INTIMATE CARE POLICY

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BACKGROUND

At Beaulieu Park Day Nursery, we recognise that intimate and personal care is an important part of safeguarding, wellbeing and high-quality early years practice. Babies and young children depend upon trusted adults to meet care needs that they are not yet able to manage independently, and these interactions must be approached with the same professionalism, sensitivity and respect as every other aspect of their care and education.

Our aim is to ensure that every child receives the intimate and personal care they need in a way that protects their dignity, privacy, safety, health and emotional wellbeing, while progressively supporting their confidence, independence and understanding of their own body and personal care.

SCOPE

For the purposes of this policy, intimate care means care involving assistance with bodily functions, hygiene or areas of the body ordinarily considered private. This includes, but is not limited to:

- nappy changing;
- support with using the toilet or potty;
- assistance with wiping and personal hygiene;
- cleaning and changing a child following wetting or soiling;
- continence care; and
- medical or healthcare procedures which involve intimate areas of the body.

Personal care describes wider assistance a child may require with everyday self-care, including dressing and undressing, changing clothing, washing and other age-appropriate hygiene routines.

Routine first aid is not considered intimate care for the purposes of this policy. Where first aid, medical treatment or healthcare requires access to or contact with an intimate area of a child's body, the principles and safeguarding expectations within this policy will apply alongside the nursery's relevant First Aid, Medication and Healthcare procedures.

This policy applies to all employees, agency educators, apprentices, students, volunteers and any other adults working with or on behalf of the nursery. The level of intimate or personal care that an individual may undertake will depend upon their role, suitability, training, competence and the safeguards set out within this policy.

OUR POLICY PRINCIPLES

The child's welfare is paramount.

Every decision concerning intimate or personal care will be made with the child's safety, welfare and

individual needs at its centre. Operational convenience, established routines or adult preference will not take priority over the welfare of the child.

Every child will be treated with dignity and respect.
Children will never be shamed, humiliated, ridiculed or unnecessarily exposed during intimate or personal care. Wetting, soiling, toileting difficulties and the need for assistance will always be responded to calmly, sensitively and without judgement.

Children will be involved in their own care.
Educators will communicate with children throughout intimate care in a manner appropriate to their age, development and communication needs. Children will be told what is happening, listened to and encouraged to participate in their own care wherever they are able to do so.

Children's privacy will be respected and appropriately balanced with safeguarding.
Intimate care will be provided in an environment which affords the child appropriate privacy and dignity while maintaining appropriate safeguarding oversight. Privacy must not result in a child and adult being unnecessarily isolated from the wider staff team.

Independence will be actively encouraged.
Children will be supported progressively to develop the skills required to manage their own personal care wherever developmentally appropriate. Expectations will recognise each child's age, stage of development, communication, confidence and individual needs.

Care will be responsive to the individual child.
Children develop at different rates and may require different levels of assistance. Intimate care will therefore be responsive to the child's needs rather than based solely upon age, room, routine or assumptions about what a child should be able to do.

Inclusive practice is fundamental.
A child will not be disadvantaged, excluded, shamed or treated less favourably because they require intimate care or because of continence difficulties, developmental delay, disability, medical needs or special educational needs. Where additional support or reasonable adjustments are required, these will be considered and planned in partnership with parents/carers and relevant professionals.

Safeguarding is everyone's responsibility.
Intimate care places adults in a position of particular trust. All educators are responsible for maintaining appropriate professional boundaries, following agreed procedures and remaining alert to anything observed, heard or experienced during intimate care which may indicate a safeguarding concern.

Parents and carers are important partners in children's care.

We will work openly and constructively with parents and carers, recognising their knowledge of their child and the importance of consistency between home and nursery. Parents/carers are equally expected to work collaboratively with the nursery and provide the information, supplies and support reasonably required to meet their child's needs.

The child's welfare remains paramount within this partnership. No parental request, established home routine or operational preference will require an educator to undertake care in a way that conflicts with safeguarding requirements, health and safety, professional guidance or the child's welfare.

Our guidelines are as follows:

OUR GUIDELINES

DIGNITY, PRIVACY, CONSENT & BODILY AUTONOMY

Children have the right to be treated with dignity, respect and sensitivity during all intimate and personal care. Educators must recognise that intimate care involves a child's body and personal boundaries and should therefore be undertaken in a way that helps children develop a positive understanding of privacy, bodily autonomy and their right to communicate how they feel.

COMMUNICATION AND INVOLVING THE CHILD

Educators will communicate with the child before and throughout intimate care at a level appropriate to their age, understanding and communication needs.

Where developmentally appropriate, educators should:

- explain what needs to happen before beginning the care routine;
- use clear, respectful and age-appropriate language;
- give the child reasonable choices, such as whether they would like to walk to the changing area or be carried;
- encourage the child to participate in their own care;
- tell the child before touching or cleaning intimate areas of their body;
- recognise and respond to the child's verbal and non-verbal communication; and
- provide reassurance throughout the routine.

Educators should avoid unnecessarily distracting a child from what is happening to them. Positive interaction, songs, conversation or comfort may be used to reassure and engage a child, but intimate care should not become something that is deliberately performed without the child's awareness.

CONSENT AND ASSENT

Babies and young children may not have the developmental capacity to give informed consent to essential care in the same way as an adult. This does not mean that their communication, preferences or responses should be disregarded.

Educators will seek the child's cooperation and assent wherever developmentally appropriate. Assent means recognising the child's willingness to participate through their words, behaviour, body language and engagement.

A child's ability to communicate verbally will never determine whether their views are respected. Educators must remain attentive to facial expressions, movement, body tension, withdrawal, crying and other forms of communication.

WHEN A CHILD IS RELUCTANT OR SAYS "NO"

A child saying "no" or initially resisting intimate care does not automatically mean that essential care should not take place. Young children may object because they do not want to leave an activity, are tired, dislike being changed or do not yet understand why care is necessary.

Where a child is reluctant, educators should first seek cooperation rather than immediately proceeding against resistance. This may include:

- acknowledging how the child feels;
- explaining simply why the care is needed;
- allowing a short and reasonable period of time where it is safe to do so;
- offering appropriate choices;
- reassuring the child;
- encouraging the child's involvement and independence; or
- asking another familiar educator to support or undertake the care where appropriate.

Essential care must not be unnecessarily withheld where doing so would leave a child wet, soiled, uncomfortable, distressed or at risk of harm.

At the same time, routine intimate care must never become a physical struggle between an educator and a child. Educators must not use unnecessary force, restraint, threats, punishment, humiliation or coercion in order to complete an intimate care routine.

Where an educator cannot safely and sensitively meet the child's immediate care needs because of significant resistance or distress, they must seek support from a senior member of staff and consider the most appropriate response for that individual child.

SIGNIFICANT OR UNUSUAL DISTRESS

Educators must distinguish between ordinary age-appropriate reluctance and behaviour which is unusual, significant, persistent or otherwise concerning.

Particular attention must be given where a child:

- demonstrates a sudden or significant change in their response to intimate care;
- becomes unusually frightened, distressed, withdrawn or physically resistant;
- repeatedly demonstrates distress associated with a particular educator, location or care routine;
- makes a concerning comment or disclosure;
- demonstrates behaviour which appears inconsistent with their usual presentation; or
- communicates, verbally or non-verbally, something which causes an educator concern.

Such behaviour must not be dismissed simply as a child being "difficult" or refusing care.

Where there is any possibility that the child's response may indicate a safeguarding concern, the educator must follow the nursery's safeguarding procedures and report the concern promptly to the Designated Safeguarding Lead (DSL). Educators must not investigate, repeatedly question the child or ask leading questions.

CHOICE OF EDUCATOR

Where reasonably practicable, intimate care will be provided by an educator who is familiar to the child and with whom the child is comfortable.

A child who is able to express a preference about who supports them should be listened to, and reasonable preferences should be accommodated wherever this can be achieved safely and without unreasonable delay to necessary care.

Children do not have an absolute entitlement to select a particular educator, and intimate care should not become dependent upon one specific adult always being available.

However, where a child expresses that they do not want a particular educator to undertake their intimate care, this should not simply be disregarded. Where another suitable educator is reasonably available, the child's preference should ordinarily be respected.

Repeated, unexplained or significant resistance to receiving intimate care from a particular adult must be reported to the DSL and considered in accordance with safeguarding procedures.

PRIVACY AND EXPOSURE

Children's bodies must be treated respectfully at all times.

Educators must:

- provide appropriate privacy from other children, visitors and adults who do not need to be involved;
- ensure that children are not unnecessarily exposed before, during or after care;
- have necessary clothing, nappies and care supplies prepared wherever possible before beginning;
- expose only the area of the child's body necessary to provide the care required;
- avoid unnecessary touching of intimate areas;
- use appropriate and respectful language when referring to the child's body and bodily functions; and

- ensure conversations about a child's continence, accidents or intimate care needs cannot unnecessarily be overheard by other children or families.

Children who are increasingly independent in toileting should be afforded increasing levels of privacy appropriate to their age, development and individual needs.

Privacy does not mean complete isolation. Educators must maintain the safeguarding arrangements set out within this policy while ensuring that children are not unnecessarily observed during intimate care.

SUPPORTING POSITIVE BODY AWARENESS

Educators should support children to develop a healthy and age-appropriate understanding of their bodies, privacy and personal boundaries.

Where body parts need to be referred to, educators should use clear, respectful and developmentally appropriate language. Language which suggests that parts of the body, toileting or bodily functions are dirty, shameful or embarrassing must not be used.

Children should progressively learn that some parts of their body are private, that intimate care should have a clear care or health purpose, and that they can communicate if something makes them uncomfortable.

These principles form part of the nursery's wider commitment to safeguarding children and helping them develop confidence in communicating their needs and boundaries.

SAFEGUARDING DURING INTIMATE CARE

Intimate care places an educator in a position of particular trust and may involve a child being undressed, physically assisted or supported with areas of their body that are ordinarily private.

Safeguarding must therefore be integral to the way intimate care is planned, undertaken and monitored.
The nursery's arrangements are designed to protect children from harm while also protecting educators from situations which may leave their actions unnecessarily open to misunderstanding or allegation.

ONE-TO-ONE INTIMATE CARE

Routine intimate care, including nappy changing and ordinary toileting assistance, may be undertaken by one suitably authorised educator. Two educators are not routinely required to be physically present.

However, one-to-one care must not mean unnecessary isolation.

Where an educator undertakes intimate care:

- the care must take place in an appropriate designated or agreed area;
- other educators working within the provision should be aware that intimate care is taking place;
- reasonable safeguarding oversight must be maintained without unnecessarily compromising the child's dignity;
- doors must not be locked in a way that prevents appropriate access by other educators;
- an educator must be able to summon assistance where required; and
- intimate care must not ordinarily take place in an unnecessarily secluded or concealed location.

Changing and toileting environments should be designed and used in a way that provides appropriate privacy from other children, parents, visitors and unnecessary observation while ensuring that safeguarding oversight remains possible.

The purpose of safeguarding oversight is not for other adults to routinely observe a child's intimate care. Children should not be unnecessarily exposed or watched while being changed or using the toilet.

WHEN A SECOND EDUCATOR MAY BE REQUIRED

The presence of a second educator is not automatically required because care is intimate.

A second educator should, however, be available or directly involved where circumstances indicate that this is necessary for the child's welfare, the educator's safety or effective safeguarding. This may include where:

- a child is significantly distressed or resistant;
- the care required is particularly complex;
- significant soiling makes assistance necessary;
- moving, positioning or handling the child safely requires two adults;
- an Individual Intimate Care Plan or risk assessment specifies two-person support;
- a medical or healthcare procedure requires more than one trained person;
- there has been a previous safeguarding concern or allegation which makes additional safeguards appropriate; or

- the educator reasonably considers that additional support is required.

Where a second educator is involved, their role should be proportionate to the situation. They do not need to unnecessarily observe the child's intimate areas simply because they are providing safeguarding support.

Where an individual child routinely requires two-person intimate care, this should ordinarily be reflected within their Individual Intimate Care Plan and, where appropriate, risk assessment.

PROFESSIONAL BOUNDARIES

Physical contact during intimate care must always have a clear and legitimate care purpose.

