
- > A minimum number of changes. For example, 2 to 3 changes within the day depending on the agreed arrangements for that child

- > Report to the Manager or DSL should the child be distressed or if marks/rashes are seen. This should also be reported to the School Nurse.
- > Review arrangements, in discussion with parents/ carers, should this be necessary. (consider the use of the “Eric” care plan for those children where a more formal plan is required in school)
- > Encourage the child’s participation in toileting procedures wherever possible.
- > Discuss and take the appropriate action to respect the cultural practices of the family.
- > Ensure Pupil’s File up to date with relevant Health Needs and Care Plans.
- > The School Nurse will liaise with any medical agencies as appropriate.

Wherever possible the pupil should be encouraged to do as much as they can for themselves. The process for the management of a child’s personal care needs may need to be further clarified through a Toilet Management Plan or Health Care Plan (see Appendix).

12. Appendix: Individualised Care Plans

The ‘Eric’ website is used often to create individualised Care Plans for pupils needing additional support. <https://www.eric.org.uk/>