**Intimate Care and Toileting Policy and Procedure**

**Statement of intent**

Intimate care involves areas of personal care, which most people normally do for themselves but some are unable to do because of their stage of development, impairment or disability. We believe that children have the right to be treated with sensitivity and respect, and in such a way that their experience of intimate care is a positive one. We acknowledge that it is essential that every child is treated as an individual and that care is given as gently and as sensitively as possible. We also believe that every child should be encouraged to have a positive image of their own body.

**Aims**

We aim to provide intimate care to all children who require it, which acknowledge the responsibilities and protects the rights of everyone involved. We aim to provide guidance and reassurance to staff, and protect the rights and well being of children.

Prime times of the day make the very best of routine opportunities to promote ‘tuning-in’ to the child emotionally and to create opportunities for learning. Nappy changing times are key times in the day for being close and promoting security as well as for communication, exploration and learning.

All children at Stepping Stones 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 the setting.

This policy sets out clear principles and guidelines on supporting intimate care with specific reference to toileting. It 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) 2016 and the Disability Discrimination Act 2005: Stepping Stones 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
* No child will be sent home or have to wait for their parents/carer due to incontinence
* Adjustments will be made for any child who has delayed incontinence

**Intimate Care Tasks**

Cover any tasks that involves 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.

**Nappy changing records.**

* Staff record when they changed the child and whether the child passed a stool and if there was anything unusual about it e.g. hard and shiny, soft and runny or an unusual colour.
* If the child does not pass a stool, or if he/she strains to do so, or is passing hard or shiny stools, the parents/carers will be informed. The child may be constipated so their diet may need to be adjusted. Constipation in young children is not ‘normal’ and every effort is made with the parent/carers to help them adjust the diet until soft, formed stools are passed.
* A stool that is an unusual colour can usually be related to the food that was eaten, so it is important that this is noted. However, a stool that is black, green or very white indicates a problem, and the child should be taken to the doctor.
* Very soft, watery stools are signs of diarrhoea; strict hygiene needs to be carried out in cleaning the changing area to prevent spread of infection. The parent/carers should be called to inform them, they will be required to collect their child ASAP and not attend for 48hrs.
* Sometimes a child may have a sore bottom. This may have happened at home as a result of poor care; or the child may have eaten something that, when passed, created some soreness. The child also may be allergic to a product being used. This must be noted and discussed with the parent/carers and a plan devised and agreed to help heal the soreness. This may include use of nappy cream or leaving the child without a nappy in some circumstances. If a medicated nappy cream such as Sudocrem is used, this must be recorded.

**Young children, intimate care and toileting**

* Young children from two years may be put into ‘pull ups’ as soon as they are comfortable with this and if parents/carers agree.
* Changing areas are warm, appropriately sited and there are safe areas to lay young children if they need to have their bottoms cleaned. There are mobiles or other objects of interest to take the child’s attention.
* If children refuse to lie down for nappy change, they can be changed whilst standing up, providing it is still possible to clean them effectively.
* Each young child has his/her own changing bags to hand with their nappies/pull ups and changing wipes.

Parents/Carers are asked to supply the following

* spare nappies
* Wipes, creams, nappy sacks etc
* Spare Clothes
* Spare underwear
* Staff ensure that nappy changing is relaxed and a time to promote independence in young children.
* Young children are encouraged to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet.
* They are encouraged to wash their hands and have soap and paper towels to hand. They should be allowed time for some play as they explore the water and the soap.
* Anti-bacterial hand wash liquid or soap should not be used by young children, as they are no more effective than ordinary soap and water.
* Staff are gentle when changing and avoid pulling faces and making negative comments about the nappy contents.
* Wipes or cotton wool and water are used to clean the child. Where cultural practices involve children being washed and dried with towels, staff aim to make reasonable adjustments to achieve the desired results in consultation with the child’s parents/carers. Where this is not possible it is explained to parents the reasons why. The use of wipes or cotton wool and water achieves the same outcome whilst reducing the risk of cross infection from items such as towels that are not ‘single use’ or disposable.
* Staff do not make inappropriate comments about young children’s genitals when changing their nappies.
* Sore bottoms to be discussed with parent/carers to put a plan in place if needed e.g. Sudocrem to be used
* Older children use the toilet when needed and are encouraged to be independent.
* Members of staff do not wipe older children’s bottoms unless there is a need, or unless the child has asked or the parent/carers has requested
* Parents/carers are encouraged to provide enough changes of clothes for ‘accidents when children are potty training.
* If spare clothes are kept by the setting, they are ‘gender neutral’ i.e. neutral colours, and are clean, in good condition and are in a range of appropriate sizes.
* If young children are left in wet or soiled nappies/pull-ups in the setting, this may constitute neglect and will be a disciplinary matter.

Nappy changing is always done in an appropriate/designated area. Children are not changed in play areas or next to snack tables.

All staff working in early years setting must have a DBS check.

**Safeguarding**

Staff are trained on the signs and symptoms so child abuse which in line with local Safeguarding Children’s Board guidelines and are aware of the 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 (SDO) immediately. The Safeguarding Policy will then be implemented.

Should a child become unhappy about being cared for by a particular member of staff, the SDO/supervisor/keyperson will look into the situation and record any findings. These will be discussed with the child’s parents/carers in order to resolve the problem. If necessary the SDO/supervisor/keyperson will seek advice from other agencies. (Please remember that you need parental permission to talk to any agency about a specifically named child.)

If a child makes an allegation against a member of staff, the procedure set out in the ‘allegation against staff procedure’ will be followed.

**Dealing with body fluids**

Urine, faeces, blood and vomit will be cleaned up immediately and disposed of safely. When dealing with body fluids, staff wear protective clothing (disposal plastic gloves and aprons) wash themselves thoroughly afterward. Soiled children’s clothing with be bagged to go home if appropriate *–* 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.

This policy aims to manage risks associated with toileting and intimate care needs and ensures that employees do not work outside the remit of their responsibilities set out in this policy.

Updated and Implemented Autumn Term 2023– reviewed regularly and the procedure monitored and evaluated.