



Directorate Children and Young People

# INTIMATE CARE POLICY

Issued; February 2016  
Reviewed; February 2018

ST CHRISTOPHER'S EYFS UNIT POLICY

## DOCUMENT INFORMATION

Title	Intimate Care Policy
Supersedes	All previous Intimate Care Policies
Date of issue	February 2016
Review date	February 2018
Review by & lead member of staff	EYFS Leader
Consultation	SGC EYFS Unit staff Parents
Implementation	Immediate
Supply/distribution	Hard copy in policy file and in community room Web based copy on setting website
Other relevant documents	MOD SCHOOLS Intimate Care Policy (2013) Safeguarding Policy Admissions Booklet Health and Safety Policy Equal Opportunities Policy

## Introduction

MOD Schools and St Christopher's EYFS Unit is committed to providing personal care that has been recognised as an assessed need and indicated in the care plan, in ways that:

- maintain the dignity of the individual child.
- are sensitive to their needs and preferences.
- maximise safety and comfort.
- protect 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 are able and protect the rights of everyone involved
- protect the welfare of members of staff

***“Children learn best when they are healthy, safe and secure, when their individual needs are met, and when they have positive relationships with the adults caring for them”***

*Statutory framework for the early years foundation stage: Setting the standards for learning, development and care for children from birth to five (September 2014)*

This document should also be considered as part of the guidance towards supporting children and young people who require reasonable adjustments to be made in arrangements for personal care under the Disability Discrimination Act 2005, Special Educational Needs and Disability Act 2001 and Equalities Act 2010.

## Definition

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:

- body bathing other than to arms, face and legs below the knee.
- 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

## Scope

This policy applies to all staff undertaking personal care tasks with children. The normal range of development for this group of children indicates that they may not be fully toilet trained and some may not even have commenced toilet training.

In addition to this there are other vulnerable groups of children that may require support with personal care on either a short, longer term or permanent basis due to SEND, medical needs or a temporary impairment. This could include:

- children with limbs in plaster
- children and young people needing wheelchair support
- children and young people with pervasive medical conditions

## Intimate Care in the Early Years

Starting school or nursery has always been an important and potentially challenging time for both children and the schools that admit them. 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 in the EYFS may:

- be fully toilet trained.
- have been fully toilet trained but regress for a little while in response to the stress and excitement of beginning Foundation Stage One or Two or as a result of a move/transition.
- be fully toilet trained at home but prone to accidents in new setting.
- be on the point of being toilet trained but require reminders and encouragement.
- not be toilet trained at all but likely to respond quickly to a well-structured toilet training programme.
- be fully toilet trained but have a serious disability or learning difficulties.
- have delayed onset of full toilet training in line with other development delays but will probably master these skills during the Foundation Stage.
- have SEND and might require help (during the Foundation Stage and beyond) with all or some aspects of personal care such as washing, dressing or toileting.

Staff should promote appropriate use of toilets and associated skills. Parents should be encouraged to train their child at home as part of their daily routine, and schools should reinforce these routines whilst avoiding any unnecessary physical contact. If at all possible, staff should work with children of the same sex and be mindful of and respect the personal dignity of the pupils when supervising, teaching or reinforcing toileting skills.

The purpose of this policy is to identify best practice and where support and advice can be obtained to achieve the full inclusion of such children.

These will ensure schools and settings overcome these challenges and can be confident they are meeting the welfare requirements of the Early Years Foundation Stage

## Safeguarding

This policy illustrates good practice based on the practical experience of MOD Schools staff in providing intimate care. Staff should be aware of this policy and follow it for their own protection as well as for the protection of the children. They should also have a good knowledge of the setting's Safeguarding Policy (including 'Allegations against Staff') and have received Level 2 (face to face) safeguarding training. These policies and procedures (including this one) should be in place as part of safeguarding advice relating to safeguarding adults and children. It is also important that the EYFS leader/ Senior Designated Lead for Safeguarding ensure staff are supported and trained so that they feel confident in their practice. Enhanced DBS and local police checks are rigorous and are carried out to ensure the safety of children with staff employed in schools and settings. All schools/ settings have a duty to ensure staff are not employed without a 'Barred List' check and enhanced DBS check. This **must** be in place before allowing staff to change children.