Educators must:

- use only the level of physical contact reasonably necessary to provide the required care;
- explain physical assistance to the child wherever developmentally appropriate;
- avoid unnecessary touching of intimate areas;
- never engage in intimate contact for amusement, teasing or play;
- never make comments about a child's body which are personal, judgemental, sexualised, humiliating or otherwise inappropriate;
- never photograph or make a personal recording of a child during intimate care;
- never use a personal mobile phone, camera or other personal electronic device within an intimate care routine;
- maintain professional language and behaviour throughout; and
- follow the nursery's safeguarding, professional conduct and technology/device requirements at all times.

Where an educator is uncertain whether a particular form of assistance is appropriate, they must seek guidance from the Manager or DSL rather than improvise a potentially inappropriate care practice.

OBSERVING MARKS, INJURIES OR PHYSICAL CONCERNS

Intimate care may result in an educator noticing something about a child's body which would not ordinarily be visible.

Educators should remain appropriately observant while providing care but must not deliberately examine, inspect or manipulate a child's intimate areas beyond what is reasonably necessary to provide the care required.

Where an educator notices an injury, bruise, mark, bleeding, significant redness, soreness, swelling, discharge or other physical presentation which is unexpected or causes concern, they must respond sensitively and follow the appropriate safeguarding or health procedure.

The educator should:

- complete any immediately necessary care while preserving the child's dignity;
- avoid unnecessary examination of the area;
- listen carefully to anything the child spontaneously communicates;
- not ask leading, suggestive or investigative questions;
- report safeguarding concerns promptly to the DSL;
- make an accurate and factual record in accordance with safeguarding procedures; and
- seek appropriate medical support where the child's health or immediate safety requires it.

Where clarification from a child is necessary, educators should use only minimal, open communication appropriate to their role and safeguarding training. It is not the educator's role to investigate how an injury occurred.

DISCLOSURES AND CONCERNING COMMUNICATION

A child may communicate something of concern during intimate care because the environment or activity prompts them to talk about their body, experiences or feelings.

If a child makes a disclosure or says something which may indicate that they or another child is at risk of harm, the educator must:

- remain calm and listen;
- take the child seriously;
- avoid expressing shock or disbelief;
- not promise confidentiality;
- not ask leading or investigative questions;
- reassure the child appropriately without making promises about what will happen next;
- record the child's words as accurately as possible; and
- report the matter immediately in accordance with the Safeguarding and Child Protection Policy.

The educator must not independently approach parents/carers about a potential safeguarding concern unless this has been agreed through the appropriate safeguarding process.

BEHAVIOURAL SAFEGUARDING INDICATORS

Safeguarding concerns are not limited to visible injuries or verbal disclosures.

Educators must also remain alert to significant changes in behaviour associated with intimate care, including unusual fear, distress, withdrawal, freezing, aggression or repeated resistance.

Particular attention must be given where the child's response appears associated with:

- a particular adult;
- a particular environment;
- being undressed;
- having a nappy changed;
- toileting;
- being cleaned or wiped; or
- particular physical contact.

These behaviours do not in themselves establish that abuse or harm has occurred. However, they must not be dismissed where they are unusual, repeated, significant or inconsistent with the child's normal presentation.

Any concern must be shared with the DSL so that it can be considered alongside any other information known about the child.

UNEXPECTED EVENTS DURING INTIMATE CARE

If something unusual occurs during an intimate care routine which could reasonably be misunderstood, cause concern or later result in an allegation, the educator must report this promptly to the Manager or DSL and ensure that an appropriate factual record is made.

Educators must not attempt to conceal an error, accidental contact, unusual interaction or other event because they believe it to be insignificant.

Open reporting protects both children and educators and enables management to determine whether any further action is required.

CONCERNS ABOUT ANOTHER ADULT'S PRACTICE

Any educator who witnesses intimate care which appears unsafe, disrespectful, unnecessarily forceful, inappropriate or inconsistent with this policy has a responsibility to act.

Depending upon the nature of the concern, this may include:

- intervening immediately where necessary to protect a child;
- reporting the concern to the DSL or Manager;
- following the nursery's safeguarding or allegations procedures; or
- using the Whistleblowing Policy where appropriate.

Staff must never ignore inappropriate practice because the person involved is more senior, experienced or because a particular practice has historically been accepted within the setting.

Where a concern relates to the conduct of an adult working with children, the nursery will consider whether it meets the threshold for an allegation or low-level concern and will follow the appropriate safeguarding procedure.

SAFEGUARDING RECORDS AND PARENT COMMUNICATION

Safeguarding information arising during intimate care must be recorded through the nursery's safeguarding arrangements and must not be recorded solely within a routine parent-visible care record.

Routine information such as nappy changes, toileting and ordinary accidents may be communicated to parents through the nursery's approved care-recording arrangements.

Where an observation or incident raises a safeguarding concern, the DSL will determine what information should be shared with parents/carers, when it should be shared and by whom, taking account of the child's welfare and safeguarding procedures.

STAFF SUITABILITY, RESPONSIBILITIES & SAFE WORKING PRACTICES

Intimate care must only be undertaken by adults who are appropriately suitable, authorised, inducted and competent to provide the level of care required.

The nursery recognises that intimate care places adults in a position of significant trust. Suitability to work within the nursery does not, by itself, mean that an individual should automatically undertake every form of intimate care.

AUTHORISATION TO UNDERTAKE INTIMATE CARE

Routine intimate care may be undertaken by employed educators who:

- have completed the nursery's required safer recruitment and suitability processes;
- hold the appropriate DBS clearance for their role;
- have completed an appropriate induction;
- understand this policy and the nursery's safeguarding procedures;
- have been shown the nursery's intimate care, nappy changing, toileting, hygiene and recording procedures; and
- are considered by management to be competent to undertake the care required.

New educators must not simply be expected to undertake intimate care without first understanding the nursery's procedures and expectations.

As part of induction, new educators should observe appropriate routines and, where necessary, be supported or observed while undertaking them until they are sufficiently familiar and competent to work independently.

APPRENTICES

Apprentices who are employed by the nursery may undertake routine intimate care where they have completed the required suitability checks, induction and training and have been assessed as competent to do so.

Being an apprentice does not in itself prevent an educator from providing intimate care. However, their experience, competence and level of supervision must be taken into account.

An apprentice must not undertake a specialist or complex intimate-care procedure unless they have received the same appropriate training and competency assessment that would be required of any other educator undertaking that procedure.

STUDENTS AND WORK-EXPERIENCE PLACEMENTS

Students and individuals undertaking work experience must not undertake intimate care independently.

Where intimate-care routines form an appropriate and necessary part of a student's professional placement, participation must be agreed by nursery management and must reflect the student's age, placement requirements, suitability and level of competence.

Any permitted participation must take place under appropriate supervision and must not compromise the child's dignity, privacy or safeguarding.

School-age work-experience students must not undertake intimate care.

A child's intimate-care needs must never be used simply as a training opportunity for a student.

VOLUNTEERS

Volunteers must not undertake intimate care under any circumstances.

This includes nappy changing, toileting assistance, cleaning or changing a child following wetting or soiling, continence care, or any other care involving intimate areas of a child's body.

Volunteers may support the wider nursery routine but must not participate in, assist with or be given responsibility for an intimate-care procedure.

Where a child requires intimate care while being supported by a volunteer, responsibility must be transferred to an appropriately authorised educator.

The presence of an employed or authorised educator does not make it appropriate for a volunteer to participate in intimate care. Intimate care must not be used as an observational or practical learning opportunity for volunteers.

AGENCY EDUCATORS

Agency educators are not ordinarily authorised to undertake intimate care.

An agency worker attending the nursery on an occasional, ad-hoc or short-term basis must not undertake nappy changing, toileting assistance or any other intimate care, irrespective of their previous experience or the checks undertaken by their supplying agency.

Intimate care must instead be undertaken by an appropriately authorised member of the nursery's employed team.

An exception may be considered for a routine agency educator who, although not directly employed by the nursery, has worked regularly within the nursery or Forrest Nurseries Group over a sustained period and has consequently developed an established understanding of the children, nursery environment, safeguarding culture and working practices.

A routine agency educator may only be authorised to undertake routine intimate care where nursery management is satisfied that:

- they have worked regularly within the nursery or Group over a sustained period and are regarded as an established member of the wider staffing team;
- all required suitability and vetting assurances have been confirmed;
- they have completed appropriate setting-specific induction;
- they understand and consistently demonstrate the nursery's safeguarding and intimate-care expectations;
- they are familiar with the children and the nursery's care, hygiene, recording and reporting procedures;

- their practice and conduct have provided management with sufficient opportunity to assess their suitability to undertake intimate care; and
- the Nursery Manager has expressly authorised them to undertake routine intimate care.

Regular use by the nursery does not automatically confer authorisation. The decision remains one for nursery management based upon the individual's familiarity, demonstrated practice, suitability and competence.

Authorisation applies only while the individual continues to meet these expectations and may be withdrawn at any time.

Routine agency educators must not undertake specialist, medical or complex intimate-care procedures unless this has been separately authorised and all training and competency requirements for the particular procedure have been satisfied.

Where there is any uncertainty as to whether an agency educator has been authorised to undertake intimate care, they must not undertake it until this has been confirmed by the Nursery Manager.

SPECIALIST, MEDICAL OR COMPLEX INTIMATE CARE

Some children may require care which goes beyond ordinary nappy changing, toileting or assistance following an accident.

No educator will be expected or permitted to undertake a specialist medical, healthcare or complex intimate-care procedure unless they have received appropriate information and training and have been assessed as competent where this is required.

Training should be provided by an appropriately qualified healthcare professional or other competent professional where the nature of the procedure requires this.

Where a child's care depends upon specifically trained educators being available, the Manager must ensure that appropriate arrangements are planned and maintained so that the child's agreed care can be provided safely and consistently.

The nursery will not improvise unfamiliar medical or specialist intimate-care procedures.

RESPONSIBILITIES OF EDUCATORS

Every educator authorised to provide intimate care is responsible for:

- understanding and following this policy;
- treating every child with dignity, sensitivity and respect;

- maintaining appropriate professional boundaries;
- following the child's Individual Intimate Care Plan where one is in place;
- using appropriate hygiene and infection-prevention procedures;
- communicating with and involving the child appropriately;
- maintaining safeguarding awareness throughout the care routine;
- accurately recording care where required;
- reporting safeguarding, health or practice concerns promptly;
- seeking assistance when care cannot be provided safely by one person; and
- recognising the limits of their own training and competence.

Educators must never undertake a procedure that they do not understand or for which they have not received necessary training.

RESPONSIBILITY OF THE MANAGER

The Nursery Manager is responsible for ensuring that:

- appropriate intimate-care arrangements are implemented within the setting;
- educators understand the requirements of this policy;
- new educators receive appropriate induction before undertaking intimate care independently;
- appropriate training and competency arrangements are maintained;
- staffing arrangements allow children's intimate-care needs to be met;
- individual plans and risk assessments are implemented where required;
- changing and toileting environments support both dignity and safeguarding;
- concerns about practice are addressed promptly;
- patterns, incidents or recurring concerns identified through records or observations are appropriately reviewed; and
- practice is monitored through supervision, working-practice observations and other appropriate quality-assurance arrangements.

The Manager must not permit staffing pressures or operational convenience to result in children receiving unsafe, undignified or unnecessarily delayed intimate care.

RESPONSIBILITY OF THE DESIGNATED SAFEGUARDING LEAD

The DSL is responsible for ensuring that safeguarding concerns arising from intimate care are responded to in accordance with the nursery's Safeguarding and Child Protection Policy.

This includes concerns arising from:

- injuries or physical observations;
- disclosures or concerning comments;

- significant or unusual behavioural responses;
- concerns about the conduct or practice of an adult;
- allegations or low-level concerns; and
- patterns of information which, when considered together, may indicate a safeguarding concern.

The DSL and Manager must work together where a concern has implications for both safeguarding and operational practice.

WORKING WITHIN COMPETENCE

Educators have a professional responsibility to identify when they require assistance, clarification or further training.

Where an educator believes that they cannot safely undertake a particular intimate-care task because they have not been trained, do not understand the procedure or believe that additional assistance is required, they must raise this immediately with the Manager or appropriate senior educator. Seeking appropriate assistance will be supported.

However, an educator must not simply decline ordinary, routine intimate care that falls within their role and for which they are trained and competent because they find the task unpleasant, inconvenient or would prefer another educator to undertake it.

Children's care needs are a shared responsibility of the appropriate nursery team and must not become disproportionately allocated to particular educators.

