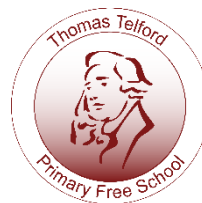


# **Thomas Telford Multi Academy Trust**



## **Intimate Care Policy Redhill Primary Academy and Thomas Telford Primary Free School**



**September 2025**

## Intimate Care and Nappy Changing Policy

### Introduction

At our nurseries, we understand that, as with all developmental milestones, children will master certain skills at different ages. Toileting and self-care are key skills which contribute to independence and self-belief.

We believe that children learn best when they are healthy, safe, secure, and when their individual needs are met. We are therefore 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 and parent's right to give or withdraw their consent.
- Encourage the child to care for themselves as much as they can.

We are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times.

We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

### Definition

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up after a child has soiled him/herself) to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process as part of a staff member's duty of care. In the cases of specific procedure only staff suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam).

This may include the following:

- Toileting, wiping and care in the genital and anal areas
- Dressing, undressing and changing a child who has soiled themselves
- Changing nappies and continence pants
- Washing
- Touching

The nursery is aware that children may present upon admission with varying levels of independence requiring varying levels of intervention and support. Children may present as:

- Fully toilet trained across all settings.
- Fully toilet trained but regress for a little while in response to the stress and excitement of starting nursery.
- Be fully toilet trained at home but prone to accidents in new settings.
- Be on the point of being toilet trained but require reminders and encouragement.
- Not toilet trained at all but likely to respond quickly to a well-structured toilet training programme.
- Be fully toilet trained but have disabilities or learning difficulties.
- Have delayed onset of full toilet training in line with other development delays but are likely to master these self-care skills with support and a well-structured toilet training programme.

Have SEND that makes it unlikely that they will be toilet trained in the immediate future.

### **Our Approach to Best Practice**

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity are of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection and Moving and Handling) and are fully aware of best practice. Suitable equipment and facilities will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible staff who are involved in the intimate care of children will not usually be involved with the delivery of sex education to the children in their care as an additional safeguard to both staff and children involved.

The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented. Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence for example, female staff supporting boys in our school, as no male staff are available.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan through Medical Tracker. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

### **The Protection of Children**

Child Protection Procedures and Multi-Agency Child Protection procedures will be adhered to.

All children will be taught personal safety skills carefully matched to their level of ability, development and understanding.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate manager/ designated person for child protection.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution.

Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed.

### **Procedures for intimate care.**

Children who can use the toilet independently will be encouraged to do so at regular intervals.

Each child's nappy will be checked on arrival at the nursery and changed immediately where necessary.

Staff will undertake checks every **two – three hours** on all children in their care. All children will be changed as and when needed, but at least **two times** daily. If a child's nappy does not need to be changed, the time it was checked will still be noted on 'Medical Tracker'.

Children will be changed immediately if they soil their nappy, or it becomes wet. Staff will not leave children with soiled nappies or clothing.

Each instance of intimate care will be recorded by the adult who completed it. Details recorded will include:

- What personal care tasks were carried out.
- Whether the nappy was dry, wet or dirty and further details if needed such as loose.
- The person undertaking the intimate care.
- The time and date it was completed.

Staff will inform parents of any unusual toileting within the day, and the incident reported to the line manager and recorded.

### **How to change a nappy**

When changing a child's nappy staff will follow the procedure below:

