



# **TOILET TRAINING/INTIMATE CARE POLICY & PROCEDURE**

Date of last review: December 2019  
Date of next review: December 2020

These guidelines are designed to promote good practice and therefore safeguard children and practitioners; they apply to everyone involved with the intimate care of children in Dar-ul-Madinah , London Nursery.

**Aims:**

- To safeguard the rights and promote the welfare of children
- To provide guidance and reassurance to staff whose role includes intimate care
- To assure parents that staffs are knowledgeable about personal care and that their individual concerns are taken into account.
- To include all young children in activities regardless of their ability to manage their own personal care.
- To safeguard the rights and promote the welfare of children
- To provide guidance and reassurance to staff whose role includes intimate care
- That no child is discriminated against.

**Definition of Intimate Care:**

‘Care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demands direct or indirect contact with, or exposure of, the sexual parts of the body’  
Intimate care tasks specifically identified as relevant include:

- dressing and undressing (underwear)
- helping Children use a potty or toilet
- Changing nappies
- Cleaning / wiping / washing intimate parts of the body.
- when a child has wet or soiled themselves
- When a child has been vomited on or is wet or soiled themselves
- When a child has become dirty or wet from involvement in play activities, for example; painting or water play
- When a child requires support and assistance changing for physical activities

**Definition of Personal Care:**

Although it may involve touching another person, it is less intimate and usually has the function of helping with personal presentation

Personal care tasks specifically identified as relevant include:

- feeding
- administering oral medication
- hair care
- dressing and undressing (clothing)
- washing non-intimate body parts
- prompting to go to the toilet.

Children's intimate care needs cannot be seen in isolation or separated from other aspects of their lives. Encouraging them to participate in their own intimate or personal care should therefore be part of a general approach towards facilitating participation in daily life.

Intimate Care and Toileting policy guidance :

All children have the right to be safe and to be treated with dignity and respect. Disabled children can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs. Staffs also need to be aware that some adults may use intimate care, as an opportunity to abuse children. It is important to bear in mind that some care tasks / treatments can be open to misinterpretation. Adhering to the settings policy and procedure guidelines should safeguard children and practitioners.

Toilet Training: Starting at early years setting is always an important and potentially challenging time for both children and their parents, it is also a time of growth and very rapid developmental change for all children. As with all developmental milestones in the Early Years Foundation Stage (EYFS), there is wide variation in the time at which children master the skills involved in being fully toilet trained. For a variety of reasons children may:

- be fully toilet trained
- have been fully toilet trained but regressed for a little while due to the excitement and stress of starting at a setting
- may be fully toilet trained at home but have accidents in the setting, or vice versa
- may be nearly there but needs some reminders and encouragement
- not toilet trained, but responds well to a structured toilet training process
- be fully toilet trained but has a serious disability or learning difficulty
- may have development delays but with additional support will master these skills
- have SEND and might require help with some or all aspects of personal care.

As and when parents/carers start to toilet train, they will advise nursery also in order to reflect process within setting and home. Parents will be advised to also provide setting with 5 extra pair of bottoms and 5 extra pairs of pants as accidents maybe expected.

The nursery in partnership with parents must have an agreed consent form signed by parents, giving written permission enabling nursery (dbs cleared) staffs to wash and care for intimate areas upon toilet use whether child is toilet training or not especially upon passing stool.

Requirements necessary whilst changing children; The provision must facilitate the following;

- hot running water and soap (antibacterial where possible)
- toilet rolls
- bowl/bucket
- paper towels/cloths
- disposable gloves
- nappy bags/sacks
- cleaning equipment
- bin

- a supply of spare underwear, clothing and wipes

Checks will be made beforehand to ensure that there are suitable facilities for intimate care available on school trips and timetabled school activities where this will be necessary.

Safeguarding: Historically, we now recognise that abuse of children has and can still happen in not only early years settings but also schools and other child related activities. Therefore, it is crucial that you are not only alert to this but also consider how you can prevent your staff from having allegations made against them. Having a policy and procedure in place that all staff and parents are aware of will explain your expectations on all parties. There is no written legal requirement that two adults must be present when providing intimate care.

