Early Years Toileting and Intimate Care Policy



Responsibility for oversight and update of this Policy	EYFS Lead
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Developing the roots to grow and wings to fly

1. Aim

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans.
- The dignity, rights and wellbeing of children are safeguarded.
- Pupils who require intimate care are not discriminated against, in line with the Equality Act 2010.
- Parents/carers are assured that staff are knowledgeable about intimate care and that the needs of their children are taken into account.
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved.

Intimate care refers to any care that involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

2. Principles

All children at Chadsmead Primary Academy have the right to be safe and be treated with dignity, respect, and privacy at all times so as to enable them to access all aspects of teaching and learning.

This policy sets out clear principles and guidelines on supporting intimate care with specific reference to toileting. If should be considered in line with our Safeguarding Policy, Health and Safety Policies and Administering of Medicines policy.

This policy supports the safeguarding and welfare requirements of Early Years Foundation Stage (EYFS) 2023 and the Disability Discrimination Act 2005 Chadsmead Primary Academy will ensure that:

- No child's physical, mental, or sensory impairment will have an adverse effect on their ability to take part in day-to-day activities.
- No child with a named condition that affects personal development will be discriminated against.
- No child who is delayed in achieving continence will be refused admission.
- Staff will support children with any toileting needs and support them if they have an accident whilst in school. Parents will be notified of any accidents that occur in school.
- Adjustments will be made for any child who has delayed incontinence.

3. Staff in Early Years

- All staff working in an Early Years setting must have an enhanced DBS check.
- > It is preferable that all children are fully toilet trained prior to attending Nursery/school, however, should this not be the case, parents and carers are expected to communicate this with the Early Years Lead.
- Early Years setting complete and regularly review a risk assessment regarding nappy changing this is communicated to all employees and relevant persons. The risk assessment is reviewed annually or following a significant change, accident, or violent incident.
- Any children requiring support with nappy changing should be identified by parents to the Early Years staff during transition or via the school office to ensure that their needs are met within the setting.

3.1 Intimate Care Tasks

Intimate Care Tasks involve the dressing and undressing, washing including intimate parts, helping someone use the toilet, changing nappies or carrying out a procedure that requires direct or indirect contact to an intimate personal area.

3.2 Partnership with Parents/Carers

Staff work in partnership with parents or carers to provide care appropriate to the needs of the individual child. The child's key person/class teacher works in partnership with parents/carers to share relevant information and provide continued care appropriate to the needs of the individual child. We ask parents/carers to provide a change of clothes if a child regularly needs to change during the school day.

We ask parents/carers to provide:

- Spare nappies (if needed)
- Wipes, nappy sacks etc
- > Spare clothes

Spare underwear

Should a significant concern arise regarding an individual pupil's intimate care needs, staff will work with parents/carers to produce a specific intimate care plan for a child. This care plan would set out:

- What care is required
- Number of staff needed to carry out the task (if more than one person is required, reason will be documented)
- Additional equipment required.
- Child's preferred means of communication (e.g., visual, verbal).
- Child's level of ability i.e., what tasks they can do by themselves.
- Acknowledge and respect for any cultural or religious sensitivities related to aspects of intimate care.
- > Be regularly monitored and reviewed in accordance with the child's development.

The most recent up to date advice will be obtained from The Children's Bowel & Bladder Charity - ERIC https://eric.org.uk/

3.3 Best Practice

When intimate care is given to the child, the member of staff should:

- Explain fully each task that is carried out and the reason for carrying out the task.
- Encourage children to do as much for themselves as they can.
- Give lots of praise and encouragement to the child when they achieve the tasks for themselves.
- Make other members of staff aware that intimate care tasks are being undertaken to ensure safeguarding and ratios.