SAFE WORKING PRACTICES

Before beginning intimate care, educators should wherever practicable ensure that:

- the environment is suitable and appropriately prepared;
- necessary equipment, clothing and care products are available;
- required PPE is accessible;
- another educator is aware that the care is taking place where appropriate;
- the child's individual requirements are understood;
- any relevant care plan is followed; and
- assistance can be obtained promptly if required.

Educators must not leave a child in an unsafe position in order to obtain forgotten equipment or supplies.

Where care cannot safely proceed because essential equipment, information, training or assistance is unavailable, the educator must make the child safe and seek senior support immediately.

PROFESSIONAL ACCOUNTABILITY

Historical practice, informal custom or an instruction from another member of staff does not remove an educator's individual responsibility to work safely and in accordance with nursery policy.

Where an educator is asked to undertake intimate care in a way they believe is unsafe, inappropriate or inconsistent with this policy, they must raise the concern and seek clarification.

No member of staff, regardless of seniority, may instruct another educator to disregard safeguarding requirements, an agreed Individual Intimate Care Plan or a necessary safety control.

NAPPY CHANGING

Nappy changing is an important care interaction and must be approached as more than a routine hygiene task. It provides an opportunity to meet a child's physical needs, support their emotional security, promote positive communication and progressively develop their understanding of their own body and personal care.

Every nappy change must be undertaken calmly, respectfully and without unnecessary delay.

NAPPY CHECKS AND FREQUENCY OF CHANGING

Children wearing nappies must be checked at regular intervals throughout the nursery day and whenever there is reason to believe that a change may be required.

As a minimum:

- nappy checks must take place at intervals not exceeding two hours;
- children must also be checked and changed whenever required between routine checks;
- a child known or suspected to have soiled must be attended to promptly;
- a child who is wet, uncomfortable or experiencing soreness may require more frequent changing; and
- an individual child's healthcare, developmental or continence needs may require a different frequency, which should be reflected within their care arrangements where appropriate.

The two-hour interval is a maximum period between checks and not a changing timetable.

Educators must remain responsive to children's needs throughout the day rather than waiting for the next scheduled nappy-changing period.

Children must not routinely be changed unnecessarily simply because a scheduled changing time has been reached.

PREPARING FOR A NAPPY CHANGE

Before beginning a nappy change, the educator should ensure that everything reasonably required is available so that the child does not need to be left during the procedure.

This should include, as applicable:

- the child's nappy or pull-up;
- wipes or other agreed cleaning products;
- required PPE;
- nappy sack or appropriate waste-disposal arrangements;
- barrier or prescribed cream where authorised;
- clean clothing where required; and
- any additional equipment specified within the child's individual care arrangements.

Educators must follow appropriate hand-hygiene and infection-prevention procedures before and after care.

BEGINNING THE CHANGE

The educator should communicate with the child before beginning the nappy change.

Where developmentally appropriate, the child should be told that their nappy needs changing and encouraged to move to the changing area themselves.

Children should progressively be encouraged to participate in their own care, for example by:

- collecting or identifying their nappy;
- walking to the changing area;
- assisting with appropriate items of clothing;
- climbing safely onto appropriately designed changing equipment where this is permitted and supervised;
- participating in dressing afterwards; and
- washing their hands following the change.

The level of participation expected must reflect the child's age, development and individual abilities.

CHANGING POSITION AND EQUIPMENT

The method and position used for changing must be appropriate to the individual child's age, development, physical ability, dignity and safety.

Babies and children who require a lying-down change may be changed using an appropriate changing station or designated changing mat.

Older or more physically able children may, where appropriate, be supported with a standing nappy or pull-up change, particularly where this promotes independence and reduces unnecessary lifting.

A standing change must only be used where it allows the child to be cleaned effectively and safely.

Where a child has soiled significantly or cannot be adequately cleaned while standing, an appropriate lying-down change should be used.

The choice of changing method must be based upon the child's needs, safety and dignity, rather than the educator's convenience or preference.

SAFETY ON RAISED CHANGING SURFACES

A child placed on a raised changing surface must **never be left unattended**.

The educator must remain immediately responsible for the child's safety throughout the change and must not move away to obtain forgotten equipment, dispose of waste, answer a telephone, respond to another routine task or attend to another child.

Where changing equipment includes steps intended for children's use, these must be appropriately supervised.

Children must never be permitted to play on or independently access raised changing equipment.

If an urgent situation arises which requires the educator's attention elsewhere, another authorised educator must take responsibility for the child before the first educator moves away.

DURING THE NAPPY CHANGE

Throughout the change, educators must:

- maintain the child's dignity and appropriate privacy;
- communicate calmly and respectfully;
- explain what they are doing where developmentally appropriate;

- respond to the child's communication and emotional presentation;
- use only the physical contact necessary to provide the required care;
- clean the child thoroughly and appropriately;
- remain alert to soreness, skin changes, injuries or anything else which may require action;
- follow the safeguarding requirements within this policy where a concern arises; and
- avoid unnecessary delay or exposure.

Nappy changing must never involve shaming, teasing or negative comments about smell, faeces, urine, the child's body or the fact that the child requires a nappy.

Terms such as "dirty", where used to describe a soiled nappy, must never be used in a way which implies that the child is dirty, unpleasant or at fault.

CLEANING THE CHILD

Children must be cleaned sufficiently to maintain their hygiene, comfort and skin integrity.

Cleaning should ordinarily be undertaken from front to back where appropriate to reduce the transfer of bacteria.

Only products provided or approved for the child should be used, subject to the nursery's arrangements for emergency supplies and the requirements elsewhere within this policy concerning creams and medication.

Where an educator observes persistent or significant soreness, broken skin, bleeding, unusual discharge, unexplained marks or another physical concern, this must be responded to in accordance with the appropriate health or safeguarding procedure.

Educators must not undertake unnecessary examination of the child's intimate areas.

HYGIENE AND CLEANING THE CHANGING AREA

Appropriate PPE must be used in accordance with the nursery's infection-prevention procedures.

Following the change:

- the used nappy and contaminated disposable materials must be disposed of through the designated waste system;
- reusable or soiled clothing must be contained appropriately for return to the parent/carer;
- the changing surface must be cleaned and disinfected using the nursery's approved products and procedure;
- PPE must be removed and disposed of appropriately; and

- the educator and child must complete appropriate hand hygiene.

Changing surfaces must be cleaned between children.

Equipment and products must be stored so that they are safe, hygienic and inaccessible to children where required.

CLOTHING AND PERSONAL BELONGINGS

Where a child's clothing becomes wet or soiled, they must be changed promptly and discreetly.

Soiled clothing must not be rinsed or manually cleaned by educators. It should be appropriately contained and returned to the parent/carer for laundering.

Where contamination is such that an item cannot reasonably or safely be retained, management should determine the appropriate action in accordance with infection-prevention requirements.

Children's nappies, clothing and personal care products must be stored in a way which reduces the risk of items being confused between children.

NAPPIES, WIPES AND SUPPLIES

Parents/carers are responsible for ensuring that their child has an adequate supply of nappies or pull-ups, wipes and spare clothing available at nursery where these are not supplied as part of the child's nursery package.

Educators should inform parents/carers in reasonable time when supplies are running low.

A child must never be left wet or soiled because their parent/carer has failed to provide supplies.

Where necessary, the nursery will use appropriate emergency supplies so that the child's immediate care needs can be met. Any applicable charge for emergency supplies will be made in accordance with the nursery's published arrangements.

Repeated failure to provide the supplies reasonably required for a child's care should be addressed with the parent/carer by the child's room leadership or nursery management rather than allowed to affect the standard of care received by the child.

Where repeated failure to provide basic care supplies forms part of a wider pattern which causes concern about the child's welfare, this must be considered in accordance with safeguarding procedures.

RECORDING NAPPY CARE

Nappy changes and checks must be recorded through the nursery's approved care-recording system in accordance with setting procedures.

Records should provide an appropriate account of the care given and identify information relevant to the child's wellbeing, including where appropriate:

- whether the nappy was wet or soiled;
- bowel movements where these are routinely monitored;
- unusual presentation relevant to the child's health;
- application of an authorised care product where recording is required; and
- any significant issue requiring communication with the parent/carer.

Routine care records must remain factual and professional.

Any information giving rise to a safeguarding concern must be recorded and managed through the nursery's safeguarding arrangements and must not rely solely upon the routine parent-visible care record.

RESPECTING INDIVIDUAL NEEDS

Some children may require adaptations to ordinary nappy-changing arrangements because of disability, SEND, sensory needs, medical conditions, mobility, continence needs, cultural considerations or previous experiences.

Where ordinary arrangements do not adequately meet the child's needs, the nursery will work with parents/carers and, where appropriate, relevant professionals to determine suitable arrangements.

Where necessary, these will be documented within an Individual Intimate Care Plan and/or risk assessment.

TOILET LEARNING, TOILETING & DEVELOPING INDEPENDENCE

Learning to use the toilet independently is an important developmental process. It should be approached positively, consistently and in partnership with the child and their parents/carers, recognising that children develop bladder and bowel control at different rates.

The nursery will support children to develop toileting independence in a way that is responsive to their individual development, physical abilities, communication, emotional readiness and additional needs.

Toilet learning must never become a source of pressure, shame, punishment or conflict for a child.

A PARTNERSHIP APPROACH

Successful toilet learning requires consistency between home and nursery. Parents/carers and educators therefore share responsibility for supporting the child.

The nursery does not require toilet learning to have been fully established at home before support can begin within the setting. Equally, parents/carers must not expect the nursery to take sole responsibility for toilet learning without appropriate consistency, reinforcement and participation at home.

Where a child appears ready to begin toilet learning, parents/carers and educators should communicate openly about:

- the child's current toileting behaviours and development;
- signs that the child may be becoming ready;
- terminology used with the child;
- whether a potty, toilet or other equipment is being used;
- clothing which supports independence;
- the child's usual bowel and bladder patterns where known;
- prompts or routines that are proving effective;
- any anxieties, sensory needs or difficulties;
- how accidents will be managed; and
- the approach that will be followed consistently between home and nursery.

Where practicable, significant changes to a child's toileting routine should be discussed between home and nursery rather than introduced without communication.

WHEN TO BEGIN TOILET LEARNING

There is no single age at which every child will be ready to use the toilet independently.

Educators and parents/carers should consider the child's overall development and emerging signs of readiness rather than relying upon age alone.

Possible signs may include the child:

- recognising or communicating that they are wet or soiled;
- showing awareness that they are passing urine or opening their bowels;
- remaining dry for increasing periods;
- showing interest in the toilet, potty or other people's toileting routines;
- communicating before or during the need to go;
- beginning to manage clothing with support;
- seeking privacy when opening their bowels; or

- demonstrating an increasing desire for independence.

A child does not need to demonstrate every possible sign before toilet learning can begin.

Where educators identify that a child may be ready, they should discuss this with the parent/carer.

Equally, where a parent/carer wishes to begin toilet learning, the nursery will discuss how this can be appropriately supported within the setting.

THE CHILD'S PARTICIPATION

Children must be encouraged and supported rather than forced to use a potty or toilet.

Educators should use positive, matter-of-fact language and provide encouragement without creating excessive praise, reward, disappointment or pressure around bodily functions.

Where a child refuses to sit on the toilet or potty, becomes significantly distressed or demonstrates persistent anxiety, educators must not physically force them to participate.

The child's response should instead be considered and the approach adapted. This may include allowing additional time, reducing pressure, changing the routine or equipment, considering sensory or developmental factors, or discussing the approach further with parents/carers.

Persistent difficulty or distress should prompt consideration of whether further advice or support may be beneficial.

TOILETING ROUTINES AND PROMPTS

Educators should provide children with regular opportunities to use the toilet while also helping them progressively recognise and communicate their own bodily signals.

Children should not become unnecessarily dependent upon adults taking them to the toilet according to a rigid timetable where they are developmentally capable of beginning to recognise their own needs.

At the same time, appropriate reminders and prompts may be necessary while children are learning, particularly:

- on arrival or at natural transition points where appropriate;
- before or after sleep;
- before outings or extended activities;
- where an educator recognises the child's individual cues; or

- in accordance with an agreed individual toileting plan.

Children must always be permitted reasonable access to the toilet when they communicate that they need to go.

Access to the toilet must not be withheld as a behavioural sanction.

CLOTHING AND INDEPENDENCE

Parents/carers should provide clothing that enables their child to participate successfully in toilet learning.

Where possible, children learning to toilet should wear clothing which they can progressively learn to pull up and down themselves.