- ensure that staff are suitably checked (DBS) and that safer recruitment processes have been adhered to
- are aware of the recording requirements if changing nappies and/or toileting
- following setting procedures/guideline for intimate care
- carry out a risk assessment of the toileting process and areas used
- consider if a child soils themselves then what additional support may the child and staff need
- encourage older children to undress and dress themselves as much as possible. Should help be needed, staff will first ask the child's permission before removing any clothes e.g. "Can I help you pull down your trousers?"
- involve the child as far as possible in his or her own intimate care
- ensure other staff are aware of the task being undertaken
- ensure staff are familiar with DM's safeguarding policy including the section on allegations against staff
- inform another member of staff, should a child need help, that they are going to do this ensure all staff are up to date with their safeguarding training
- Should staff observe any unusual markings, discolouration's or swelling, including the genital area, these will be reported AND recorded immediately, following DM'S policies and procedures.
- If, during the intimate care of a child, staff accidentally hurt them, the child will be reassured, ensuring their safety and the incident reported immediately

Intimate Care and Toileting policy procedure:

In case a child wets/soils themselves, the practitioner is to remove child from current area, in order for another to instantly clean area using anti-bacterial spray and disposable wash cloth/towel, wearing gloves and apron ensuring area is well cleaned as well as dried for other children as this is a health and safety concern, whilst other practitioner takes child into bathroom to change and clean. The practitioner must narrate to child what she/he is doing e.g. 'I will be taking off your wet clothes, to put on your clean clothes' reassuring child. This practitioner also should be wearing gloves and apron. Before changing child practitioner is to put child on toilet whilst she/he is cleaning the child using warm water in allocated plastic jugs, then dried adequately the put into new clothes, this accident and process must be recorded in nappy/toileting chart as well as shared with parents/carers upon collection or via phone call in doing so ensure other staff are aware of the task

being undertaken as and when task is taking place. ALL staff should be familiar with the DM's safeguarding policy including the section on allegations against staff, it is essential that the adult who is going to change the child informs another member of staff that they are going to do this. ALL staffs must be up to date with their safeguarding training.

#### Health and Safety:

- In case of spillages of bodily fluids such as when a child accidentally wets or soils him/herself, or is sick while on the premises. The same precautions will apply for nappy/pull ups/changing. This should include:
- Any spills of blood, vomit or excrement are wiped up and disposed of down the toilet or in the sealed yellow bin in the accessible toilet.
- Disposable gloves are always used when cleaning up spills of bodily fluids. Floors and other affected surfaces are disinfected using chlorine or iodine bleach diluted according to the manufacturer's instructions. Fabrics contaminated with bodily fluids are thoroughly washed in hot water.
- Spare laundered pants and other clothing are available in case of accidents and nappy bags are available in which to wrap soiled garments once they have been rinsed through.
- All surfaces are cleaned daily with a disinfectant cleaner, after each nappy change.
  
- staff to wear fresh disposable aprons and gloves while changing a child
- soiled nappies/pull ups securely wrapped and disposed of appropriately
- changing area/ toilet to be left clean
- hot water and soap available to wash hands as soon as changing is done
- paper towels to be available to dry hands

Intimate care can also take substantial amounts of time but should be an enjoyable experience for the child and for their parents. It is essential that every child is treated as an individual and that care is given as gently and as sensitively as possible. Children should be treated with dignity and respect and given privacy appropriate to the child's age and situation. The child should be encouraged to express choice and to have a positive image of his/her body. Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse.

Intimate care arrangements must be agreed by the setting, parents and child (if appropriate), and be recorded in the child's personal file and consent forms signed by the parents and child (if appropriate). Practitioners should not undertake any aspect of intimate care that has not been agreed between the setting, parents and child (if appropriate). Settings need to make provisions for emergencies i.e. a key person on sick leave. Intimate care arrangements should be reviewed at least six monthly. The views of all relevant parties, including the child (if appropriate), should be sought and considered to inform future arrangements.

Intimate care may involve touching the private parts of the child body and therefore may leave staff more vulnerable to accusations of abuse. It is unrealistic to eliminate all risk but this vulnerability places an important responsibility on staff to act in accordance with agreed procedures. Having risk assessed the toileting area by giving a child privacy are you placing members of staff in a vulnerable position i.e. is your member of staff in an enclosed area alone with a child. Always ensure toileting/nappy changing chart is up to date so it is easy to evidence who changed/helped with which child?

If a staff member has concerns about a colleague's intimate care practice they must report this following the settings whistleblowing policy to the Designated Safeguarding lead. If you observe any unusual markings, discolourations or swelling including the genital area, report immediately following your settings policy and procedures.

If during the intimate care of a child you accidentally hurt them, misunderstands or misinterprets something, reassure the child, ensure their safety and report/record the incident immediately following your settings policy and procedures. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made and kept in the child's personal file.

The normal process of changing a nappy or supporting toileting should not raise child protection concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the nappy changing process to ensure that abuse does not take place. However, in some instances it may be appropriate for two members of staff to change/support a child, i.e. if a child gets very distressed or has made an allegation previously.



Written consent form for Intimate Care Process:

I .....(Parent/carer) of.....(Child) give written permission enabling a dbs checked practitioner of Dar-ul-Madinah, London to care intimately by washing/cleaning for my child/ren after toilet use ensuring the absolute cleanliness of my child/ren as and when needed.

Date:.....

Manager(sign):.....

Date:.....