**Intimate Care Policy and Procedure**

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**Introduction**

The little bumblebee nursery promotes toileting and personal care routine to work in partnership with parents/ carriers to help the child develop a healthy interest in an understanding of how to look after their own personal needs. The child's age and maturity are considered carefully before the decision to start toilet training is taken as all children are different and we understand they can be ready at different stages.

* Purpose

To support Children's Health, well-being, and development by promoting effective property training at an appropriate time. The objective of this policy is to ensure that the child's individual needs are identified and met, families’ cultural preferences are considered, what training is a positive experience, family and child feel supported throughout, the families are provided with further information regarding bladder an bowel health and potty training.

* Scope

This policy applies to all children, staff, and visitors within The Little Bumblebee Nursery premises and during off-site activities organised by the nursery.

**Intimate Care Expectations**

* For All Nursery Staff, Students and Volunteers

*Professionalism and Sensitivity:*

* All staff, students, and volunteers are expected to approach intimate care responsibilities with the utmost professionalism, demonstrating sensitivity, empathy, and respect for each child's individual needs.

*Adherence to Policy Guidelines:*

* It is mandatory for everyone involved in the nursery, including staff, students, and volunteers, to strictly adhere to the guidelines outlined in the Intimate Care Policy. This includes maintaining hygiene standards, respecting privacy, and following established procedures.

*Communication and Collaboration:*

* Open and clear communication is crucial. All individuals involved in intimate care must communicate effectively with colleagues, parents, or guardians, and, most importantly, the children, ensuring a collaborative approach to care.

*Training and Continuous Education:*

* Staff, students, and volunteers are expected to undergo regular training and education sessions to stay updated on best practices in intimate care, child development, and any policy revisions.

*Consent and Documentation:*

* Obtaining explicit consent from parents or guardians for intimate care procedures is mandatory. Additionally, accurate and timely documentation of all intimate care activities must be maintained.
* Compliance and Disciplinary Measures
* Any staff member changing a child's nappy/clothing should always inform a colleague.
* All children will be encouraged to try do it first i.e. removing clothing, wiping themselves.
* Nursery staff recognise that children should be treated with privacy, dignity, and respect at all times however to protect themselves and their own vulnerability should always inform a colleague when carrying out intimate care procedures.
* Newly appointed staff / students / volunteers will not be allowed to do care routines until DBS has been undertaken and when received the staff will always be supervised by a member of staff whilst attending to intimate or personal care.

*Policy Acknowledgment:*

* All staff, students, and volunteers are required to read, understand, and acknowledge the Intimate Care Policy. Failure to do so may result in disciplinary measures.

*Monitoring and Audits:*

* Routine monitoring and audits will be conducted to ensure compliance with the policy. Any deviations will be addressed promptly.

*Performance Reviews:*

* Compliance with the Intimate Care Policy will be a component of regular performance reviews for staff, students, and volunteers.

*First Offense:*

* For minor violations or lapses in compliance, individuals may receive a verbal warning and be provided with additional training if necessary.

*Repeat Offenses:*

* Persistent non-compliance or repeated violations will result in written warnings, and individuals may be subject to further training, supervision, or reassignment.

*Serious Violations:*

* Serious breaches of the Intimate Care Policy may result in immediate suspension or termination, depending on the severity of the offense.

These measures are in place to ensure a safe and supportive environment for all children at The Little Bumblebee Nursery, emphasizing the importance of respectful and professional intimate care practices. For detailed disciplinary measures please see the Termination, disciplinary and gross misconduct policy.

**Intimate Care Processes and Procedures**

* Safeguarding

Whilst carrying out toileting/nappy changing or personal care, nursery staff should report any incident as soon as possible:

* The child is sore in the private area.
* Unusual marks or bruising
* The child is or has emotional reaction (shouts/cries)
* Anything the staff feels concerned or worried about.
* Nappy Changing

**Step-by-Step Guide:**

1. Prepare the area.
2. Check that the changing area is clean.
3. Gather changing items including nappies, wipes, cream, if necessary, spare clothes and nappy sacks.
4. Put on a plastic apron and gloves.

**Changing the child:**

1. Lift the child onto the changing mat.
2. Remove the child's nappy or soiled underwear.
3. wipe the child with wipes. Always wipe the private area from front to back.
4. Apply any cream if needed. (Prior consent is required from parents/carers).
5. Never leave a child unaccompanied on a changing mat.
6. If the child is toilet training offer them the choice of using the 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 toilet.
7. Put a clean nappy/underwear on the child and pull up their clothing. If clothes are soiled change and
8. Lift the child off the changing mat/unit if they have not used the toilet.

