

# Kings Stanley Play Group Intimate Care and Nappy Changing Policy

**Title: Intimate Care and Nappy Changing Policy** 

Person(s) who created policy: Vicki Richardson KSPG Manager

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Playgroup

**Policy statement** 

Staff at Kings Stanley Play Group who work with young children including those who

have special needs, realise that the issue of intimate care is a difficult one and will

require staff to be respectful of children's needs.

Intimate care can be defined as care tasks of an intimate nature, associated with bodily

functions, body products and personal hygiene which demand direct or indirect contact

with or exposure of the genitals. For example, changing nappies or soiled clothes.

No child is excluded from participating in our setting who may, for any reason, not yet

be toilet trained and who may still be wearing nappies or equivalent. We work with

parents towards toilet training unless there are medical or other developmental

reasons why this may not be appropriate at the time.

We make necessary adjustments to our bathroom provision and hygiene practice in

order to accommodate children who are not yet toilet trained.

We see toilet training as a self-care skill that children have the opportunity to learn with

the full support and non-judgemental concern of adults.

**Procedures** 

Children's dignity will be preserved, and a high level of privacy, choice and

control will be provided to them. Staff who provide intimate care to children have

a high awareness of child protection issues. Staff behaviour is open to scrutiny

and staff at Kings Stanley Play Group work in partnership with parents/carers to

provide continuity of care to children wherever possible.

• Staff deliver a full safety curriculum, as part of Personal, Social and Emotional

Health Education, to all children as appropriate to their developmental level and

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degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

- Kings Stanley Play Group is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect when intimate care is given.
- No child will be attended to in a way that causes distress or pain.
- Changing areas are warm and there are safe areas to lay young children if they
  need to have their bottoms cleaned.
- Each young child has their own bag to hand with their nappies or 'pull ups' and changing wipes.
- Gloves and aprons are put on before changing starts and the areas are prepared.
   Paper towel is put down on the changing mat freshly for each child.
- All staff are familiar with the hygiene procedures and carry these out when changing nappies.
- In addition, Staff ensure that nappy changing is relaxed and a time to promote independence in young children.
- Young children are encouraged to take an interest in using the toilet; they may
  just want to sit on it and talk to a friend who is also using the toilet.
- They should be encouraged to wash their hands and have soap and towels to hand. They should be allowed time for some play as they explore the water and the soap.
- Anti-bacterial hand wash liquid or soap should not be used for young children.
- Staff are gentle when changing; they avoid pulling faces and making negative comment about 'nappy contents'.
- Staff do not make inappropriate comments about young children's genitals when changing their nappies.
- Older children access the toilet when they have the need to and are encouraged to be independent.

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Nappies and 'pull ups' are disposed of hygienically. Any soil (faeces) in nappies
or pull ups is flushed down the toilet and the nappy or pull up is bagged and put
in the bin. Cloth nappies, trainer pants and ordinary pants that have been wet or
soiled are rinsed and bagged for the parent to take home.

NB If young children are left in wet or soiled nappies/'pull ups' in the setting this may constitute neglect and will be a disciplinary matter. Settings have a 'duty of care' towards children's personal needs.

### Our Approach to Best Practice.

- All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.
- Staff who provide intimate care are trained to do so including Child Protection and Health and Safety training in moving and handling – and are fully aware of best practice.
- Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes.
- There is careful communication with each child who needs help with intimate care
  in line with their preferred means of communication (verbal, symbols, etc.) to
  discuss the child's needs and preferences.
- As a basic principle children will be supported to achieve the highest level of autonomy that is possible given to their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child, the staff member and health.
- Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present

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when a child needs intimate care. Where possible one child will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented.

- Wherever possible the same child will not be cared for by the same adult on a
  regular basis. This will ensure, as far as possible, that over-familiar relationships
  are discouraged from developing, while at the same time guarding against the
  care being carried out by a succession of completely different carers.
- Parents/carers will be involved with their child's intimate care arrangements on a
  regular basis; a good clear account of the agreed arrangements will be recorded
  on the child's personal record. The needs and wishes of children and parents will
  be carefully considered alongside any possible constraints, e.g. staffing and
  equal opportunities legislation.

### The Protection of Children

- Education, Child Protection Procedures and Inter-Agency Child Protection procedures will be accessible to staff and adhered to.
- Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.
- If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc., they will immediately report concerns to the Manager/designated person for child protection. A clear record of the concern will be completed and referred to social care and/or the CDAIU (police) if necessary. Parents will be asked for their consent or informed that a referral is necessary prior to it being made, unless doing so is likely to place the child at greater risk of harm.
- If a child becomes distresses or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded.
   Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until

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the issue(s) are resolved so that the child's needs remain paramount. Further advice will be sought from outside agencies if necessary.

 If a child makes an allegation against a member of staff, all necessary procedures, as detailed in our Child Protection (Safeguarding) policies will be followed.