Section 15 in the 'Guidance for safer working practice for those working with children and young people in education settings' (Safer Recruitment Consortium: October 2015) states that staff should:

*When assistance is required, this should normally be undertaken by one member of staff, however, they should try to ensure that another appropriate adult is in the vicinity who is aware of the task to be undertaken and that, wherever possible, they are visible and/or audible.*

*Intimate or personal care procedures should not involve more than one member of staff unless the pupil's care plan specifies the reason for this.*

**It is essential that the adult who is going to change the child informs another member of staff that they are going to do this.**

## Health and Safety

*The provider must promote the good health of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.*

(Early Years Foundation Stage Statutory Framework, 2015)

Induction procedures and continued CPD will be in place within the setting to support staff in dealing appropriately with issues of intimate care.

St. Christopher's EYFS Unit has procedures in place for dealing with spillages of bodily fluids and processes to be followed when a child accidentally wets or soils himself, or is sick while on the premises. The same precautions will apply for nappy/pull ups/changing. This includes:

- staff to wear fresh disposable aprons and gloves while changing a child
- soiled nappies/pull ups securely wrapped and disposed of appropriately (single/double bagged and binned. This could be sanitary bins if necessary)

- changing area/ toilet to be left clean.
- cleaning staff to be informed
- hot water and soap available to wash hands as soon as changing is done
- paper towels to be available to dry hands.

The setting has made enquiries about the disposal of nappies and the current procedure is to 'double bag' any soiled pull ups/nappies. Current guidance from the Health and Safety Executive, 'Managing Offensive/Hygiene Waste' (January 2009), is that any disposal of waste for **one** child can be in the usual bins using appropriate nappy sacks. The waste in this instance would be considered to be municipal waste. Any more than this and schools will need to make special arrangements. For wet nappies a single bag is sufficient but soiled nappies require double bagging. However, the 0-5 Nursery Sunflowers will dispose of nappies and have collections available for soiled and wet nappies. Arrangements for delivery and collection can be made through the 0-5 Nursery Sunflowers – upstairs to St. Christopher's EYFS

Should pupil handling be required in order to support or complete any intimate care procedure then advice should be sought through the SHEF advisor for MOD Schools.

### **Facilities and resources**

Children in Foundation One are admitted from the term after their third birthday. Because of their young age, these children are likely to have occasional accidents, especially in the first few months after admission. According to the statutory framework for the Early Years Foundation Stage (2015)

*Providers must ensure there are suitable hygienic changing facilities for changing any children who are in nappies and providers should ensure that an adequate supply of clean bedding, towels, spare clothes and any other necessary items is always available.*

Whenever possible it is recommended that:

- mobile children are changed standing up
- children in FS1 and FS2 may be changed on a mat on a suitable surface

It could take around ten minutes to change an individual child. A staff member will be on hand to support and ensure safeguarding practices are upheld. This is not dissimilar to the amount of time allocated to work with a child on an individual learning target. Changing time can be a positive learning time and an opportunity to promote independence and self-worth. The EYFS leader will ensure that, where necessary, resources from the school's delegated funding to support SEN are allocated so that children's individual toileting needs are met.

### **The setting will ensure that they have:**

- hot running water (Community room side of the building) and soap (antibacterial where possible)
- toilet rolls
- antiseptic cleanser
- Milton/sterilising fluid
- bowl/bucket
- paper towels/cloths
- disposable aprons and gloves
- nappy bags/sacks
- cleaning equipment – toilet separate to any other equipment

- bin
- a supply of spare nappies and wipes (provided by the child's parent/ carer)
- spare clothes (it always useful for each child to have their own spare clothes on their peg to change into for physical and emotional comfort)

Checks should be made beforehand to ensure that there are suitable facilities for intimate care available on excursions where they will be necessary and consider how intimate care can be dealt with in relation to PE, swimming, after school clubs, transport to and from school etc.