Clothing which is unnecessarily difficult for the child or educator to manage may hinder independence and should be discussed with parents/carers.

Educators should encourage children to undertake the parts of the toileting process they can manage themselves, while providing assistance with the elements they cannot yet complete safely or hygienically.

This may include progressively supporting children to:

- recognise when they need the toilet;
- communicate their need;
- manage clothing;
- sit safely on and get off the toilet or potty;
- wipe themselves;
- flush the toilet where appropriate;
- dress themselves afterwards; and
- wash and dry their hands effectively.

Independence must be encouraged progressively rather than assistance being withdrawn before the child is capable of managing safely and hygienically.

WIPING AND PERSONAL HYGIENE

Children should be encouraged to wipe themselves as their development allows.

Where a child cannot yet clean themselves effectively, an authorised educator will provide the level of assistance necessary to maintain the child's hygiene and comfort.

A child must not be left inadequately cleaned simply because they have reached a particular age or nursery room.

As independence develops, educators may use verbal prompting and guidance rather than direct physical assistance where this is sufficient.

Any direct assistance with wiping remains intimate care and must be undertaken in accordance with the dignity, privacy and safeguarding requirements of this policy.

ACCIDENTS DURING TOILET LEARNING

Accidents are an expected part of learning and must be managed calmly, promptly and without judgement.

Children must never be:

- reprimanded;
- shamed or embarrassed;
- described as naughty or lazy;
- made to feel that they have disappointed an adult;
- compared negatively with other children;
- required to remain in wet or soiled clothing as a consequence; or
- have an accident unnecessarily discussed in front of their peers.

Educators should reassure the child, support them to become clean and comfortable, and encourage appropriate participation in changing themselves according to their development.

Wet or soiled clothing will be contained appropriately and returned to parents/carers in accordance with the hygiene requirements of this policy.

PULL-UPS AND NAPPIES DURING TOILET LEARNING

The use of nappies or pull-ups during toilet learning should be determined according to the individual child's circumstances rather than through a blanket nursery rule.

The nursery will work with parents/carers to establish an approach which provides sufficient opportunity for the child to recognise bodily signals and develop independence while taking account of the child's stage of learning, comfort, health, dignity and the practical circumstances of the nursery day.

Arrangements may appropriately differ for sleep, longer journeys, outings or where there is an identified medical, developmental or continence need.

WHEN TOILET LEARNING IS NOT PROGRESSING

Children develop at different rates and occasional regression or periods of limited progress should not automatically be treated as a concern.

Where a child experiences persistent difficulties, significant distress, pain, constipation, withholding, unusually frequent accidents, regression after previously established continence or other concerns, educators should discuss these sensitively with the parent/carer.

Parents/carers may be encouraged to seek appropriate advice from their health visitor, GP or another relevant healthcare professional.

Where developmental or additional needs may be contributing, the nursery SENCO should be involved where appropriate so that suitable support and reasonable adjustments can be considered.

The nursery will not attempt to diagnose the cause of a child's continence or toileting difficulty.

SEND, DISABILITY AND ADDITIONAL NEEDS

Children with SEND, disabilities, developmental differences or medical needs may require additional time, adaptations, equipment, communication support or adult assistance to develop toileting skills.

Toileting expectations must be based upon the individual child rather than assumptions arising from their chronological age.

The nursery will make reasonable adjustments where required and will work with parents/carers and relevant professionals to support the child's participation and development.

Where necessary, an Individual Intimate Care Plan and/or risk assessment will establish the support required.

TRANSITION BETWEEN NURSERY ROOMS

A child's continence or ability to toilet independently will not, in itself, be a condition of progression to an age-appropriate nursery room.

Room transitions should be determined through consideration of the child's overall developmental, emotional and educational needs.

Where a child continues to require intimate-care support following transition, appropriate arrangements must be made to ensure that their needs can continue to be met safely and with dignity.

Where there are practical considerations relating to facilities, equipment, staffing or the child's individual needs, these should be identified and planned for as part of the transition rather than using continence alone as a reason to prevent progression.

PREPARING FOR PRESCHOOL AND SCHOOL

As children become older, educators and parents/carers should place increasing emphasis upon developing independence in toileting and personal hygiene wherever the child is developmentally capable of doing so.

This should include supporting the child to recognise their bodily needs, communicate appropriately, manage clothing, use the toilet, wipe effectively and complete hand hygiene with progressively less adult assistance.

Where a child approaching school age continues to require significant toileting support, the nursery will work with parents/carers to understand the reason, identify appropriate strategies and, where necessary, involve the SENCO or recommend appropriate professional advice.

The objective is to support every child towards the greatest level of independence that is appropriate and achievable for them, without compromising their dignity, inclusion or individual needs.

PARENT/CARER RESPONSIBILITY

Parents/carers are expected to actively support their child's toilet learning.

This includes:

- communicating honestly with the nursery about progress and difficulties at home;
- maintaining reasonable consistency with the agreed approach;
- providing sufficient changes of suitable clothing;
- ensuring clothing supports the child's developing independence wherever possible;
- responding to concerns raised by educators;
- reinforcing developing skills at home; and
- seeking appropriate professional advice where persistent difficulties or health concerns are identified.

Where there is a persistent lack of parental engagement which is significantly undermining the child's progress or welfare, the Nursery Manager should meet with the parent/carer to establish expectations and agree a way forward.

Where failure to meet a child's basic hygiene, health or developmental needs forms part of a wider pattern of concern about their welfare, the nursery will consider this in accordance with its safeguarding procedures.

WETTING, SOILING & CHANGING CLOTHING

Wetting and soiling accidents can occur at any stage of early childhood and may arise during toilet learning, because a child has become absorbed in play, through illness, emotional changes, developmental needs, continence difficulties or for other reasons.

All accidents must be managed promptly, calmly and discreetly, with the child's dignity, comfort and hygiene as the priority.

RESPONDING TO AN ACCIDENT

Where an educator becomes aware that a child has wet or soiled themselves, the child should be supported to become clean, dry and comfortable without unnecessary delay.

Educators must:

- respond discreetly and avoid drawing unnecessary attention to the accident;
- reassure the child where required;
- avoid expressions of disgust, frustration, disappointment or blame;
- provide an appropriate level of privacy;
- obtain the clothing and equipment required before beginning wherever practicable;
- use appropriate PPE and hygiene procedures;
- support the child to clean and change themselves to the greatest extent they can reasonably manage; and
- provide direct assistance where this is necessary to ensure that the child is adequately clean and comfortable.

An accident must never be treated as misconduct or as something for which a child should be punished.

SUPPORTING INDEPENDENCE

Children should progressively be encouraged to take greater responsibility for changing themselves as their skills develop.

Depending upon the individual child, this may include encouraging them to:

- remove wet clothing;
- place clothing into the appropriate bag or container;
- clean themselves where they are able to do so effectively;
- put on clean clothing;
- place shoes or other belongings somewhere safe; and
- wash and dry their hands afterwards.

Educators should provide verbal prompting and practical assistance according to the child's individual needs.

Encouraging independence must not mean withholding assistance that the child genuinely requires.

Where a child is unable to clean themselves sufficiently following a bowel movement or significant soiling, an authorised educator must provide appropriate assistance. A child must not be left inadequately cleaned in order to promote independence.

SIGNIFICANT SOILING

Where a child is heavily soiled, the educator should assess what assistance is necessary to clean the child safely, effectively and with dignity.

A second authorised educator may assist where required because of the extent of the soiling, the child's distress, moving and handling requirements or another safety consideration.

The child's body should only be exposed to the extent reasonably necessary to provide the required care.

Where ordinary wiping and changing arrangements are insufficient to clean the child adequately, senior support should be sought and the most appropriate method of care determined.

Any more extensive washing or cleaning must be proportionate to the child's immediate hygiene needs and undertaken with appropriate privacy and safeguarding arrangements.

CHANGING CLOTHING FOR OTHER REASONS

Children may also require assistance changing clothing because of:

- water or messy play;
- food or drink spillages;
- vomiting or illness;

- weather conditions;
- physical or sensory needs;
- clothing becoming damaged or uncomfortable; or
- another reasonable care or welfare need.

Where changing does not involve exposure of intimate areas or direct assistance with intimate hygiene, it may constitute personal care rather than intimate care. Nevertheless, the principles of dignity, privacy, appropriate physical contact and developing independence within this policy continue to apply.

As children become older and more independent, they should ordinarily be given appropriate privacy to change clothing themselves, with an educator remaining available to assist where required.

SOILED CLOTHING

Educators must not hand-wash, rinse, scrub or otherwise attempt to clean clothing contaminated with urine, faeces, vomit or other bodily fluids.

Contaminated clothing must be handled using appropriate PPE, contained securely and returned to the parent/carer for laundering.

Where appropriate, heavily contaminated items may be double-contained to reduce the risk of leakage or cross-contamination.

The nursery must not place soiled clothing directly into a child's ordinary belongings without appropriate containment.

Where an item is contaminated to such an extent that retaining it would present an unacceptable infection risk, the Nursery Manager or appropriate senior educator should determine whether disposal is necessary and, where practicable, inform the parent/carer.

SPARE CLOTHING

Parents/carers are responsible for ensuring that their child has sufficient appropriately sized spare clothing available at nursery where this is required.

The nursery may use emergency spare clothing where available if a child does not have suitable clothing of their own.

A lack of spare clothing must not result in a child remaining unnecessarily in wet, soiled or otherwise unsuitable clothing.

Where nursery clothing is loaned, parents/carers may be asked to wash and return it promptly.

Repeated failure to provide sufficient spare clothing should be addressed with the parent/carer rather than allowed to compromise the child's care.

ACCIDENTS, ILLNESS AND HEALTH CONCERNS

An isolated toileting accident would not ordinarily be treated as illness.

However, repeated diarrhoea, unusual bowel movements, vomiting, blood, significant pain or another presentation suggesting that the child may be unwell must be managed in accordance with the nursery's Illness and Exclusion Policy and any applicable infection-prevention guidance.

Where an educator observes a significant or unexplained change in a child's continence, bowel habits or ability to manage toileting, this should be communicated appropriately to the parent/carer.

Where there are persistent concerns, parents/carers may be encouraged to seek advice from an appropriate healthcare professional.

SAFEGUARDING CONSIDERATIONS

Wetting or soiling is not, by itself, evidence of a safeguarding concern.

However, educators should remain alert where there is:

- a significant or unexplained regression in previously established continence;
- repeated accidents alongside other changes in the child's behaviour or presentation;
- unusual fear or distress associated with toileting or being changed;
- an injury, mark or physical presentation causing concern;
- a concerning comment or disclosure; or
- any wider pattern of information which causes concern for the child's welfare.

Any safeguarding concern must be reported in accordance with the nursery's Safeguarding and Child Protection Policy.

Educators must not attempt to investigate the cause themselves.

RECORDING AND PARENT COMMUNICATION

Significant toileting accidents and changes of clothing should be recorded through the nursery's approved care-recording arrangements where required by setting procedure.

Parents/carers should receive appropriate information about accidents, particularly where clothing is being returned, where accidents are recurring or where something about the child's health or development requires discussion.

Communication must remain factual, sensitive and discreet.

Safeguarding information must be managed separately through the nursery's safeguarding procedures and must not rely solely upon a routine parent-visible care record.

CHILDREN WITH SEND, MEDICAL OR ADDITIONAL INTIMATE CARE NEEDS

Beaulieu Park Day Nursery is committed to ensuring that children with special educational needs and/or disabilities (SEND), medical conditions, developmental differences or additional care needs are treated with dignity, respect and equality.

A child's need for additional or ongoing intimate care does not, in itself, make them unsuitable for nursery or prevent them from participating fully in nursery life.

Children will not be excluded, disadvantaged or treated less favourably simply because they:

- are not yet continent;
- require nappies or continence products beyond the age at which these are commonly used;
- require adult assistance with toileting or personal hygiene;
- have delayed development in self-care skills;
- have a disability or medical condition affecting continence or personal care;
- require adapted equipment;
- communicate their needs differently; or
- require a greater level of intimate-care support than their peers.

The nursery will consider and make reasonable adjustments where required to enable children to access care, education and nursery experiences safely and with dignity.

INDIVIDUAL ASSESSMENT

Additional intimate-care needs must be considered according to the individual child rather than assumptions based upon diagnosis, disability, age or developmental stage.