3.4 Safeguarding

- > Staff are trained on the signs and symptom of child abuse which are in line with Staffordshire Safeguarding Children's Board guidelines and are aware of the "Keeping Children Safe in Education" DFE Guidance and DFES booklet 'What to do if you think a child is being abused' and will follow the guidance given.
- ➤ If a member of staff is concerned about any physical or emotional changes, such as marks, bruises, soreness, distress etc they will inform the Safeguarding Designated Officer immediately. The Safeguarding Policy will then be implemented.
- > Should a child become unhappy about being cared for by a particular member of staff, the class teacher /SENCO will investigate the situation and record any findings. These will be discussed with the child's parents/carers to resolve the problem. If necessary, the SENCO will seek advice from other agencies.
- If a child makes an allegation against a member of staff, the procedure set out in the Safeguarding Policy will be followed.

3.5 Dealing with body fluids

- Urine, faeces, blood, and vomit will be cleaned up immediately and disposed of safely.
- When dealing with body fluid, staff wear protective clothing (disposable plastic gloves and aprons) and wash themselves thoroughly afterward.
- Children's clothing will be bagged to go home— staff will not rinse it.
- > Children will be kept away from the affected area until the incident has been completely dealt with.
- All staff maintain high standards of personal hygiene and will take all practicable steps to prevent and control the spread of infection.
- Parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g., has had an 'accident' and soiled him/herself). This information will be treated sensitively.

3.6 Nappy changing procedures

- All Early Years staff will change nappies.
- Children are changed as and when necessary.
- All children are changed in the children's toilets or disabled toilet on the changing mat with the door slightly ajar. The changing mat is wiped down with antibacterial wipes/spray after each nappy change.
- > Staff will wear a fresh pair of disposable gloves and a disposable apron for each nappy change.
- Soiled and wet nappies are bagged and placed in the designated nappy bin which will be emptied regularly.
- Staff and child will wash and dry their hands immediately after completing task.
- Staff will inform parents/carer about any toileting issues.

Guidance for Parents:

Going to the toilet independently is an important step for children. The age at which children become toilet trained varies greatly from child to child.

Before you start:

It is important to avoid rushing into toilet training before your child is ready. It can be difficult when friends' children are toileted or you have the pressure of a special event, such as starting nursery, but much about the frustration about toileting can be avoided by waiting until your child indicates they are ready. Some of the signs to look for are:

- Your child is telling you they need a wee or a poo. With praise they will gradually begin to recognise sooner and sooner until eventually they are able to hold on long enough to get to the potty or the toilet in time.
- > Taking an interest in going to the toilet with you
- > Pulling at or telling you they have wet nappy.
- > Telling you they no longer want to wear nappies.
- > Able to stay dry for extended periods.

Modern nappies often mean children do not feel wet or soiled as they may have done years ago. By looking out for the signs, you can make sure you don't wait too long or start too early.

If you need any extra support or guidance, then please visit ERIC toilet training guidance: www.eric.org.uk/potty-training

Planning:

Date: _

Once your child is ready, decide the following.

- > The language you wish to use. For example, wee wee, poo poo, toilet, potty. If your child uses a signing or symbol system, choose appropriate signs.
- Will your child use a potty or toilet seat for young children? Where will this be kept?
- Who else needs to know? Everyone looking after your child needs to know that you are starting to toilet train. The language and equipment you have chosen to use.
- > Take your child to the toilet with you and talk through step by step what you are doing. Ask them if they would like to try.
- ➤ Introduce the potty or toilet seat in a comfortable way: make it fun sing songs, play games, read a story. Give your child lots of praise for trying even if they do not "go".
- > Consider using a few drops of colouring in the toilet bowl...the yellow of the urine will change green colouring to blue and red colouring to orange. Perhaps use cherries to get boys to aim at.

Expect accidents. Try not to show you are disappointed but deal with accidents in a "matter of fact" way.

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Use the checklist below to help you decide if your child is ready for folleting (this is not a definitive list)		
Child's Name:		
0	My child can stay dry for an hour or more.	
0	My child knows what a potty / toilet is.	
0	My child knows if he/she is wet or has a soiled nappy and can notify an adult.	
0	My child's faeces are solid and well formed.	
0	My child imitates the actions of others when going to the toilet.	
0	My child can concentrate on a task for more than five minutes.	
0	My child can indicate his/her needs using words, gestures, signs, or symbols.	
0	My child is not experiencing any signs of stress.	