

Intimate Care Toileting Policy Settings

Revised: March 2021

All children at **hdc** have the right to be safe and be treated with dignity, respect, and privacy at all times to enable them to access all aspects of the nursery provision.

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) 2017 and the Disability Discrimination Act 2005: hdc 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 w required to wait for their parents/carer to provide intimate care due to their toileting needs.
- Adjustments will be made for any child who has delayed continence.

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

Partnership with Parents/Carers – Staff/Child's Key Person at **hdc** work in partnership with parents/carers to provide care appropriate to the needs of the individual child and together will produce a care plan. The plan should be signed by all who contribute and reviewed on an agreed basis, ideally on a termly basis, but at least annually or when something changes.

The toileting or intimate care plan will 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)
- Agreed terminology for areas of the body and bodily functions
- Child's level of ability i.e., what tasks they are able to do by themselves
- Acknowledge and respect any cultural or religious sensitivities related to aspects of intimate care
- How and when it is to be monitored i.e., termly, or when an aspect of care changes in accordance with the child's development

Parents/Carers are asked to supply the following:

- Spare Clothes/underwear

Best Practice

When intimate care is given, the member of staff explains fully each task that is carried out and the reason for it. Staff will encourage children to do as much for themselves as they are able. Praise and encouragement will be given to the child when they achieve.

All staff working in early year's settings must have a DBS check.

Safeguarding

Staff are trained on the signs and symptoms of child abuse which is in line with Devon Safeguarding Children's Board guidelines and are aware of the DFE's 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 named **Safeguarding Designated Lead (SDL)** or in their absence the named **Deputy Designated Safeguarding Lead (DDSL)** immediately. The Safeguarding policy will then be implemented.

Should a child become unhappy about being cared for by a particular member of staff, the Manager 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 Manager will seek advice from other agencies. Parental permission will be requested prior to any outside agency involvement regarding a specifically named child, except where a child is considered to be at risk of harm, and we believe that seeking parental consent may increase this risk.

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

Dealing with body fluids

Urine, faeces, blood, and vomit will be cleaned up immediately and disposed of safely and in accordance with our procedures. When dealing with body fluids, staff are to wear protective clothing (disposal plastic gloves and aprons) and wash themselves thoroughly afterward. Soiled children's clothing will be bagged to go home. Children will be kept away from the affected area until the incident has been completely dealt with. All staff are to maintain high standards of personal hygiene and 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.

Signed Wendy Ellis-Smith

Date 02 March 2021

2021 Babcock Training Limited

Useful links

<https://www.eric.org.uk/>

The Children's Bowel and Bladder Charity

Intimate Care/ Toileting Plan

Childs Name:

DOB:

Date of Plan:

Review Due:

Area of Need:

What is to be done:

When:

Where:

How:

Special notes: e.g., reward scheme, attitude to be taken, access to toilet, equipment required

Additional Information: e.g., guidance on how much a child should drink

Record of Independence

Name:

I can already:

I will try to:

What I want to achieve is:

As parent / carer of

I give permission for *hdc* staff to provide intimate care for my child and I will advise the Nursery Manager of any condition or changes in relation to my child's needs, which may affect issues of intimate care.

Parent/Carer's name:

Signature:

Contact Phone No/s:

Date: