



Intimate Care Policy

School Division:	Whole School
Policy Division:	Safeguarding
Policy Owner:	Principal
Date:	September 2026
Review Date:	September 2027

1. Introduction

This is a Policy to inform both staff and parents of the procedure that Claremont Nursery staff follow when Babies/toddlers are changed and intimate care is required.

To clarify the schools wider position regarding intimate care relating to first aid.

2. Aim

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- Parents are assured that staff are knowledgeable about intimate care and that the needs of their children are taken into account
- Staff carrying out intimate care work do so within safeguarding guidelines that protect themselves and the pupils involved
- Intimate care is carried out in a manner that the physical and emotional needs of a child are met at all times.

Intimate care refers to any care which involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

3. Intimate Care

Best practice includes ensuring that:

- All intimate care is provided in a manner so as to maintain the baby/toddler or young child's dignity and confidence.
- The baby/toddler or young child is cared for in a way that avoids distress, embarrassment or pain.
- All Staff must be DBS checked and regularly trained regarding child protection and health and safety, to ensure that they are fully aware of infection control, including the need to wear disposable aprons and gloves.
- The room Leads (who are ideally familiar to the baby/toddler or young child) will work alongside a new or more inexperienced colleague when they are introduced to a child and their toileting routines.

- Staff work in partnership with the baby/toddler or young child's parents or carers, to discuss their needs, routines or preferences.
- **Where appropriate Individual Health Care plans (IHCP) are written and agreed with parents/carers regarding the baby/toddler or young child.**
- All toddlers or young children are supported to achieve the highest level of autonomy that is possible, given their age and ability. Staff will always encourage the toddler or young child to do as much as possible for him/herself as possible.
- If two members of staff are present to assist with intimate care procedures that they do not talk over baby/toddler or young child, also staff should inform another colleague when they are going to provide intimate care to a baby/toddler or young child.
- Cameras and mobile phones and tablets/ipads are never to be taken into the toilets or nappy changing areas.
- Toilet Training in Early Years settings must be recognised as intimate care.
- Intimate care tasks are associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with, or exposure of the genitals.

4. Changing

Babies/toddlers will be changed regularly and promptly and these changes will be documented accordingly on the nappy changing sheets.

- During the settling-in visit, the Nursery manager and/or the child's key person will discuss with the child's parents/carers the child's home care and changing routine. Any specific requests will be noted and followed.
- Parents are asked to supply nappies.
- If barrier cream is required parents will need to supply in a named container (ideally new pot in original container)
- Changing will occur only in the designated changing areas, which meet health, hygiene and safety standards.
- The area respects the child's right to privacy yet is also easily supervised and accessible.
- The changing area will be kept clean, including if a potty is used, and appropriate cleaning materials will be available at all times.

Monitoring, documenting, communicating

- If any marks, rashes or unusual bowel movements have been witnessed, report these accordingly.
- Document the time of the nappy change and whether the child's nappy was wet, soiled or dry on the nappy change records. Practitioners should add their initials/sign to confirm they changed each child.
- There should be interaction throughout the changing process e.g. through gestures, conversation and songs.
- The implementation of this procedure will be monitored by all team members and in particular supervisory staff.
- All team members have a duty of care to report any witnessed or suspected breaches of policy and procedure.

5. The changing procedure:

- Before changing, prepare the area and check that the changing area is clean before each usage.

- Every child will be allocated a key person, part of this role is to oversee intimate care including nappy changing.
- Obtain the child's basket with changing items including nappies, wipes, barrier cream if necessary.
- Put on fresh gloves; use an apron if the nappy or clothing is soiled.
- Lift the child onto the changing mat or support the child to walk/climb up to the area if appropriate.
- **Never leave a child unaccompanied on a changing mat.**
- Remove the child's nappy or soiled underwear.
- Clean the child with wipes. Always wipe the genital area from front to back.
- Apply any barrier cream if necessary. (Prior consent is required from parents/carers).
- Put a clean nappy on the child and refasten their clothing. If clothes are soiled, change and double bag in nappy sacks.
- Lift or support the child off the changing mat/unit if they have not used the toilet/potty.
- If the child is toilet training offer them the choice of a potty or toilet.
- If they would like to use this lift or support the child off the changing mat/unit and support and encourage them in their use of the potty/toilet.

Promote good hygiene

- Dispose of the used nappy in the provided bin or for reusable nappies and soiled clothing double bagged in nappy sacks.
- Return all clothing, nappies and resources to appropriate locations.
- Clean the station using appropriate materials provided
- Dispose of gloves and aprons, and wash hands appropriately with soap and water.

6. Potty/Toilet training procedure

During potty/toilet training, nursery staff will encourage independence and support the child with positive reinforcement. Toilet training will be supported following discussions between a child's key person and their parent/carer.

Potty/Toilet training is a very important milestone for each and every child. The child requires reassurance and guidance at every step to make sure that they are fully supported and encouraged during this stage of their development.

It is equally important that we ensure effective partnership and communication with parents in order to give the child continuity between their home and nursery.

The following procedure will be followed:

- Senior staff must ensure that **ALL** staff in the team are fully aware of the child's stage of potty/toilet training.
- Parents' wishes must be taken into account at every stage and this must be

communicated to the team.

- ALL children at the potty/toilet training stage must be accompanied to the bathroom and supervised and supported whilst in there.
- Reassurance and praise should be given at every step.
- No child should ever be punished or shamed for soiling or wetting clothing.
- Potties require immediate emptying and cleaning with an anti-bacterial spray ready for the next child to access.
- Children should then be supported to wash their hands with soap and water and dry thoroughly.
- If any child is struggling with standard potty training techniques, then this will be discussed between staff and then senior staff and child's parents.

7. Use of personal protective equipment (PPE)

PPE is equipment used to keep you safe from harm or the risk of infection. The most common forms of PPE in early years settings are

- Disposable gloves (worn when dealing with bodily fluids or changing nappies)
- Disposable aprons (used when supporting toileting and nappy changing).

8. Intimate care outside of Early Years Setting

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents/carers will be asked to provide consent.

For children whose needs are more complex or who need particular support outside of what's covered in the permission form, an intimate care plan, as part of an individual health care plan will be created in discussion with parents/carers

In no circumstances will any member of staff at Claremont School offer clinical assessment to any areas of a student that can be considered intimate. Advice will be given to parents/house parents to seek medical advice, either from A&E, or General Practice dependent on need.

All first aiders when providing care to students, that requires the removal of clothing, eg abdomen, chest, upper thigh etc, will require a chaperone in every incidence.

9. Policy Owner

The policy owner is Head of Nursery and Pre-Prep and Principal