Where a child requires care beyond ordinary nursery routines, the nursery will work with parents/carers to establish:

- the nature and frequency of the care required;
- what the child can already manage independently;

- the assistance the child requires from an adult;
- how the child communicates their needs, preferences, discomfort or distress;
- any equipment, products or adaptations required;
- any moving and handling considerations;
- any relevant medical or healthcare requirements;
- the child's sensory, emotional or communication needs;
- appropriate privacy and safeguarding arrangements;
- whether specific training or competency assessment is required;
- how the care will be recorded and communicated; and
- any foreseeable circumstances in which the child's usual care arrangements may need to change.

Where appropriate, this information will be documented within an Individual Intimate Care Plan and/or risk assessment.

WORKING WITH PARENTS/CARERS AND PROFESSIONALS

Parents/carers hold important information about their child's individual needs and must provide the nursery with sufficient, accurate and up-to-date information to enable care to be planned safely.

Where appropriate, the nursery may also work with relevant professionals, including the child's health visitor, GP, continence service, occupational therapist, physiotherapist, community nursing team or other healthcare or SEND professional.

Professional advice should be sought where the nursery requires specialist guidance concerning equipment, moving and handling, continence, medical procedures or another aspect of the child's care.

The nursery SENCO should be involved where a child's intimate-care needs are associated with SEND or where additional support, adaptations or professional involvement may be required.

PLANNING BEFORE CARE BEGINS

Where a child is known to require specialist, medical or significantly additional intimate care, appropriate arrangements should wherever reasonably possible be established before the nursery is expected to undertake the procedure.

This may include:

- obtaining sufficient information from parents/carers and professionals;
- completing an Individual Intimate Care Plan;
- completing appropriate risk assessments;

- obtaining necessary equipment;
- identifying authorised educators;
- arranging professional training;
- confirming competency; and
- establishing emergency or contingency arrangements.

The nursery will not knowingly introduce an unfamiliar specialist or medical intimate-care procedure without appropriate planning simply because the need has become operationally inconvenient to manage.

However, this must not prevent educators from responding appropriately to an unexpected immediate care need. Where an unforeseen situation arises, the child's immediate welfare must be protected, senior support obtained and appropriate professional or emergency assistance sought where necessary.

TRAINING AND COMPETENCE

Where a child's intimate care requires a specialist technique, medical procedure, particular equipment or moving and handling arrangement, only educators who have received the necessary training and have been assessed as competent where required may undertake that element of care.

General experience of working with children does not qualify an educator to undertake a specialist healthcare procedure.

Training should be specific to the procedure and, where necessary, to the individual child. Competency must be maintained and reviewed where:

- the procedure changes;
- equipment changes;
- professional guidance changes;
- the child's needs significantly change;
- there has been an extended period since the procedure was undertaken; or
- there is any reason to question whether the educator remains competent.

An educator who is uncertain about a procedure must stop, make the child safe and seek appropriate assistance rather than improvise.

MOVING AND HANDLING

Children must not be manually lifted, transferred or positioned in a way which creates an avoidable risk of injury to the child or educator.

Where a child's size, mobility or physical needs mean that ordinary assistance is no longer appropriate, an individual moving and handling assessment must be considered.

Where equipment or a two-person procedure is required, this must be documented and followed. Staffing pressure is not a reason to disregard an agreed moving and handling requirement.

COMMUNICATION AND SENSORY NEEDS

Children who are non-speaking, have limited verbal communication or communicate differently must be given the same respect and opportunity to participate in their intimate care as any other child.

Educators should understand how the individual child communicates:

- agreement or willingness;
- refusal or reluctance;
- pain;
- discomfort;
- fear or distress;
- the need for the toilet or a change; and
- a preference for how care is undertaken.

Where appropriate, objects of reference, photographs, visual sequences, signs, gestures or other communication methods should be incorporated into the child's care routine.

Children with sensory differences may find particular elements of intimate care difficult, including smells, sounds, lighting, touch, wipes, changing surfaces, toilets, hand dryers or changes in routine.

Reasonable adaptations should be considered to reduce unnecessary distress while still ensuring that the child's hygiene, health and safeguarding needs are met.

DIGNITY AND AGE

As children become older or physically larger, their need for intimate care must continue to be treated professionally and without judgement.

Educators must not make comments which suggest that a child is "too old" to require intimate care or compare their continence or independence negatively with other children.

At the same time, the nursery will continue to support the child towards the greatest level of independence that is appropriate and achievable for them.

The method, location and equipment used for intimate care should be reviewed as the child grows to ensure that arrangements remain safe, appropriate and dignified.

CHANGES IN THE CHILD'S NEEDS

Parents/carers must inform the nursery promptly where there is a significant change to:

- the child's medical condition;
- continence;
- medication;
- equipment;
- mobility;
- communication;
- professional advice; or
- the care being provided at home.

Educators must similarly report significant changes they observe within nursery.

Where the child's needs materially change, their care arrangements must be reviewed before continuing with any procedure which may no longer be safe or appropriate.

WHEN THE NURSERY CANNOT IMMEDIATELY PROVIDE A PARTICULAR PROCEDURE

The nursery's commitment to inclusion does not require an educator to undertake a specialist or medical procedure for which they are not trained, competent or appropriately equipped.

Where a new or changed need arises which the nursery cannot immediately meet safely, management will work promptly with the parent/carer and relevant professionals to establish what is required.

The focus must be upon identifying a safe and reasonable solution rather than assuming that the child's place should be restricted or removed.

Any temporary arrangement must be:

- necessary and proportionate;
- based upon the child's safety and individual circumstances;
- kept under active review;
- discussed with the parent/carer;
- consistent with the nursery's legal and safeguarding responsibilities; and
- progressed without unnecessary delay towards an appropriate longer-term arrangement.

Any decision which may materially restrict a child's attendance or access because of disability, SEND or medical needs must be escalated to senior management and considered carefully in light of the nursery's responsibilities towards the individual child.

EMERGENCY SITUATIONS

Where a child with additional intimate-care or medical needs experiences an emergency, the child's immediate health and safety takes priority.

Educators must follow the child's healthcare or emergency plan where one exists, summon appropriately trained assistance and contact emergency medical services where required.

Necessary emergency assistance must not be withheld solely because it involves intimate contact.

Any emergency intimate care or treatment must be limited to what is reasonably necessary to protect the child's immediate health and safety and must be appropriately recorded and reported afterwards.

INDIVIDUAL INTIMATE CARE PLANS & RISK ASSESSMENT

Most routine intimate care provided within the nursery can be safely managed through this policy, the child's usual care information and normal communication with parents/carers.

A separate Individual Intimate Care Plan is therefore not required simply because a child wears nappies, is toilet learning or occasionally requires assistance with toileting or changing.

An Individual Intimate Care Plan should be introduced where a child's needs are sufficiently individual, additional, complex or ongoing that the ordinary arrangements within this policy do not adequately describe how their care should be provided.

WHEN AN INDIVIDUAL INTIMATE CARE PLAN IS REQUIRED

A written plan should be considered where a child:

- requires intimate care significantly different from ordinary nursery routines;
- requires ongoing intimate-care support because of SEND, disability, developmental or medical needs;
- requires a particular technique or method of care;
- requires a specialist healthcare or medical procedure involving intimate care;
- requires two educators to undertake some or all elements of their care;
- has significant communication, sensory, behavioural or emotional needs which affect how intimate care should be approached;
- demonstrates persistent or significant distress associated with intimate care;

- requires specific safeguarding arrangements;
- has continence needs requiring an individualised approach;
- requires an agreed moving or handling procedure; or
- has another individual need for which clear written instructions are necessary to ensure safe and consistent care.

The Manager, SENCO or DSL may also determine that a written plan is appropriate where circumstances indicate that additional clarity or safeguards are required.

DEVELOPING THE PLAN

The plan should be developed in partnership with the child's parent/carer and, where appropriate, the child and relevant professionals.

The child's participation should reflect their age, development and communication abilities.

The purpose of the plan is to provide educators with clear, practical information about how to care for the individual child safely, consistently and respectfully.

It should not become an unnecessarily lengthy record of information which does not affect the care being provided.

INFORMATION WITHIN THE PLAN

Depending upon the child's individual needs, an Individual Intimate Care Plan should record:

- the child's relevant care needs;
- what the child can manage independently;
- what assistance is required from an educator;
- how the child communicates their needs, agreement, reluctance, discomfort or distress;
- the child's usual care routine;
- terminology or communication methods used with the child;
- any known triggers, anxieties or sensory considerations;
- the method by which care should be undertaken;
- the level of privacy and safeguarding oversight required;
- whether one or two authorised educators are required;
- any specific moving or handling arrangements;
- products or continence supplies required;
- any medical or healthcare instructions relevant to intimate care;
- training or competency requirements;
- what should happen if the child refuses or becomes significantly distressed;
- what should happen if the usual care arrangement cannot be followed;

- information that should be recorded following care;
- what information should routinely be communicated to parents/carers;
- circumstances requiring escalation to a senior educator, Manager, SENCO or DSL; and
- the date and arrangements for review.

Only information necessary for the safe and effective provision of the child's care should be included.

AGREEMENT WITH PARENTS/CARERS

Parents/carers must be given the opportunity to contribute relevant information and discuss the proposed care arrangements.

Where possible, the nursery and parent/carer should reach a clear shared understanding of how the child's needs will be met.

Parents/carers are responsible for providing accurate information and informing the nursery promptly where the child's needs, treatment, professional advice or home care arrangements materially change.

An Individual Intimate Care Plan does not permit a parent/carer to require an educator to undertake care which the nursery considers unsafe, inappropriate, outside the educator's competence or inconsistent with safeguarding requirements.

Similarly, nursery procedures should not be applied rigidly where an agreed reasonable adaptation is required to meet an individual child's needs.

WHERE AGREEMENT CANNOT BE REACHED

Where the nursery and parent/carer disagree about an aspect of intimate care, the child's immediate welfare and safety must remain the priority.

The Manager should seek to understand the parent's concerns, explain the nursery's position and determine whether an appropriate alternative can be agreed.

Where necessary, advice may be sought from the SENCO, DSL, senior management or an appropriate healthcare or other professional.

The disagreement and agreed outcome should be appropriately documented where it materially affects the child's care.

An educator must not be placed in a position where they are expected to undertake a procedure which management has determined cannot safely or appropriately be provided.

Equally, disagreement should not automatically result in a child's attendance being restricted.

Management should consider what safe and reasonable alternative arrangements can be made.

FOLLOWING THE PLAN

All educators responsible for providing the child's intimate care must have access to and understand the relevant elements of the plan before undertaking that care.

Educators must follow the agreed arrangements consistently.

Where an educator believes that an element of the plan is no longer safe, appropriate or reflective of the child's needs, they must raise this with the Manager rather than independently changing an established procedure.

Minor responsive adjustments may naturally be required during everyday care, but significant changes to an agreed procedure must be appropriately reviewed and documented.

REVIEW

Individual Intimate Care Plans must be reviewed regularly and whenever there is a significant change in the child's needs.

As a minimum, a formal review should take place at least termly while the plan remains required.

An earlier review must take place where:

- the child's needs or abilities significantly change;
- the child becomes more independent;
- a care procedure changes;
- professional advice changes;
- there is a change affecting how the child communicates or responds to care;
- the child demonstrates new or increased distress;
- an incident or safeguarding concern indicates that arrangements should be reconsidered;
- educators identify that the existing arrangements are no longer effective; or
- a parent/carer or relevant professional provides significant new information.

The objective should be to ensure that the plan develops with the child rather than remaining static.

Where the child no longer requires individual arrangements beyond those contained within this policy, the formal plan may be discontinued.

RISK ASSESSMENT

An Individual Intimate Care Plan and a risk assessment serve different purposes.

A care plan explains how the child's care should be provided. A risk assessment is required where there are specific foreseeable hazards which need additional control measures beyond the ordinary safeguards contained within this policy.

A separate risk assessment should therefore be considered where, for example:

- the child's mobility or physical presentation creates a moving or handling risk;
- the child's behaviour during intimate care creates a foreseeable risk of injury to themselves or others;
- a particular procedure carries additional health or safety risks;
- two-person care is required for safety reasons;
- there are environmental considerations which require specific controls; or
- another individual risk cannot be adequately managed through the ordinary requirements of this policy.

A risk assessment should not be completed simply as an administrative exercise because an Individual Intimate Care Plan exists.

Where required, the risk assessment must identify the relevant hazard, who may be affected, the controls required and any action necessary to reduce the risk.

