



Pinewood Infant School

&

Foundation Unit

# **Toileting and Intimate Care Policy**

Updated by Rachel Otter

**February 2025**

The pastoral care of our children is central to the aims, ethos and teaching programmes in Pinewood Infant School and Foundation Unit and we are committed to developing positive and caring attitudes in our children.

It is our intention to develop independence in each child, however there will be occasions when help is required. The principles and procedures apply to everyone involved in the intimate care of children. In school this may occur on a regular basis or during a one-off incident. Pinewood Infant School and Foundation Unit is 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 our children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain and adults and staff must be sensitive to each child's individual needs.

Definitions of intimate care is any care which involves one of the following:

1. Assisting a child to change his/her clothes
2. Changing or washing a child who has soiled him/herself
3. Assisting with toileting issues
4. Supervising a child involved in intimate self-care
5. Providing first aid assistance (torso or above the knee)
6. Providing comfort to an upset or distressed child
7. Feeding a child
8. Providing oral care to a child
9. Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure (e.g. the administration of rectal diazepam)

**Parents/carers have the responsibility to advise the school of any known intimate care needs relating to their child.**

### **Principles of Intimate Care**

The following are the fundamental principles of intimate care upon which our policy guidelines are based:

- Every child has a right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- All children have the right to be involved and consulted in their own intimate care to the best of their abilities.
- All children have the right to express their views on their own intimate care and to have their views taken into account.

- Every child has the right to have levels of intimate care that are appropriate and consistent.
- Every child to be encouraged to care for themselves as much as they are able to.
- Protect the rights of all others involved.

### **1. Assisting a child to change his/her clothes.**

This is more common in our foundation stage. On occasions an individual child may require some assistance with changing if, for example, he/she has an accident at the toilet, gets wet outside, or has vomit on his/her clothes etc. Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given. Staff will always ensure that the child is given the opportunity to change in private, unless the child is in such distress that it is not possible to do so.

### **2. Changing a child who has soiled him/herself.**

In Foundation 1 (Nursery) this is a common occurrence due to the age and immaturity of the children who attend. The child's needs are paramount and he/she should be comforted and reassured throughout. The following guidelines outline our procedures but we will also seek to make age-appropriate responses.

- The child will be given the opportunity to change his/her underwear in private and carry out this process themselves.
- School will have a supply of wipes, clean underwear and spare uniform for this purpose.
- If a child is not able to complete this task unaided, school staff will attempt to support to change the child.
- The member of staff who has assisted a pupil with intimate care will follow child protection/safeguarding guidelines.
- Ensure the child is happy with who is changing him/her.
- Be responsive to any distress shown and follow basic hygiene routines.
- Always wear protective disposable gloves.
- Seal any soiled clothing in a plastic bag for return to parents/carers.

### **3. Providing comfort or support to a child**

There are situations and circumstances where children seek physical comfort from staff (particularly children in early years). Where this happens, staff need to be aware that any physical contact must be kept to a minimum. When comforting a child or giving reassurance, staff must ensure that at no time can the act be considered intimate. If physical contact is deemed to be appropriate, staff must provide care which is professionally appropriate to the age and context. If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable. If a child touches a member of staff, as noted above, this should be discussed, in confidence with the Designated Safeguarding Lead, Rachel Otter.

### **4. Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided.**

Our Administration of Medications policy outlines arrangements for the management of the majority of medications in school. Parent/carer permission must be given before any medication is dispensed in school. A small number of children will have significant medical needs and in addition to the arrangements included in our Administration of Medications policy will have an Individual 'Care Plan'. This care plan will be formulated by the relevant medical body. If required, school staff will receive appropriate training.

## **5. Residential Trips**

Residential educational visits are an important part of our school experience. Particular care is required when supervising pupils in this less formal setting. As with extra-curricular activities, although more informal relationships in such circumstances tend to be usual, staff are still guided by our child protection procedures and behaviour policies. Some specific intimate care issues may arise in a residential context. This means that staff should announce their intention of entering changing rooms, avoid remaining in changing rooms unless the pupil needs require it, avoid any physical contact when children are in a state of undress and avoid any visually intrusive behaviour. Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress another member of staff is present. However, this may not always be possible and therefore Staff need to be vigilant about their own conduct, e.g. adults must not change in the same place as children.

## **6. Night Time Routines**

It is established practice that the children's bedrooms are private spaces and anyone else wanting to enter the room should knock and announce their intention to enter. At bedtime, children are given a set amount of time to change and prepare for bed and will be told when the supervising teachers will visit the rooms to check all is okay and switch off the lights. A reciprocal arrangement is in place in the mornings. There are occasions when incidents take place during the night and the need arises to:

- Assist a child to change his/her clothes.
- Change a child who has soiled him/herself.
- Provide comfort to an upset or distressed child.
- Assist a child who requires a specific medical procedure and who is not able to carry this out unaided. Guidance as above will be followed with the support of an additional member of staff in attendance.

## **School Responsibilities**

All members of staff working with children are vetted. Vetting includes DBS enhanced checks and two references. Only those members of staff who are familiar with the Intimate Care policy and other care policies of the school are involved in the intimate care of children. Where anticipated, intimate care arrangements are agreed between the school and parents/carers and when appropriate and possible, by the child. Consent forms are signed by the parent/carers and stored in the child's file. Only in emergency would staff undertake any aspect of intimate care that has not been agreed by parents/carers and school. Parents/carers would then be contacted immediately. The views of all relevant parties should be sought and considered to inform future arrangements. If a staff member has concerns about a colleague's intimate care practice he or she must report this to the Designated Safeguarding Lead, Rachel Otter.