## **Partnership Working**

*Parents are children's first and most enduring educators. When parents and practitioners work together in early year's settings, the results have a positive impact on children's development and learning.*

Early Years Foundation Stage Card 2.2 (2006) Positive Relationships: Parents as Partners

Partnership with parents is an important principle in any educational setting and is particularly necessary in relation to young people. Much of the information required by the setting to make the process of intimate care as comfortable as possible is available from the parents. Regular consultation and information sharing remains an essential feature of this partnership. Issues around toileting will be discussed at a meeting with the parents/carers prior to admissions into the school/setting either on home or school visits. All staff must be made aware of these at this point. This will provide an opportunity to involve other agencies as appropriate, such as a Health Visitor with parents' permission.

If the setting becomes aware that there is a disproportionate number of children arriving who are not yet toilet trained then they are advised to make contact with the Health Visitor to discuss their concerns.

If a child comes into the setting wearing nappies or pull-ups an intimate care plan will be created in partnership with the parents. Such an agreement helps to avoid misunderstandings and also helps parents/ carers feel confident that the school will meet their child's needs and will include discussion around roles and responsibilities towards the child using the toilet independently:

### **Parents/ Carers:**

- agreeing to change the child at the latest possible time before coming to school
- providing spare nappies, wet wipes and a change of clothes
- understanding and agreeing the procedures to be followed during changing at school
- agreeing to inform school should the child have any marks/rash
- agreeing how often the child should be routinely changed if the child is in school for the day and who will do the changing
- agreeing to review the arrangements, in discussion with the school, should this be necessary
- agreeing to encourage the child's participation in toileting procedures wherever possible.

## **The setting:**

- agreeing to change the child should they soil themselves or become wet
- agreeing how often the child should be routinely changed if the child is in school for the full day and who would be changing them
- agreeing a minimum number of changes
- agreeing to report to the Designated Safeguarding Lead should the child be distressed or if marks/ rashes are seen
- agreeing to review arrangements, in discussion with parents/ carers.
- agreeing to encourage the child's participation in toileting procedures wherever possible
- discussing and taking the appropriate action to respect the cultural practices of the family.

If the child or young person has a disability recognised as part of the Disability Discrimination Act, asking or telling parents to come and change their child (unless the parents have expressed a preference for this) or wanting an older sibling to change their sister/ brother is likely to be a direct contravention of the DDA, as is leaving a child soiled which could place the child at significant risk. Wherever possible the child 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 Health Care Plan. For example, where the school has concerns about parental support, for children transferring to FS2 or above who are not toilet trained and for children with SEN and/or disabilities.

Where appropriate, parents and the setting will need to agree a toilet training programme.

In the very small number of cases where parents do not co-operate or where there are concerns that:

- the child is regularly coming to the setting in very wet or very soiled nappies/pull ups and
- there is evidence of excessive soreness that is not being treated
- the parents are not seeking or following advice

In the first instance concerns should be raised with the parents. A meeting may be called that could possibly include the health visitor and EYFS leader to identify the areas of concern and how all present can address them. If these concerns continue there should be discussions with the setting's designated safeguarding lead about the appropriate action to take to safeguard the welfare of the child.

## **Confidentiality**

Confidentiality is an important issue. 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. Escorts and others should only be told what is necessary for them to know to keep the child safe. Parents and children need to know that where staff have concerns about a child's well-being or safety arising from something said by the child or an observation made by the staff then the school's designated safeguarding lead will be informed. This may lead to the procedures set down in the setting's/MOD School's Safeguarding Policy being implemented.

Information concerning intimate care procedures should not be recorded in the 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. It is recommended that communication relating to intimate care should be made through one of the following:

- Sealed letter
- Personal contact (and recorded in a log)
- Telephone call – between member of staff and parent/carer (and recorded in a log)

All staff should inform the EYFS leader of this communication.

Sharing information between home and setting is important to secure the best care for pupils but the consent of parents and their children who are able to give such consent is needed for the setting to pass on information about their child's health to staff or other agencies. Their consent is also needed for any exchange of information between the Primary Medical Officer and the school about a child's medical condition.

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.

### **Procedure for Personal Care in the Setting**

No MOD Schools employee can be required to provide intimate care. Thus intimate care in MOD Schools Foundation settings can be provided only by those who have specifically (either as part of their agreed job description or otherwise) indicated a willingness to do so. This issue is addressed at point of interview.