Risk assessments must be reviewed when circumstances materially change and alongside the child's care arrangements where appropriate.

SAFEGUARDING INFORMATION

An Individual Intimate Care Plan is a care document and must not become a substitute for safeguarding records.

Where information arising from intimate care constitutes a safeguarding concern, it must be reported and recorded through the nursery's safeguarding procedures.

Sensitive safeguarding information should not be inserted into a routine care plan simply to create a complete chronology.

Where a safeguarding consideration affects how intimate care should be undertaken, the plan may record the practical safeguard required without unnecessarily reproducing confidential safeguarding information.

CONFIDENTIALITY AND ACCESSIBILITY

Individual Intimate Care Plans contain personal information and must be stored and accessed in accordance with the nursery's confidentiality and data-protection arrangements.

Information should be available to those educators who genuinely require it in order to provide or manage the child's care.

Relevant educators must be able to access necessary care instructions when they are responsible for the child; confidentiality must not result in essential care information being unavailable to those who need it.

PARENT/CARER PARTNERSHIP & RESPONSIBILITIES

Effective intimate and personal care depends upon open, respectful and consistent partnership between the nursery and parents/carers.

Parents/carers know their child well and hold important information about their routines, development, health and individual needs. The nursery will listen to this information and work collaboratively with families while maintaining its own professional, safeguarding, health and safety responsibilities.

The nursery and parents/carers share a common responsibility to support the child's dignity, wellbeing, development and increasing independence.

INFORMATION FROM PARENTS/CARERS

Parents/carers must provide the nursery with accurate and relevant information about their child's intimate and personal care needs.

This includes informing the nursery about:

- current nappy or continence needs;
- toilet-learning progress and routines;
- relevant terminology or communication methods used by the child;
- known difficulties, anxieties or sensory needs;
- constipation, withholding or other relevant continence concerns;
- relevant medical, developmental or SEND needs;
- creams, medication or healthcare requirements;

- professional advice relevant to the child's care;
- significant changes in the child's usual presentation or care needs; and
- any other information reasonably necessary for the nursery to provide safe and appropriate care.

Parents/carers must not knowingly withhold information which could affect the nursery's ability to care for their child safely.

CHANGES IN A CHILD'S NEEDS

Parents/carers must inform the nursery promptly where their child's needs materially change.

Where a change introduces a new specialist, medical or complex care requirement, parents/carers must understand that appropriate planning, information, training or professional guidance may be required before nursery educators can safely undertake the new procedure.

Parents/carers should not arrive at nursery expecting an unfamiliar specialist procedure to be undertaken immediately without prior discussion and appropriate arrangements having been established.

This does not prevent the nursery from responding appropriately to an unforeseen immediate care or welfare need.

PROVIDING SUPPLIES

Where personal care items are not provided as part of the child's nursery package, parents/carers are responsible for ensuring that sufficient appropriate supplies are available.

Depending upon the child's needs, this may include:

- nappies or pull-ups;
- wipes or other agreed cleansing products;
- sufficient appropriately sized spare clothing;
- underwear;
- authorised creams or prescribed products;
- continence products; and
- other individually agreed care supplies.

Items supplied for an individual child should be clearly identifiable where necessary and must be appropriate and safe for their intended use.

Parents/carers should respond promptly when informed that supplies are running low.

A failure to provide supplies will not result in a child being knowingly left wet, soiled or without essential immediate care. The nursery will use appropriate emergency arrangements where necessary.

However, repeated failure to provide items reasonably required for a child's care will be addressed with the parent/carer and may be escalated to nursery management.

TOILET LEARNING

Parents/carers are expected to take an active role in their child's toilet learning.

The nursery will support toilet learning but will not ordinarily be expected to carry sole responsibility for establishing toileting skills while there is no reasonable consistency or reinforcement at home.

Parents/carers should:

- communicate openly about the child's progress;
- discuss significant changes in approach with the nursery;
- provide suitable clothing and sufficient changes of clothing;
- reinforce developing independence at home;
- avoid placing conflicting or unrealistic expectations upon the child;
- respond constructively where educators identify difficulties; and
- seek appropriate professional advice where persistent health or developmental concerns are identified.

Where the nursery and parent/carer have agreed a particular approach, both should seek to maintain reasonable consistency while remaining responsive to the child's individual development.

REQUESTS ABOUT INTIMATE CARE

Parents/carers may express reasonable preferences about how their child's care is provided, and these will be considered respectfully.

However, parental preference does not override the nursery's responsibility to safeguard the child and maintain appropriate professional practice.

The nursery will not agree to a request which it reasonably considers:

- unsafe;
- unhygienic;
- inappropriate for the child's welfare;
- unnecessarily restrictive of the child's developing independence;

- inconsistent with safeguarding requirements;
- outside the competence of available educators;
- contrary to professional or medical guidance known to the nursery; or
- inconsistent with the nursery's legal or regulatory responsibilities.

Where a request cannot be accommodated, the nursery will explain its concerns and, where possible, work with the parent/carer to identify an appropriate alternative.

CHILDREN'S INDEPENDENCE

Parents/carers and educators should share the objective of helping children achieve the greatest level of personal-care independence that is developmentally appropriate for them.

As children become increasingly capable, adults should avoid routinely doing things for them which they can reasonably begin to learn to do themselves.

This must remain proportionate to the individual child. Independence should be encouraged and taught; it must not be imposed by withdrawing assistance before a child can safely and hygienically manage a task.

Where educators believe that a child is capable of greater independence than is currently being encouraged, this should be discussed constructively with parents/carers so that a consistent approach can be developed.

HEALTH AND PROFESSIONAL ADVICE

Where the nursery identifies persistent concerns relating to a child's continence, toileting, skin condition, pain, development or another aspect of intimate care, these will be discussed sensitively with parents/carers.

The nursery may recommend that parents/carers seek appropriate advice from a health visitor, GP, continence service or other relevant professional.

Where professional advice is necessary to enable the nursery to understand or safely meet a child's needs, parents/carers are expected to engage reasonably with this process and provide relevant information to the nursery.

The nursery will not diagnose medical or developmental conditions.

COMMUNICATION WITH PARENTS/CARERS

Routine intimate-care information will be communicated through the nursery's approved care-recording and communication arrangements as appropriate to the child's age and needs.

Not every routine toileting interaction necessarily requires a detailed individual report to parents/carers. Communication should be proportionate and focused upon information which is useful or relevant to the child's care.

Parents/carers will be informed where appropriate about:

- significant or unusual accidents;
- persistent or changing toileting patterns;
- concerns about soreness or skin integrity;
- significant changes in continence;
- shortages of necessary supplies;
- concerns about toilet-learning progress;
- incidents affecting the child's care; and
- other matters which reasonably require parental awareness or action.

Where information gives rise to a safeguarding concern, communication with parents/carers will be determined through the nursery's safeguarding procedures.

RESPECTFUL COMMUNICATION

Discussions about children's intimate-care needs must be handled sensitively.

Educators and parents/carers should avoid discussing a child's continence, accidents, medical needs or intimate-care difficulties unnecessarily in front of:

- the child where this may cause embarrassment or distress;
- other children;
- other parents/carers; or
- individuals who do not need the information.

Where a more detailed or sensitive conversation is required, an appropriate private discussion should be arranged.

FAILURE TO ENGAGE WITH THE CHILD'S CARE NEEDS

Where a parent/carer repeatedly fails to provide necessary information, supplies or reasonable cooperation, the nursery should seek to understand the reason and work with the family to resolve the difficulty.

The child's care must not be reduced or withheld as a means of sanctioning the parent/carer. Where the lack of cooperation is materially affecting the nursery's ability to meet the child's needs safely, the matter must be escalated to the Nursery Manager.

Management should clearly identify:

- what the concern is;
- what is required from the parent/carer;
- why this is necessary for the child;
- what support or alternative arrangements may be available; and
- when the position will be reviewed.

Where persistent parental non-engagement forms part of a wider concern that the child's health, hygiene, development or basic care needs are not being appropriately met, the matter must be considered in accordance with the nursery's safeguarding procedures.

RESOLVING DIFFERENCES

There may be occasions where parents/carers and the nursery hold different views about the most appropriate approach to a child's intimate care.

Such differences should be addressed professionally and with the child's welfare at the centre of the discussion.

The Nursery Manager may involve the SENCO, DSL, senior management or an appropriate external professional where this would assist in reaching a safe and appropriate outcome.

Neither parental preference nor nursery convenience should determine the outcome in isolation. Decisions must reflect the individual child's welfare, dignity, development, safeguarding and any relevant professional requirements.

PERSONAL CARE PRODUCTS, BARRIER CREAMS & MEDICATION

Products used during intimate care must be appropriate for the individual child, stored safely and used only for their intended purpose.

The nursery distinguishes between routine personal-care products, such as ordinary non-medicated barrier creams, and medicinal or prescribed products, which must be managed in accordance with the nursery's Medication Policy.

PARENT/CARER-SUPPLIED PRODUCTS

Where parents/carers provide a product for use during intimate care, it must be:

- appropriate for the child's age and intended use;
- supplied in its original container or packaging;
- clearly identifiable as belonging to the individual child where required;
- within its expiry or recommended use period;
- in a suitable condition for hygienic use; and
- accompanied by any consent or instructions required by the nursery.

Products must not be transferred into unlabelled containers or supplied in a way which prevents educators from identifying what the product is or how it should be used.

The nursery may decline to use a product where its contents, intended use, condition or instructions cannot be reliably established.

ROUTINE BARRIER CREAMS

A parent/carer may request the use of an ordinary, non-medicated barrier or nappy cream as part of their child's routine care.

Appropriate parental consent must be in place before a child-specific barrier cream is routinely applied.

Parents/carers should provide clear information about when they expect the product to be used, for example:

- at every nappy change;
- only where redness or irritation is present; or
- according to another agreed routine.

Educators must use the product only in accordance with the agreed instructions and manufacturer's directions.

Routine barrier cream must not be applied excessively or used as a substitute for appropriate changing, cleaning or management of persistent skin concerns.

MEDICATED AND PRESCRIBED CREAMS

Where a cream, ointment or other topical product is prescribed or is being used specifically to treat a medical condition, infection, significant skin condition or other health need, it must be managed in accordance with the nursery's Medication Policy.

This includes obtaining the required parental authorisation and following applicable requirements concerning:

- labelling;
- dosage or amount;
- frequency;
- method and area of application;
- storage;
- expiry;
- administration records; and
- any instructions provided by the prescriber, pharmacist or manufacturer.

Educators must not independently diagnose a skin condition or decide to use a medicinal product because they believe it may help.

APPLYING CREAMS

Where a cream or topical product is authorised for use during intimate care, educators must:

- follow appropriate hand hygiene and PPE requirements;
- check that the correct product is being used for the correct child;
- follow the agreed instructions;
- use only the amount reasonably required;
- avoid contaminating the product or container;
- avoid unnecessary contact with intimate areas;
- observe appropriate dignity and privacy; and
- record application where required by the nursery's procedures or Medication Policy.

Where possible, products should be dispensed in a manner which minimises contamination of the original container.

An educator must not share a child's individually supplied cream or personal-care product with another child.

SKIN REDNESS AND IRRITATION

Mild, occasional redness may occur during ordinary nappy use and should be appropriately managed through good hygiene, prompt changing and any authorised routine barrier product.

Where an educator observes:

- significant or persistent redness;
- broken or bleeding skin;
- blistering;

- swelling;
- unusual discharge;
- a significant rash;
- apparent pain;
- rapid deterioration; or
- another presentation which causes concern,

this must be brought to the attention of an appropriate senior educator and communicated to the parent/carer.

Where necessary, parents/carers should be advised to seek appropriate medical advice.

Educators must not attempt to diagnose the cause of a rash or skin condition.

Where the presentation also raises a safeguarding concern, safeguarding procedures must be followed.

CHANGES TO PRODUCTS OR TREATMENT

Parents/carers must inform the nursery where:

- a product is changed;
- instructions for use change;
- treatment has been stopped;
- a healthcare professional has provided new advice;
- the child has experienced an adverse or allergic reaction; or
- there is other information relevant to safe use.

Where a change turns what was previously routine personal care into treatment for a medical condition, the nursery may require the product to be managed under its Medication Policy.

NURSERY EMERGENCY PRODUCTS

Where the nursery holds any general emergency personal-care products for circumstances in which a child's own supplies are unavailable, these must be approved for nursery use and stored appropriately.

