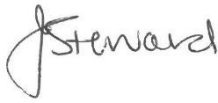





## EARLY YEARS INTIMATE CARE POLICY

<b>Formally adopted by the Governing Body of Sheringham Community Primary &amp; Nursery School</b>	
On	13 <sup>th</sup> July 2023
Chair of Governors	
Head Teacher	
Last updated	13 <sup>th</sup> July 2023
Review	13 <sup>th</sup> July 2024

***Be all that you can be...***



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## Statement of Intent

Sheringham Community Primary School and Nursery 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 special educational needs and disabilities (SEND). In all instances, effective safeguarding procedures are of paramount importance.

Sheringham Community Primary School and Nursery has developed this policy in order 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.

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 are able to.
- Protect the rights of all others involved.

## Legal Framework

This policy has due regard to statutory legislation, including, but not limited to, the following:

- Equality Act 2010
- Safeguarding Vulnerable Groups Act 2006
- Childcare Act 2006
- Education Act 2002
- Education Act 2011
- Control of Substances Hazardous to Health Regulations 2002 (as amended in 2004)

## What Is 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:

- Body bathing other than to the arms, face and legs below the knee.
- Application of medical treatment other than to the arms, face and legs below the knee.
- Toileting, wiping and care in the genital and anal areas.
- Dressing and undressing.

## **Roles And Responsibilities**

The headteacher is responsible for ensuring that intimate care is conducted professionally and sensitively by all appropriate members of staff.

The headteacher is responsible for ensuring that the intimate care of all children is carefully planned, including individual plans following discussions with the parent/carer and the child.

The headteacher or SENCO is responsible for communicating with parents/carers in order to establish effective partnerships when providing intimate care to children. The headteacher is responsible for handling any complaints about the provision of intimate care in line with the school's Complaints Procedure Policy.

All members of staff who provide intimate care are responsible for undergoing training for provision of intimate care.

All members of staff who provide intimate care are responsible for undertaking intimate care practice respectfully, sensitively and in line with the guidelines outlined in this policy.

Parents/carers are responsible for liaising with the school to communicate their wishes in regards to the child's intimate care.

Parents/carers are responsible for providing their consent to the school's provision of their child's intimate care.

Parents/carers are responsible for adhering to their duties and contributions to their child's intimate care plan, as outlined in this policy.

## **Procedures For Intimate Care**

Staff who provide intimate care will have a list of personalised changing times for the children in their care, which will be adhered to and will be shared with parents/carers.

Staff who provide intimate care will conduct intimate care procedures in addition to the designated changing times if it is necessary; no child will be left in wet/soiled clothing or nappies.

If the designated member of staff for a child's intimate care is absent, a secondary designated member of staff will change the child adhering to the arranged times.

- Each child using nappies will have a clearly labelled bag/box allocated to them in which there will be clean nappies, wipes and any other individual changing equipment necessary.

- 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 appropriate cleaning products.
- 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 afterwards.
- 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 personal box and will be returned to parents/carers at the end of the school day.
- Any used nappies will be placed in a tied plastic bag and disposed of in accordance with the school's Nappy Changing Policy Statement.
- Any bodily fluids that transfer onto the changing area will be cleaned appropriately in accordance with the Nappy Changing Policy Statement.
- 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 parental consent will be gained prior to this.
- 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/carers 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 is able to 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 in the medical room, and only the parents/carers and the designated member of staff responsible for carrying out the child's intimate care will have access to the information.

The parents/carers of the child are required to sign the Intimate Care Parental Consent Form to provide their agreement to the plan; no intimate care will be carried out without prior parental consent.

In respect of the above, if no parental consent has been given and the child does not have an intimate care plan, but the child requires intimate care, parents/carers will be contacted by phone in order to gain consent.

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

Parents/carers will be asked to supply the following items for their child's individual storage box:

- Spare nappies
- Wipes, creams, nappy sacks, etc.
- Spare clothes
- 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.

The school will ensure that all adults providing intimate care have undergone an enhanced Disclosure and Barring Service (DBS) check enabling them to work with children.

All members of staff will receive safeguarding training on an annual basis and will receive further training and support where necessary.

