



Hart Hill Nursery School

## Intimate Care Policy

Updated Spring Term 2024

Ratified by SLT on 8/3/24

Signed 

To be updated Spring Term 2025



### Rationale

Hart Hill Nursery School understands the importance of its responsibility to safeguard and promote the welfare of children.

Pupils may require assistance with intimate care as a result of their age or due to having SEND. In all instances, effective safeguarding procedures are of paramount importance. This policy has been developed to ensure that all staff responsible for providing intimate care undertake their duties in a professional manner at all times and treat children with sensitivity and respect.

### Aims

The school is committed to providing intimate care for children in ways that:

- Maintain their dignity.
- Are sensitive to their needs and preferences.
- Maximise their safety and comfort.
- Protect them against intrusion and abuse.
- Respect the child's right to give or withdraw their consent.
- Encourage the child to care for themselves as much as they can.
- Protect the rights of all others involved.

### Intimate Care

For the purpose of this policy, "intimate care" is the hands-on, physical care in personal hygiene, as well as physical presence or observation during such activities.

Intimate care includes the following:

- Helping a child with eating and drinking for reasons of illness or disability
- Body bathing other than to the arms and face, and to the legs below the knee
- Application of medical treatment other than to the arms and face, and to the legs below the knee
- Dressing and undressing, or changing children after becoming wet or soiled
- Changing children's nappies or pull-ups and supporting with toileting, wiping and care in the genital and anal areas, including toilet training

### **Roles and Responsibilities**

The Headteacher is responsible for ensuring that intimate care is conducted professionally and sensitively. The school should ensure that the intimate care of all children is carefully planned, including the creation of individual plans for medical, toileting or changing children following discussions with the parent and the child, with input from the SENDCO, where appropriate. The Headteacher will handle any complaints about the provision of intimate care in line with the school's Complaints Procedures Policy.

The School Business Manager will organise first aid and intimate care training, where needed. They will also ensure the admin team send home the intimate care policy in the home visit pack for reference and understanding.

The Deputy Headteacher is responsible for ensuring that these procedures are clear with all staff, including the induction of new staff. They are also responsible for notifying key staff who are not required to take part in intimate care routines (volunteers and work experience students).

All members of staff who provide intimate care are responsible for undergoing training, where appropriate or advised to do so. They are also responsible for undertaking intimate care practices respectfully, sensitively and in line with the guidelines outlined in this policy. All staff understand that they should consult with parents regarding a intimate care plan, including toilet training expectations, when appropriate and will not carry out intimate care on children whose parent's have not consented to this taking place.

All staff will record all intimate care practices that take place immediately, so that the school has an accurate record of who has taking part in these activities for which children; the person carrying out the intimate care must complete the Cpoms report.

Parents are responsible for liaising with the school to communicate their wishes in regard to their child's intimate care. They must provide their consent to the school's provision of their child's intimate care, as outlined in the permission form at the end of this policy and adhere to their duties and contributions to their child's intimate care plan, as outlined in this policy. Parents must understand that the toileting plan is required by the school to support with consistent toileting and changing needs.

Parents will need to understand that intimate care may be ad-hoc, for example where a child, who is toilet trained, does not reach the toilet on time and may therefore have an accident, or where a child has wet their trousers in the garden and will require a change of clothes; these ad-hoc incidents will not require your consent to take part in intimate care procedures as a failure to complete this could be deemed as neglect, however a telephone call to parents will be completed, so parents are informed or asked verbal consent prior to this taking place, if parents have not completed a consent form.

### **Procedures for Intimate Care**

Staff who provide intimate care will conduct procedures as soon as practicable possible; no child will be left in wet/soiled clothing or nappies. Where possible, a child's keyworker will provide intimate care. Where this person is absent or unavailable, another member of staff from the classroom, who the child knows well, will cover this role.

Each child using nappies will have a clearly labelled box allocated to them in which there will be clean nappies, wipes and any other individual changing equipment necessary; these will be stored out of view, in the cupboards or drawers provided, where possible.

Before changing a child's nappy, members of staff will put on disposable gloves and aprons, and the changing area will be cleaned appropriately using disposable red cloth and lime disinfectant spray; disposable white roll will be put onto the bed prior to laying a child down.

The changing areas are warm and comfortable for the children and are private from others. Hot water and liquid soap are available for staff to wash their hands before and after changing a nappy; the changing area will also be cleaned appropriately after use, using disposable red cloth and lime disinfectant spray. The changing area has paper towels available for members of staff to dry their hands.

Any soiled clothing will be placed in a tied plastic bag in the child's just in case bag and will be returned to parents at the end of the school day. Any used nappies will be placed in a tied plastic bag and disposed of in the designated nappy bin in the changing area.

Any bodily fluids that transfer onto the changing area will be cleaned appropriately in accordance with the health and safety policy.

If a pupil requires cream or other medicine, such as for a nappy rash, this will be provided in accordance with the Administering Medication Policy, and full written parental consent will be gained prior to this and the medicine agreement form will be completed. All records of administering cream will be reported on Cpoms clearly at the time of reporting the intimate care completed. The school now has cream for nappy rash and where a child does not have their own supply, the staff member can apply this, as long as they have telephoned the parent and gained verbal consent. The parent will then need to be instructed to provide the school with nappy rash cream that can be labelled for their child moving forward.