A nursery-held product must only be applied to a child where the nursery has the appropriate parental consent to do so.

Where consent is not in place, educators must not apply a product merely because it is available within the setting.

Emergency nursery products must not be used as a routine substitute for parents/carers providing products specifically required by their child.

SUNSCREEN AND OTHER PERSONAL-CARE PRODUCTS

Where products such as sunscreen form part of the child's wider personal-care routine, these must be used in accordance with the nursery's relevant procedures and parental consent arrangements.

The same principles of safe storage, correct identification, hygienic application and individual sensitivities apply.

Where application requires access to an area of the child's body ordinarily considered private, the safeguarding, dignity and privacy requirements of this policy also apply.

ALLERGIES AND ADVERSE REACTIONS

Known allergies or sensitivities relevant to intimate-care products must be clearly communicated and recorded through the nursery's appropriate care arrangements.

If an educator suspects that a child is experiencing an adverse reaction to a product:

- use of the product must stop;
- the child's immediate health needs must be assessed;
- senior support must be obtained;
- the parent/carer must be informed;
- appropriate first aid or medical assistance must be sought where required; and
- the incident must be recorded through the appropriate nursery procedure.

Emergency medical assistance must be sought immediately where the child's presentation indicates a serious allergic reaction or other medical emergency.

STORAGE

Creams, medication and personal-care products must be stored safely and hygienically and must not be freely accessible to children.

Medicinal products must be stored in accordance with the Medication Policy and any specific storage instructions.

Products belonging to individual children must be organised in a way which minimises the risk of incorrect use.

Expired, damaged or otherwise unsuitable products must not be used.

Parents/carers may be asked to remove and replace products which are no longer suitable for use.

HYGIENE, PPE, INFECTION PREVENTION & WASTE DISPOSAL

Intimate care must be undertaken in a way that minimises the risk of infection and cross-contamination while maintaining the child's dignity and comfort.

All educators undertaking intimate care must follow the nursery's infection-prevention procedures and maintain high standards of personal and environmental hygiene.

HAND HYGIENE

Effective hand hygiene is an essential part of intimate care.

Educators must wash their hands thoroughly with soap and water:

- before and after intimate care where required by infection-prevention procedures;
- after contact with urine, faeces, vomit, blood or other bodily fluids;
- after removing disposable gloves;
- after handling contaminated clothing or waste; and
- whenever hands are visibly contaminated.

The use of gloves does **not** replace the requirement for appropriate handwashing.

Alcohol-based hand sanitiser may supplement hand hygiene where appropriate but must not be relied upon as a substitute for effective handwashing where hands are visibly contaminated or following contact with bodily fluids where soap and water are required.

Children should also be supported to wash and dry their hands following toileting, nappy changing or intimate care as appropriate to their age and development.

PERSONAL PROTECTIVE EQUIPMENT

Disposable gloves must be worn where there is a foreseeable risk of contact with urine, faeces, blood, vomit, bodily fluids, broken skin or contaminated materials.

Disposable aprons should be worn where there is a reasonable risk that the educator's clothing may become contaminated during the care being provided.

Additional PPE should only be used where required by the nature of the task, an identified infection risk, public-health guidance or an individual risk assessment.

PPE must be:

- appropriate for the task;
- readily available where intimate care is undertaken;
- put on and removed appropriately;
- changed between children and between incompatible tasks;
- disposed of safely after use; and
- never used as a substitute for hand hygiene or appropriate cleaning.

Educators must not move between children while wearing contaminated gloves or aprons.

CROSS-CONTAMINATION

Care must be organised to minimise the transfer of microorganisms between children, educators, equipment and the wider nursery environment.

Educators must:

- prepare necessary equipment before beginning wherever practicable;
- keep clean and contaminated items appropriately separated;
- avoid touching unnecessary surfaces while wearing contaminated gloves;
- never reuse disposable wipes, gloves or other single-use care items;
- ensure child-specific products are not inadvertently shared;
- clean changing surfaces between children;
- manage contaminated clothing and waste appropriately; and
- complete hand hygiene before returning to other nursery activities.

Toys, food, drinking equipment and children's clean personal belongings must not be placed on changing surfaces or in areas used for contaminated care materials.

CHANGING SURFACES AND EQUIPMENT

Changing surfaces must be suitable for their intended purpose and capable of being cleaned effectively.

Following each nappy change or other care involving contamination, the changing surface must be cleaned and, where required, disinfected using the nursery's approved products and procedures.

Educators must follow the correct instructions for cleaning and disinfecting products, including any required contact time.

Cleaning products must be stored safely and out of children's reach.

Reusable equipment used during intimate care must be cleaned appropriately between children and in accordance with any manufacturer's instructions.

Any damaged equipment or surface which can no longer be effectively cleaned must be reported promptly and removed from use where it presents a hygiene or safety risk.

POTTIES AND TOILETING EQUIPMENT

Where potties or reusable toileting aids are used, they must be emptied, cleaned and disinfected appropriately after each use.

Potties must not be cleaned in sinks used for food preparation or drinking water.

Toileting equipment must be stored hygienically when not in use.

Where equipment is specific to an individual child, arrangements should minimise the risk of it being inadvertently used by another child where this would be inappropriate.

BODILY FLUIDS

Urine, faeces, blood, vomit and other bodily fluids must be treated as potentially infectious.
Spillages must be managed promptly using appropriate PPE and the nursery's approved cleaning and infection-prevention procedures.

Children must be kept away from contaminated areas until these have been appropriately cleaned and made safe.

Where blood is present, additional precautions must be followed in accordance with the nursery's infection-prevention and first-aid arrangements.

NAPPY AND CONTINENCE WASTE

Used disposable nappies, pull-ups, wipes and other contaminated disposable care materials must be placed promptly into the nursery's designated waste system.

Waste must be contained appropriately to minimise leakage, odour, contamination and children's access.

Waste bins used for nappy or continence waste must:

- be appropriate for their intended purpose;
- be positioned safely;
- be inaccessible to children where necessary;
- be emptied with sufficient frequency;
- be maintained hygienically; and
- be cleaned in accordance with setting procedures.

Waste disposal must comply with the nursery's applicable waste-management arrangements.

CONTAMINATED CLOTHING

Wet or soiled reusable clothing must not be rinsed, scrubbed or hand-washed by educators.
It must be handled using appropriate PPE, securely contained and returned to the parent/carer for laundering.

Where necessary, heavily contaminated clothing should be placed within additional containment to prevent leakage or contamination of other belongings.

Contaminated clothing must not be placed loose within a child's bag.

CLEANING CLOTHS AND MATERIALS

Disposable cleaning materials should be used where required by the nursery's infection-prevention procedures.

Reusable cleaning materials, where permitted, must be managed through an appropriate cleaning or laundering process which prevents cross-contamination.

Materials used to clean toilets, changing areas or bodily-fluid contamination must not subsequently be used for general nursery or food-related cleaning.

HYGIENE OF THE CHANGING AND TOILETING ENVIRONMENT

Changing and toileting areas must be maintained in a clean, safe and appropriately stocked condition.

They should have ready access to the supplies necessary for safe care, including:

- appropriate PPE;

- cleaning and disinfecting products;
- disposable cleaning materials;
- waste-disposal facilities;
- handwashing facilities or appropriate access to them; and
- the care supplies required for the children using the area.

Stock levels should be monitored so that essential hygiene supplies do not routinely run out.

Any significant hygiene concern, equipment failure, lack of essential supplies or environmental issue which may prevent safe intimate care must be reported promptly to the appropriate senior educator or Manager.

ILLNESS AND INFECTION

Where the nature or frequency of a child's diarrhoea, vomiting or other symptoms indicates that they may be unwell or infectious, the nursery's Illness and Exclusion Policy must be followed.

Increased intimate-care needs caused by illness do not remove the requirement to provide appropriate immediate care while the child remains at nursery.

Where there is an identified outbreak, infectious disease or specific public-health advice, the nursery will implement any additional infection-prevention measures required.

RESPONSIBILITY FOR INFECTION PREVENTION

Every educator undertaking intimate care is personally responsible for following appropriate hygiene procedures.

Managers are responsible for ensuring that:

- suitable facilities and supplies are available;
- educators understand required procedures;
- hygiene practice is appropriately monitored;
- deficiencies are addressed promptly; and
- any recurring failure to follow infection-prevention procedures is managed as a practice, training or conduct concern as appropriate.

Maintaining infection-prevention standards is a fundamental part of safe intimate care and must not be compromised because the nursery is busy or because a particular care task is considered routine.

RECORDING, REPORTING & CONFIDENTIALITY

Appropriate recording supports continuity of care, communication with parents/carers, safeguarding and professional accountability.

Records relating to intimate care must be accurate, proportionate and made through the nursery's approved recording systems.

The level of information recorded should reflect the nature and significance of the care provided.

Routine intimate care does not require the same level of documentation as an unusual incident, medical procedure or safeguarding concern.

ROUTINE CARE RECORDS

Routine care information should be recorded through the nursery's approved care-recording system in accordance with setting procedures.

Depending upon the child's age and needs, this may include:

- nappy checks and changes;
- whether a nappy was wet or soiled;
- bowel movements where routinely monitored;
- significant toileting accidents;
- relevant changes of clothing;
- application of routine care products where recording is required;
- relevant information concerning toilet learning; and
- other care information which is reasonably necessary to support continuity of care.

Records should be completed as close to the time of care as reasonably practicable and must accurately reflect what occurred.

Educators must not record care which has not taken place or complete records in advance.

PROPORTIONATE RECORDING

Recording requirements should remain proportionate to the child's age, development and level of independence.

Detailed records of every toilet visit may be appropriate for a child who is actively toilet learning, experiencing continence difficulties or following an individual toileting plan.

The same level of recording would not ordinarily be necessary for an older child who independently uses the toilet without assistance.

Managers should ensure that recording expectations support children's care and safeguarding without creating unnecessary or intrusive records of ordinary bodily functions.

FACTUAL AND PROFESSIONAL RECORDS

All records must be factual, respectful and professionally written.

Educators should record what they observed, what care was provided and what action was taken rather than making unsupported assumptions or diagnoses.

Inappropriate, judgemental or embarrassing descriptions of a child's body, continence, bowel movements or personal-care needs must not be used.

Where a child's own words are significant, particularly in relation to safeguarding, they should be recorded as accurately as possible in accordance with safeguarding procedures.

ROUTINE RECORDS AND SAFEGUARDING RECORDS

A routine parent-visible care record is not an appropriate substitute for a safeguarding record.

Where something observed, heard or experienced during intimate care raises a safeguarding concern, the educator must:

- report the concern promptly to the DSL;
- complete the appropriate safeguarding record;
- preserve relevant factual information, including the child's words where appropriate; and
- follow the Safeguarding and Child Protection Policy.

The fact that information has already been entered into a routine care system does not remove the requirement to report and record it through safeguarding procedures.

Where safeguarding information should not be shared immediately with the parent/carer, it must not be placed within a parent-visible record in a way which compromises the safeguarding response.

The DSL will determine appropriate parent/carer communication in accordance with safeguarding procedures.

HEALTH, MEDICATION AND ACCIDENT RECORDS

Where an intimate-care interaction also involves:

- medication;

- a medical or healthcare procedure;
- first aid;
- an injury;
- illness;
- an accident; or
- another matter covered by a specific nursery procedure,

the relevant record required by that procedure must also be completed.

A routine intimate-care entry must not replace a required medication, accident, incident, healthcare or other formal record.

Where the same event requires more than one form of recording, records should be consistent and cross-referenced where appropriate without unnecessary duplication of sensitive information.

INDIVIDUAL INTIMATE CARE PLANS

Where a child has an Individual Intimate Care Plan, educators must complete any records specified within that plan.

Recording requirements should reflect the child's individual needs and may include information necessary to:

- monitor the effectiveness of the care arrangement;
- identify changes or patterns;
- provide information required by healthcare professionals;
- support communication with parents/carers; or
- demonstrate that a particular procedure has been completed.

Only information reasonably necessary for these purposes should be recorded.

REPORTING CONCERNS AND UNUSUAL EVENTS

Educators must report promptly where intimate care involves an unusual or significant event, including where:

- a child experiences significant or unexpected distress;
- an agreed care procedure cannot be completed;
- an error occurs;
- the wrong product is used;
- an unexpected injury or physical concern is identified;
- equipment fails or cannot be used safely;
- an educator is injured during care;
- the child's needs cannot be met through the agreed arrangements;

- an unexpected event could reasonably give rise to misunderstanding or allegation; or
- there is any safeguarding concern.