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. Reports should be made to the designated safeguarding lead (DSL), Mr Amies, in accordance with the school's Whistleblowing Policy.

Any concerns about the correct safeguarding of children will be dealt with in accordance with the Child Protection and Safeguarding Policy and the Allegations of Abuse Against Staff Policy.

## **Monitoring And Review**

This policy will be reviewed annually by the headteacher, DSL and SENCo 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.

## **Toilet Introduction Procedures**

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 is able to 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 of time 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 reference 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 is able to 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

## Appendix 1: Nappy Changing Policy Statement

Pupil name: \_\_\_\_\_

Date: \_\_\_\_\_

We aim to support children's care and welfare on a daily basis in line with their individual needs. All children need contact with familiar, consistent carers to ensure they can grow confidently and feel self-assured. Wherever possible, each child's key person will change nappies according to the child's individual needs and requirements.

We will enable a two-way exchange between parents and key persons so that information is shared about nappy changing and toilet training in a way that suits the parents and meets the child's needs.

### Our Procedures

We wish to ensure the safety and welfare of all children whilst being changed and safeguard against any potential harm as well as ensuring the staff member involved is fully supported and able to perform their duties safely and confidently.

We aim to support all parties by taking the following actions:

#### 1.1 Staff

- a) Ensuring all staff undertaking nappy changing have enhanced DBS checks.
- b) Conducting thorough inductions for all new staff to ensure they are fully aware of all school procedures relating to nappy changing.
- c) Training all staff in the appropriate methods for nappy changing.
- d) Ensuring all staff have an up-to-date understanding of child protection and how to protect children from harm. This includes identifying signs and symptoms of abuse and how to raise these concerns as set out in our child protection procedures.
- e) Conducting working practice observations of all aspects of school operations to ensure that procedures are working in practice and all children are supported fully by the staff. This includes all intimate care routines.
- f) Following up procedures through supervision meetings and appraisals to identify any areas for development or further training.
- g) Promoting consistent and caring relationships through the key person system in the school and ensuring all parents understand how this works.
- h) Operate a whistleblowing policy to help staff raise any concerns relating to their peers or managers; and helping staff develop confidence in raising concerns as they arise in order to safeguard the children in school.



## 1.2 Risk assessment

- a) We conduct regular [risk assessments](#) of all aspects of school operations, including intimate care, and review the safeguards in place. The school has assessed all the risks relating to intimate care routines and has placed appropriate safeguards in place to ensure the safety of all involved.
- b) We make sure staff do not change nappies whilst pregnant until a risk assessment has been discussed and conducted; and that students only change nappies with the support and close supervision of a qualified member of staff.

## 1.3 Parent Partnership

We work closely with parents on all aspects of the child's care and education as laid out in the Parental Involvement policy. This is essential for any intimate care routines which may require specialist training or support. If a child requires specific support the school 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.

## 1.4 Nappy changing

During nappy changing we:

- a) Ensure that the nappy changing area is inviting and stimulating and change this area regularly to continue to meet children's interests.
- b) Ensure that no child is ever left unattended during the nappy changing time.
- c) Ensure hygiene procedures are followed appropriately, e.g. staff put on gloves and aprons before changing starts, hands are washed after nappies are changed and changing mats cleaned before and after each use.
- d) Ensure practitioners are gentle when changing; they avoid pulling faces and making negative comments about 'nappy contents' and inappropriate comments about children's genitals when changing their nappies.
- e) Use this one-to-one time as a key opportunity to talk to children and help them learn, e.g. through singing and saying rhymes during the change.
- f) Provide older children with access to toilets when they have the need to and are encouraged to be independent.
- g) Record nappy changes on a nappy changing log.
- h) Nappies and pull-ups are disposed of hygienically. Any soiled nappies/pull-ups are bagged up and disposed of by a sanitary waste disposal company.
- i) Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are rinsed and bagged for the parent to take home. We have a duty of care towards children's personal needs. If children are left in wet or soiled nappies/pull ups in the nursery this may constitute neglect and will be a disciplinary matter.

This policy meets the requirements of the Statutory EYFS Framework: 3:60.

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I have read and understood the terms of this policy and associated risk assessment.

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_