- All staff within the setting are able and willing to change a child in the event of an accident
- The children in the setting may make a choice about the person who performs the intimate care (most usually the adult closest at the time of the accident or the key person)
- Children will be changed in the toilet area in a space to protect the child's privacy wherever possible
- The child will be encouraged to do as much for themselves as possible
- Staff will wear protective gloves and aprons
- Wet wipes will be provided to support the child and staff member
- Soiled clothes will be bagged and placed on the child's peg
- Soiled nappies will be double bagged and placed in toilet waste
- Spare clothes will be provided by the setting if necessary (and washed and returned by parents)
- If the accident is a result of illness then the child's parent(s) will be informed that they must collect the child immediately. The child must have 48 hours clear of any sickness or diarrhoea before returning to the setting
- If, in the process of changing a child, a member of staff notices that the child is becoming unduly distressed they should ask for support from another member of staff.
- If a member of staff notices marks or injuries that cannot be explained through accidental injury or by the child, the designated person responsible for safeguarding must be informed.
- A note will be placed in the clothes bag to explain the accident and parents will be informed (in confidence) at the end of the session or by telephone (in the event of an illness related accident)

Staff should take care (both verbally and in terms of their body language) to ensure that the child is never made to feel insecure. Best practice should be followed and by ensuring that all

of those involved with intimate care receive specific induction from the school on these procedures and protocols:

**In summary staff in the setting will:**

- be fully aware of the legislative framework
- recognise that for most children, achieving continence is one of many developmental milestones,
- work in partnership with parents/ carers prior to and after admissions into the schools/ setting
- take full account of the religious views and cultural values attached to aspects of intimate care related to the child
- agree with parents, staff and children, the appropriate terminology for private parts of the body and functions and use these terms as appropriate (addressed during Home Visits)
- agree a written procedure for personal care/ toileting
- respect each child's personal dignity
- get to know the child in a range of contexts to gain an appreciation of his/her moods and verbal/non-verbal communication
- ensure clarity in job descriptions of the personnel involved in changing children
- view 'changing' time as a positive learning experience (aiming to gradually increase the child's independence and self-worth).

**During Intimate Care staff will:**

- 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 clue such as using a sponge or pad to signal an intention to wash or change
- when washing, always use a sponge or flannel and where possible encourage the child to attempt to wash private parts of the body him/herself
- provide facilities which afford privacy and modesty e.g. separate toileting and changing for boys and girls or at least adequate screening; bathing 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

Best practice should be followed by ensuring that all those involved with intimate care receive specific induction from the school on these procedures and protocols.

**Appendix 1**

**Toilet Management Plan**

**Child's Name:** ..... **Class:** .....

**Name of Support Staff Involved:** .....

**Date of Record:**..... **Review Date:** .....

<b>Area of Need</b>	
<b>Equipment required/by whom</b>	
<b>Location of suitable toilet facilities</b>	
<b>Support required</b>	<b>Frequency of support</b>

Working towards Independence

<b>School will</b>	<b>Parents will</b>	<b>Child will try to</b>	<b>Target achieved (date)</b>

**Signed:** ..... **Parents/ Carers**

**Signed:** ..... **Member of Staff**

**Signed:** ..... **Child (if appropriate)**

**Appendix 2**

**Risk Assessment**

**Child's Name:** .....

**Name of School:** .....

**Date of Risk Assessment:**.....

	<b>Yes</b>	<b>Notes</b>
1. Does weight /size/ shape of pupil present a risk?		
2. Does communication present a risk?		
3. Does comprehension present a risk?		
4. Is there a history of child protection concerns?		
5. Are there any medical considerations? Including pain / discomfort?		
6. Has there ever been allegations made by the child or family?		
7. Does moving and handling present a risk?		
8. Does behaviour present a risk?		
9. Is staff capability a risk? (back injury / pregnancy)		
Are there any risks concerning individual capability (Pupil) General Fragility Fragile bones Head control Epilepsy Other		
Are there any environmental risks? Heat/ Cold		

If Yes to any of the above complete a detailed personal care plan.

**Signed:**..... **Date:**.....

