




Intimate Care Policy



PERSON RESPONSIBLE FOR POLICY:	MRS E CLARK
APPROVED: G TINKLER	GOVERNORS
SIGNED: 	ROLE: CHAIR OF GOVERNORS
TO BE REVIEWED: JULY 25 (ANNUALLY)	JULY 24



A Member of
Exceed Learning Partnership
• EVERY CHILD • EVERY CHANCE • EVERY DAY •

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Version	Revision Date	Revised by	Section Revised
V2	19.06.21	R Hardy	Front cover change Change to Name of Safeguarding Lead
V3	20.06.22	L Bevens	Policy review, no additional updates to include no change.
V4	20.01.23	L Dyer	New Branding front cover, content list included .
V5	2.7.24	L Dyer	Change in staff names

1. Introduction

Intimate care is care that involves washing or carrying out an invasive procedure to intimate personal areas (e.g. nappy changing). Staff members provide intimate care as necessary as part of their role to help meet children's needs.

Occasionally intimate care may need to be given to a child for medical reasons, in this case staff will be suitably trained and competent to undertake the procedures needed.

Staff understand the sensitivity of this type of care and do their best to meet children's individual needs and be respectful. The child's dignity will always be considered and care will be conducted in a controlled, but private environment.

Enhanced DBS checks are completed for all staff. Staff who have not had an enhanced DBS check and volunteers **MUST NOT** change children. Students should not change nappies/child's clothing unless this is a requirement of their course/experience. In this case they will only be allowed to change children when supervised appropriately in consultation with a senior member of staff.

During intimate care procedures staff are required to wear gloves and aprons at all times and other staff are nearby for support.

All duties will be recorded. This information will be shared with the person who collects the child and where necessary a telephone call will be made to the parent(s)/carer(s).

If a staff member has any concern for a child's welfare and safety, this should be disclosed to the safeguarding lead for the school and safeguarding procedures followed. **See Safeguarding policy.**

The safeguarding lead is: Miss J Bingham
Deputy safeguarding lead: Mrs E Clark
Deputy safeguarding lead: Mrs E Dowse
Deputy safeguarding lead: Mrs J Brooke

If an allegation is made against a staff member this should be brought to the Safeguarding Leads attention (or deputy in their absence) and safeguarding procedures followed. **See Safeguarding policy.**

It is our aim to work in partnership with parent(s)/carer(s) to ensure that effective communication supports continuity of care and the emotional well-being of the child and family.

2. Nappy Changing Procedure

Nappy changing should not be a chore and is not scheduled at a set time. Children should be encouraged to communicate their needs and be checked by staff throughout the day to identify when a change is needed.

Children should be given an explanation of where they are going and the time should be used effectively to communicate one to one. A lead on nappy changing should be taken by

the child's key person. Children should always be changed in the changing bay area, following the correct procedures.

Where safe/appropriate to do so older children should be encouraged to climb the steps themselves. If a staff member feels that they are not able to lift a child for any reason they should not continue – they should ask for assistance. A height adjustable changing bed is available in nursery.

Children should **NEVER** be left unattended on the changing bay. If you need more equipment call for assistance or remove the child from the changing bay.

Children should never be allowed to stand on the changing bay while clothes are being fastened/unfastened.

Barrier creams will not be applied during routine nappy changes unless parent(s)/carer(s) request the application of a non-medicated barrier cream eg, zinc and castor. Medicated barrier creams eg, Sudacrem will only be applied with written parental permission if there is a need eg, soreness (follow appropriate procedures for informing parent on collection of child). There must be a named individual pot of cream for each child and parent(s)/carer(s) informed of application.

See Administration of Medicine policy.

Procedure:

1. Collect the child's nappy bag from the classroom. This should be provided by the family and information about changing routines and toilet training shared on induction.
2. Check allergy information.
3. White/blue roll should be used to cover the changing bay.
4. Aprons and gloves **MUST** be worn by staff to prevent cross contamination and to safeguard both children and staff. These should be disposed of after each change.
5. The child should lie on the bay.
6. Remove clothing – encouraging independence as appropriate.
7. Remove nappy. This is to be put in a nappy sack and then placed in the nappy bin.
8. The child should be cleaned with wipes provided from home (or toilet roll if the area is sore).
9. Put on a clean nappy.
10. Pull on clothes– encouraging independence as appropriate. Larger children should be standing on the floor to pull up clothes. Children should never be allowed to stand on the changing bay while clothes are pulled up.
11. Wash hands.
12. **Complete the intimate care record in the folder in the changing area** Inform parents.

3. Toilet training

With regards to potty training and toileting it is essential to work in partnership with families. Effective communication is vital to ensure continuity for the child and to support children and families to feel comfortable and at ease. Home routines will be followed where possible at the centre/school. **Extra support is available from the Family Support team at the children centre.**

Toileting accidents/continence

Children from time to time have toileting accidents as a natural part of growing up, developing independence and learning to meet their own needs. Children with specific additional needs may also have accidents as related to a medical condition.

Staff should be sensitive to each individual child's circumstances and stage of development and do their best to meet their needs and be respectful. The child's dignity will always be considered and care will be conducted in a controlled, but private environment.

If a child has a toileting accident they should be encouraged to clean themselves in a stage appropriate way. Assistance should be given as required using toilet paper and/or wipes. (Check allergy information). A child should be provided with clean clothes. Soiled clothes should be placed in a bag. Parent(s)/carer(s) should be informed eg, on collection of the child. The area the child had the accident in should be cleaned appropriately in line with school procedures. Complete the intimate care record in the changing area.

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Intimate Care - Record Sheet

Pupil's Details
Full Name:
Names of staff involved:

Date	Time	Procedure	Signature(s)	Comments