Older children and those who are more able will be encouraged to use the toilet facilities and will be reminded at regular intervals to go to the toilet. Members of staff will use the 'Toilet Introduction Procedures', as outlined in the appendices of this policy, to get children used to using the toilet and encourage them to be as independent as possible. Children will be reminded and encouraged to wash their hands after using the toilet, following the correct procedures for using soap and drying their hands.

### **Parental Engagement**

The school will liaise closely with parents to establish individual intimate care programmes for each child which will set out the following:

- What care is required
- Number of staff needed to carry out the care
- Any additional equipment needed
- The child's preferred means of communication, e.g. visual/verbal, and the terminology to be used for parts of the body and bodily functions
- The child's level of ability, i.e. what procedures of intimate care the child can do themselves
- Any adjustments necessary in respect to cultural or religious views
- The procedure for monitoring and reviewing the intimate care plan

The information concerning the child's intimate care plan will be stored confidentially on the Cpoms system, and only the parents and designated members of staff responsible for carrying out the child's intimate care will have access to the information, including members of the senior leadership team for monitoring and safeguarding purposes.

The parents of the child are required to sign the 'Intimate Care Parental Consent Form' to provide their agreement to the plan; it is noted that intimate care will still be carried out without this agreement, as to leave a child without intimate care could be deemed as neglect, however verbal consent will be gained prior to this being completed.

When completing the intimate care form with the parents, staff will be realistic and supportive of the expectations of the school, so that the child's needs are at the heart of any decisions made, however that resources are not wasted; for example a child who attends the nursery for 3 hours and has a dry nappy throughout this session may not require a nappy change.

Any changes that may need to be made to a child's intimate care plan will be discussed with the parents to gain consent and will then be recorded in the written intimate care plan.

Parents will be asked to supply the following items for their child's individual storage box, or 'just in case bags':

- Spare nappies
- Wipes, creams, nappy sacks, etc.
- Spare clothing
- Spare underwear

### **Safeguarding Procedures**

The school adopts rigorous safeguarding procedures in accordance with the Child Protection and Safeguarding Policy and will apply these requirements to the intimate care procedures.

Intimate care is classified as regulated activity; therefore, the school will ensure that all adults providing intimate care have undergone an enhanced DBS check (which includes barred list information) enabling them to work with children.

All members of staff will receive safeguarding training as a cycle of training, and will receive child protection and safeguarding updates throughout the school year, as required. All members of staff are instructed to report any concerns about the safety and welfare of children with regards to intimate care, including any unusual marks, bruises or injuries, to the Designated Safeguarding Lead in accordance with the school's Safeguarding Policy.

Any concerns about the correct procedures for intimate care of children will be dealt with in accordance with the Child Protection and Safeguarding Policy and the procedure for dealing with allegations of abuse against staff, as outlined by Luton Borough Council.

### **Monitoring and Review**

This policy will be reviewed annually by the headteacher and DSL, who will make any changes necessary and communicate these to all members of staff. All members of staff are required to familiarise themselves with this policy as part of their induction programme.



## Intimate Care Parental Consent Form

This form is to be completed by the keyworker and signed by parents.

<b>Name of child:</b>		<b>Date of birth:</b>	
<b>Name of Keyworker:</b>		<b>Class:</b>	

**Care requirements, including frequency:**

The table below outlines the member of staff responsible for carrying out your child's intimate care programme, as well as the member of staff responsible in their absence:

<b>Name of Keyworker:</b>	
<b>Name of other staff members (in the above staff member's absence):</b>	

**Where will the intimate care be carried out?**

**What equipment/resources will be required?**

**What infection control procedures are in place?**

**What disposal procedures are in place?**

**What actions will be taken if any concerns arise?**

**What do parents need to provide?**

**What are the reporting procedures for parents?**

I have read the Intimate Care Policy provided by Hart Hill Nursery School and I agree to the intimate care plan outlined above:

<b>Signature of parent:</b>		<b>Date:</b>	
<b>Signature of keyworker:</b>		<b>Date:</b>	



## Intimate Care Toilet Introduction Procedures

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As children develop bladder control, they will pass through the following three stages:

1. The child becomes aware of having wet and/or soiled pants
2. The child knows that urination/defecation is taking place and can alert a member of staff
3. The child realises that they need to urinate/defecate and alerts a member of staff in advance

During these stages, members of staff will assess the child over a period to determine:

- If there is a pattern to when the child is soiled/wet.
- The indicators that the child displays when they need the toilet, e.g. facial expressions.

Staff will implement the following strategies to get children used to using the toilet and being independent:

- Familiarise the child with the toilet, washing their hands, flushing the toilet and referencing other children as good role-models for this practice
- Encourage the child to use the toilet when they are using their personal indicators to show that they may need the toilet
- Take the child to the toilet at a time when monitoring has indicated that this is when they would usually need the toilet
- Ensure that the child can reach the toilet and is comfortable doing so
- Stay with the child and talk to them to make them more relaxed about using the toilet
- Don't force the child to use the toilet if they don't want to, but still encourage them to do so using positive language and praise
- Deal with any accidents discreetly, sensitively and without any unnecessary attention
- Be patient with children when they are using the toilet, and use positive language and praise to encourage them