## **Guidelines for Good Practice**

All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children. Young children and children with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs.

**Adhering to the following guidelines of good practice should safeguard both children and staff**

- Get to know the child before working with them
- Involve the child in the intimate care. Try to encourage a child's independence as far as possible in his or her intimate care. Where a situation renders a child fully dependent, talk about what is going to be done and, where possible, give choices. Check your practice by asking the child or parent/carer about any preferences while carrying out the intimate care.
- Agree terminology for parts of the body
- Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.
- Make sure practice in intimate care is consistent. As a child may have multiple carers a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent.
- Be aware of your own limitations. Only carry out activities you understand and feel competent with. If in doubt, ask. Some procedures must only be carried out by members of staff who have been formally trained and assessed.
- Promote positive self-esteem and body image. Confident, self-assured children who feel their bodies belong to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.
- If you have any concerns, you must report them. If you observe any unusual markings, discolouration or swelling, report it immediately to the Designated Safeguarding Lead, Rachel Otter. If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, re-assure the child, ensure their safety and report the incident immediately to the designated safeguarding lead. Report and record any unusual emotional or behavioural response by the child.

The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:

- When intimate care is being carried out, all children have the right to dignity and privacy, i.e. they should be appropriately covered, the door closed or screens/curtains put in place.
- If the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance.
- Always ask the child's permission before carrying out a task.

- Report any concerns to the designated safeguarding lead and make a written record.
- Parents/carers must be informed about any concerns.

### **Communication with Children**

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Depending on their maturity and levels of stress children may communicate using different methods - words, signs, symbols, body movements, eye pointing, etc. To ensure effective communication:

- Make eye contact at the child's level.
- Use simple language and repeat if necessary.
- Wait for response.
- Continue to explain to the child what is happening even if there is no response.
- Treat the child as an individual with dignity and respect.

**Please note: Individual children with SEND needs in relation to personal and intimate care will have their own intimate care plan. This policy should be read alongside SEND policy and Equality Act 2010.**

## Appendix 1

### Parental Permission for Intimate Care

Should it be necessary, I give permission for \_\_\_\_\_  
to receive intimate care (e.g. help with changing or following toileting).

I understand that staff will endeavour to encourage my child to be independent. I understand that I will be informed discretely should the occasion arise.

Childs Name: .....

Class:.....

Relationship to Child:.....

Signed Parent/Carer:.....

Date:.....

## Appendix 2

### Toileting Discussion with Parents/Carers

#### Record of Meeting

Child's Name:.....

D.O.B:.....

Attended by:

Date of Meeting:.....

	Details	Action
Working towards independence E.g. taking pupil to toilet at timed intervals, rewards		
Arrangements for nappy changing E.g. who, where, privacy		
Level of assistance needed E.g. undressing, hand washing, dressing		
Moving and handling needs E.g. equipment, training needs, hoisting equipment		
Infection control E.g. wearing gloves, nappy disposal		
Sharing information E.g. nappy rash, infection, family/cultural customs		
Resources needed E.g. toilet seat, step, nappies, creams, nappy sacks, change of		

clothes, gloves		
Other		

## Appendix 3

Intimate care checklist (can be used as preparation for plan)

### Planning for Intimate Care

Pupil's name:.....

D.O.B:.....

Admission date:.....

	Discussion	Actions
<b>Facilities</b> <ul style="list-style-type: none"><li>▪ Changing table/bed</li><li>▪ Suitable toilet identified?</li><li>▪ Grab rails</li><li>▪ Step</li><li>▪ Adaptions required?</li><li>▪ Locker for supplies</li><li>▪ Hot and cold water</li><li>▪ Lever taps</li><li>▪ Mirror at suitable height</li><li>▪ Disposal unit/bin</li><li>▪ Hoist</li><li>▪ Other moving and handling equipment</li><li>▪ Emergency alarm</li><li>▪ Other</li></ul>		
<b>Family provided supplies</b> <ul style="list-style-type: none"><li>▪ Nappies/pads</li><li>▪ Catheters</li><li>▪ Wipes</li><li>▪ Spare clothes</li><li>▪ Other</li></ul>		
<b>School provided supplies</b> <ul style="list-style-type: none"><li>▪ Toilet rolls</li><li>▪ Antiseptic cleanser</li><li>▪ Cloths/paper towels</li><li>▪ Soap</li><li>▪ Disposable gloves/aprons</li><li>▪ Disposal sacks</li><li>▪ Urine bottles</li><li>▪ Bowl/bucket</li><li>▪ Milton/sterilising fluid</li><li>▪ Other</li></ul>		

<b>Good practice</b> <ul style="list-style-type: none"> <li>▪ Advice sought from Health professionals?</li> <li>▪ Moving and Handling Co-ordinator?</li> <li>▪ Parent/carer views</li> <li>▪ Pupil's views</li> <li>▪ How does child communicate?</li> <li>▪ Agree use of language to be used</li> <li>▪ Preferences for gender of carer</li> <li>▪ Training required for staff?</li> <li>▪ Awareness raising for all staff</li> <li>▪ Other</li> </ul>		
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<b>PE issues</b> <ul style="list-style-type: none"> <li>▪ Discreet clothing required?</li> <li>▪ Privacy for changing?</li> <li>▪ Other</li> </ul>		
<b>Support</b> Designated staff  Back-up staff  Training for back-up staff  Transport  School visits  After school clubs  Toilet management/intimate care plan to be prepared <ul style="list-style-type: none"> <li>▪ By whom</li> <li>▪ When</li> <li>▪ To be reviewed when</li> </ul>		