1. Access the child's bag, to ensure they have everything to hand.
2. Gather all the necessary items needed before each nappy change, for example, nappy, wipes, nappy sack, and cream if necessary - if children require creams, e.g. nappy cream, or other medicines, parents must complete an administration of medication form.
3. Wash hands thoroughly with hot water and liquid antibacterial soap,
4. Put on disposable gloves and an apron. Use a new set of gloves and an apron for each nappy change.
5. Clean the changing area with antibacterial wipes and blue roll paper.
6. Place a sheet from the blue/white roll on the changing mat to lay the child down on.
7. Place the child on a nappy changing mat.
8. Remove the child's clothing to access the nappy.
9. Remove the nappy and place it inside the nappy sack and put it in the nappy bin.
10. Using the wipes, clean the child's whole nappy area gently, but thoroughly, from front to back. making sure the areas inside the folds of skin are cleaned.
11. If the child's clothes are soiled, bag them separately and send them home.
12. Apply barrier cream, where consent and agreement has been given, and put on a clean nappy.
13. Slide the opened nappy underneath by carefully lifting the child's legs, then pull the front of the nappy between the legs and over the belly.
14. Adjust the nappy to fit snugly around the waist and legs. Check it is not too tight by running two fingers between the nappy and the child's tummy.
15. Take off the gloves and apron and place them in the nappy bin.
16. Dress the child.
17. Help the child to wash their hands, using liquid soap, warm water and paper towels - it is good practice to allow young children to wash their hands after nappy changing as this promotes good hygiene practice from an early age.
18. Wash own hands using liquid anti-bacterial soap, warm water and paper towels.
19. Take the child back to the room.

20. Return to the nappy changing area and use anti-bacterial spray and paper towels to clean the changing mat, surrounding area and underneath the mat before leaving to dry. Then wash and dry hands again.
21. Record nappy change details on the 'Medical Tracker'.

All staff should note that the nursery has a duty of care towards children's personal needs. If young children are left in wet or soiled nappies or clothing whilst in the setting, this may constitute neglect and could be dealt with as a disciplinary matter.

### **Bond while changing**

The nursery is aware that children thrive when they have positive relationships with the adults caring for them. Staff will therefore be expected to interact and chat with children while they are being changed, for example, pulling faces, smiling and laughing with them to encourage bonding and help their development.

To help children learn that doing a poo is not something unpleasant or negative, staff will not show any disgust at what's in a child's nappy.

### **Nappy rash**

Staff will be able to notice the signs of nappy rash which may include the following symptoms:

- Red or raw patches on your baby's bottom or the whole nappy area
- Skin that looks sore and feels hot to touch
- Scaly and dry skin
- Itchy or painful bottom
- Children seeming uncomfortable or distressed
- Spots, pimples, or blisters on bottom

Where symptoms are identified, staff will record this on the 'Medical Tracker' and inform parents when they collect their child at the end of the session.

### **Toileting procedures**

The nursery is aware that 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.

In collaboration with parents, staff will encourage all children to achieve continence when they exhibit signs that they are ready. This will be achieved through modelling, positive praise, working with parents and having high expectations.

Parents will be engaged in the process of toilet training and supported to continue this with their child at home.

All children will be free to go to the toilet at any time during the session, with adult help or supervision wherever needed.

Potties will be washed in hot soapy water, dried and stored upside down.

Children will be reminded to wash their hands after using the toilet, following the correct procedures for using soap and drying their hands.

Staff will ensure that children using potties are given privacy when using potties, by sitting them out of sight of passers-by and other children using the toilet area.

After use, staff will dispose of the waste appropriately in a toilet, clean them with anti-bacterial wipes or spray and put them away immediately. Again, staff then wash their hands in accordance with good

practice health & hygiene procedures.

### **Safeguarding**

All staff will receive safeguarding training in line with the school's Safeguarding Policy.

Staff will receive safeguarding training on an annual basis and receive child protection and safeguarding updates as required through staff meetings, TA training and PD days.

Where necessary and appropriate, Individual intimate care plans will be drawn up for children in accordance with the individual circumstances of the child.

Each child's right to privacy will be respected.

If any member of staff has concerns about physical changes to a child's presentation, such as marks or bruises, they will report the concerns to the DSL immediately.

The nursery manager will ensure that all staff providing intimate care have undergone an enhanced DBS check, including barred list information.

**INTIMATE CARE INTERVENTION PLAN**

Child's Name

DOB

Name of Support Staff Involved

**TOILET MANAGEMENT PLAN**

Area of need:

Equipment required:

Location of suitable toilet facilities:

Support required Frequency of support:

[For further details of individual interventions see the school's intimate care record.](#)

**Working towards Independence**

The young person will try to...

The member of staff will support/encourage...

**RECORD OF AGENCIES INVOLVED**

Review Date:

Parents/Carer.....

Child (if appropriate)

Senior Management/SENCo.....

Date.....