The appropriate senior educator, Manager, DSL or other responsible person must be informed according to the nature of the issue.

Where a formal incident, safeguarding, medication or other record is required, this must be completed promptly.

ERRORS AND OMISSIONS

Where an educator realises that a care record is inaccurate or incomplete, this must be corrected through the appropriate system in a transparent manner.

Records must not be retrospectively altered in a way which conceals the original information or creates a misleading account.

Where an error relates to the care actually provided rather than simply the recording of it, the educator must report the matter to an appropriate senior educator or Manager so that any impact upon the child can be considered.

Open and accurate reporting is expected and forms part of the nursery's safeguarding culture.

PARENT/CARER ACCESS TO ROUTINE CARE INFORMATION

Parents/carers should receive appropriate information about their child's routine intimate care in accordance with the nursery's communication arrangements.

Information provided should be relevant and proportionate to the child's age, needs and development.

As children become increasingly independent, the amount of routine intimate-care information shared may appropriately reduce.

This does not prevent the nursery from communicating significant changes, accidents, concerns or other information which parents/carers reasonably need to know.

CONFIDENTIALITY

Information about a child's intimate-care needs is private personal information and must be treated sensitively.

Educators must only access, discuss or share intimate-care information where there is a legitimate reason connected with the child's care, safeguarding, management or another professional responsibility.

Information must not be:

- discussed casually with colleagues who do not need to know;
- discussed in communal areas where other families or children may overhear;
- shared with other parents/carers;
- photographed or copied onto personal devices;
- communicated through unauthorised personal messaging services; or
- otherwise disclosed without an appropriate professional reason.

The child's privacy should be respected even where the child is too young to understand the information being discussed.

INFORMATION SHARING

Confidentiality does not prevent appropriate information sharing where this is necessary to safeguard or promote a child's welfare.

Relevant information may be shared with appropriate colleagues or professionals where there is a legitimate safeguarding, healthcare, SEND or care-related reason to do so.

Safeguarding information must be shared in accordance with the nursery's safeguarding procedures. Educators must not promise a child or parent/carer absolute confidentiality where information may need to be shared to protect a child.

STORAGE AND DATA PROTECTION

Records relating to intimate care must be stored and managed through the nursery's approved systems in accordance with its data-protection, confidentiality and record-retention arrangements.

Access should be limited appropriately according to the nature of the information and the responsibilities of the individual accessing it.

Paper records, where used, must be stored securely and disposed of confidentially when they are no longer required in accordance with applicable retention arrangements.

Personal information must not be retained merely because it may be useful at some unspecified point in the future.

MANAGEMENT OVERSIGHT

Managers should periodically review intimate-care recording practices to ensure that:

- required records are being completed;
- records are accurate and professional;
- significant information is being appropriately escalated;
- safeguarding concerns are not being left solely within routine parent-visible systems;
- unnecessary or excessive information is not being recorded;
- recurring patterns or concerns are identified where appropriate; and
- confidentiality is being maintained.

Recording should support safe care and professional accountability rather than becoming a purely administrative exercise.

TRAINING, MONITORING, GOVERNANCE & POLICY REVIEW

The nursery recognises that a well-written policy is only effective where educators understand it and consistently apply its principles in practice.

Appropriate induction, training, supervision and management oversight will therefore be used to ensure that intimate and personal care is delivered safely, respectfully and consistently across the nursery.

INDUCTION

Educators who may undertake intimate care must receive appropriate setting-specific induction before being expected to provide intimate care independently.

Induction should ensure that the educator understands:

- the principles and requirements of this policy;
- safeguarding expectations during intimate care;
- dignity, privacy, assent and bodily autonomy;
- appropriate professional boundaries;
- nappy-changing and toileting procedures;
- hygiene, PPE and infection-prevention requirements;
- how care is recorded;
- how to report an injury, concern, disclosure or unusual event;
- how to summon assistance;
- when a second educator may be required;
- the limits of their role and competence; and
- who to approach where they are uncertain about any aspect of practice.

Induction must reflect the individual's role and previous experience. Previous experience of working in another early years setting does not remove the requirement to understand Beaulieu Park Day Nursery's own expectations.

PRACTICAL COMPETENCE

Reading this policy or confirming that it has been understood does not, by itself, demonstrate practical competence.

New educators should be appropriately introduced to the nursery's changing and toileting arrangements and given sufficient opportunity to understand expected practice.

Where appropriate, this may include:

- observing established practice;
- having procedures demonstrated;
- discussing safeguarding scenarios;
- undertaking care with appropriate support or oversight; and
- receiving feedback on their practice.

Management should be satisfied that an educator can undertake routine intimate care safely, confidently and consistently before they are expected to do so without appropriate support.

Any observation of intimate-care practice must itself respect the dignity and privacy of the child.

Children must not be unnecessarily exposed or observed simply for the purpose of assessing an educator.

ONGOING TRAINING

Intimate-care practice should form part of the nursery's wider programme of safeguarding, health and safety, infection prevention and professional development.

Refresher information or training should be provided where:

- policy or statutory requirements change;
- management identifies inconsistent practice;
- an incident identifies a learning need;
- an educator requires additional support;
- new procedures are introduced; or
- management otherwise considers refresher training appropriate.

Where specialist, medical or complex intimate care is required, additional training and competency requirements must be determined according to the particular procedure and individual child.

SUPERVISION AND PROFESSIONAL DISCUSSION

Intimate-care practice may appropriately be discussed through staff supervision, room meetings, safeguarding discussions, training and management oversight.

Educators should be encouraged to raise:

- uncertainty about appropriate practice;
- concerns about a child's response to intimate care;
- difficulties implementing an Individual Intimate Care Plan;
- concerns about another adult's practice;
- environmental or staffing issues affecting safe care;
- recurring difficulties with parent/carer cooperation; and
- areas in which they require further training or support.

Educators should be able to seek clarification without fear of criticism for identifying a genuine gap in their knowledge or competence.

This does not remove their responsibility to follow established procedures and maintain expected professional standards.

WORKING-PRACTICE OBSERVATIONS

Management may undertake appropriate observations of working practice to ensure that intimate-care procedures are being implemented consistently.

Observations may consider matters including:

- whether educators communicate respectfully with children;
- whether children's privacy and dignity are maintained;
- whether children are appropriately encouraged towards independence;
- whether safeguarding oversight is maintained;
- whether appropriate PPE and hand hygiene are used;
- whether changing surfaces and equipment are cleaned appropriately;
- whether care is recorded correctly;
- whether children's individual plans are followed; and
- whether professional boundaries are maintained.

Observation must be proportionate and must not result in unnecessary viewing of a child's intimate areas.

Where possible, management should assess practice through the educator's preparation, interaction, procedure and follow-up rather than unnecessarily observing the most private elements of care.

MANAGEMENT MONITORING

The Nursery Manager is responsible for maintaining oversight of intimate-care practice within the setting.

Monitoring should be proportionate and may include:

- reviewing care records;
- reviewing accidents, incidents and safeguarding information where appropriate;
- checking changing and toileting environments;
- monitoring hygiene and PPE arrangements;
- reviewing Individual Intimate Care Plans;
- confirming that required training remains current;
- considering feedback from children, parents/carers and educators;
- identifying repeated concerns or patterns; and
- undertaking appropriate working-practice observations.

Monitoring should be used to identify both individual and systemic issues.

Where several educators are making the same error, management should consider whether the underlying cause is unclear procedure, inadequate training, environmental design, workload or another organisational issue rather than treating each occurrence solely as an individual failure.

CONCERNS ABOUT PRACTICE

Where intimate-care practice falls below the nursery's expected standard, management must respond proportionately to the nature and seriousness of the concern.

Depending upon the circumstances, this may include:

- immediate guidance or correction;
- additional supervision;
- refresher training;
- reassessment of competence;
- temporary restriction from undertaking a particular procedure;
- review of an Individual Intimate Care Plan or risk assessment;
- formal management action;

- safeguarding action;
- consideration under allegations or low-level-concern procedures; or
- disciplinary action where appropriate.

Where practice creates an immediate risk to a child, action must be taken immediately to protect the child.

Not every practice error constitutes misconduct. Management should distinguish appropriately between a genuine training or competency need, an inadvertent error, repeated poor practice, negligence and deliberate or serious misconduct.

SAFEGUARDING AND WHISTLEBLOWING

All educators have a responsibility to challenge and report intimate-care practice which they reasonably believe may place a child at risk or compromise their dignity or welfare.

Concerns must be escalated in accordance with the nursery's Safeguarding and Child Protection Policy, Managing Allegations procedures, Low-Level Concerns arrangements and/or Whistleblowing Policy as appropriate.

Seniority, length of service or professional experience must never prevent legitimate safeguarding challenge.

No educator should be disadvantaged for raising a genuine safeguarding concern in good faith through the appropriate procedure.

GOVERNANCE AND SENIOR OVERSIGHT

The Nursery Manager is responsible for implementation of this policy within the setting.

Senior management will maintain appropriate oversight of the policy across the organisation to promote consistency, identify significant themes and ensure that required improvements are implemented.

Significant incidents, safeguarding concerns, recurring compliance issues or matters indicating that the policy itself may require amendment should be escalated through the organisation's appropriate governance arrangements.

Where practice across different nursery rooms or settings has developed inconsistently, management should establish a clear organisational position rather than allowing conflicting local customs to continue.

LEARNING FROM INCIDENTS

Incidents, complaints, safeguarding concerns and near misses relating to intimate care should be considered not only in relation to the individuals involved but also for any wider learning.

Management should consider whether an event indicates a need to:

- amend a procedure;
- improve training;
- change supervision arrangements;
- improve communication;
- review the environment;
- update an Individual Intimate Care Plan;
- clarify parent/carer expectations; or
- review this policy.

Learning should be communicated appropriately to relevant educators while maintaining confidentiality.

POLICY COMPLIANCE

All individuals covered by this policy are expected to follow its requirements.

Established custom, previous practice or the fact that something has historically been done in a particular way does not justify practice which is inconsistent with this policy.

Managers are responsible for addressing inconsistencies and ensuring that educators understand any change from previous working practices.

POLICY REVIEW

This policy will be formally reviewed at least annually and sooner where required.

An earlier review may be triggered by:

- changes to legislation, statutory requirements or relevant guidance;
- changes to safeguarding requirements;
- significant incidents or safeguarding learning;
- changes to organisational practice;
- feedback identifying that the policy is unclear or ineffective;
- changes to relevant healthcare or infection-prevention guidance; or
- management identifying a need for improvement.

Policy review should consider not only whether the written requirements remain current but whether they are being understood and implemented effectively in practice.

Where substantive changes are made, these must be communicated appropriately and any necessary training or implementation support provided.

LEGISLATION & GUIDANCE

LEGISLATION AND STATUTORY FRAMEWORK

This policy has regard, where applicable, to:

- Children Act 1989;
- Children Act 2004;
- Childcare Act 2006;
- Equality Act 2010;
- Data Protection Act 2018 and UK General Data Protection Regulation (UK GDPR);
- Early Years Foundation Stage (EYFS) Statutory Framework for Group and School-Based Providers;
- relevant requirements concerning safeguarding, welfare, health, safety, suitability of adults and the individual needs of children; and
- other applicable legislation and statutory requirements governing registered early years provision.

NATIONAL GUIDANCE

Relevant national guidance includes:

- Working Together to Safeguard Children | Department for Education;
- SEND Code of Practice: 0 to 25 Years | Department for Education and Department of Health;
- Department for Education guidance and support materials relating to the Early Years Foundation Stage;
- relevant Department for Education guidance concerning children's health, development, toileting and additional needs; and
- Health Protection in Children and Young People's Settings, including Education and associated infection-prevention guidance UK Health Security Agency.

The nursery will have regard to subsequent revisions or replacement guidance where these documents are updated.

REGULATORY EXPECTATIONS

The nursery will also have regard to relevant requirements, guidance and expectations issued by:

- Ofsted;

- the Department for Education;
- the local authority;
- the UK Health Security Agency;
- relevant safeguarding partners; and
- other competent statutory or professional bodies where applicable to a child's individual care.

Version	Updated	By	Authorisation Status
1.1	05/2023	Area Manager	
1.2	08/2025	Area Manager	
2.0	08/2026	Director	