**Promote good hygiene:**

1. Dispose of the used nappy in the provided bin or for re-usable nappies and soiled clothing in double bag in nappy sacks.
2. Clean the changing area with disinfectant and the potty if it used.
3. Wash hands with warm water and soap. Dry with a paper towel.
4. Wash the child's hands or support the child so they could do it independently.
5. If any marks, rashes, or unusual bowel movements have been witnessed these will be reported to a Nursery staff will document the time of the nappy change and whether the child's nappy was wet, soiled or dry on the nappy changing records. For children in pants or pull-ups record toileting times.
6. There should be interaction throughout the changing process e.g. through conversation and songs.
7. Staff may use distractions like a toy to support any child who is worried or upset.
8. All staff members will follow and implement this procedure and making sure that any of the information missing will be reported to manager by the room leader.
9. All team members have a duty of care to report any witnessed or suspected breaches of policy and procedure.
* Potty Training

We take the following things into account:

* The child must be comfortable with the staff and well settled in the nursery.
* Toilet training is a joint effort and must have lots of communication between staff and parent/carers.
* The first stage of toilet training is to recognise the signs that the child is ready. Practitioners will recognise when the children become ready for example the child becoming aware of becoming wet Children are given access to the toilet and potties with practitioner's supervision.
* Children are encouraged to use the toilet/potty and may just want to sit at first.
* The nursery recognises that some children may need to be reminded at times to go use the toilet le they can become distracted during play.
* The playroom has access to toileting areas enabling children to go to the toilet independently.
* The nursery will need a good supply of underwear, trousers and socks. Preferably no dungarees.
* The staff will need to know any special words the child uses to express the need for the toilet.
* Children may still need a nappy for sleep times. We respect this and will make sure one is on for sleep where needed.
* The nursery ask that personal potties remain at home.
* If the child is not progressing well then, the Key Person will discuss with the parent/carers to wait a few weeks by going back to nappies. False starts are very.
* For preparation for 'school readiness' staff will support children, Parent and Carers with toileting and personal care programme throughout their nursery time.

**Preparation:**

* Provider to include bladder and bowel health in initial discussion with parents when child joins the provision, for instance using ERIC resource Early Years Healthy Bladder and Bowel Assessment.
* Potty training can be a very daunting process for families. Providers will support families by discussing expectations of potty training and providing information such as Eric guide to potty training period agreement to be reached either one potty training should start, or that further discussion will take place at appropriate age/ state of development.

\*Note that discussions regarding potty training should be taking place by the age of 18 months

**The assessment will include:**

* Child's current fluid intake - quantity and type of fluid
* Child's current bowel habit - type of stool (Bristol Stool Chart") frequency of bowel actions, any behaviour associated with pooing.
* Opportunity to then be taken to advise early years staff and family on appropriate fluid intake, recognition of constipation etc. for instance by providing ERIC leaflet Thinking about wee and poo now you've reached the age of two".
* Families will be supported to decide the best time to potty train their child. Provider will explain why it is helpful for the same approach to be taken at home and in the early years setting, including using the same words for wee/poo/potty/toilet etc.

**Assessment of Readiness:**

The first stage of potty training is to recognise when the child is ready. It is essential that the child is:

* Pooing at least one soft poo a day
* Staying dry for at least an hour and a half between wees
* Other signs to look out for are:
* Showing interest in the toilet
* They can follow simple instructions.
* Able to sit themselves on the potty and get up again
* Starting to show signs of awareness of when they have done a wee or a poo"

Showing awareness that other family members and peers don't wear nappies, and that they use the toilet.

* Children with additional needs may not show reliable signs of awareness. Potty training should not be delayed; it is much harder to achieve when the child is older. Readiness can be assessed by monitoring the child's wees and poos. Provider to offer information such as ERIC's Guide for Children with Additional Needs".

**Delivery:**

Provider will ensure that:

* Suitable facility is offered - either potty, or toilet with suitable foot support and toilet seat insert. Child needs to sit with feet flat and firmly supported, knees above hips. Boys to be guided to sit down to wee -
* In the early stages children cannot differentiate between the need for a wee and the need for a poo. If they wee standing up they may hold onto the poo and can easily become constipated.
* The correct mechanism of weeing is triggered by relaxation - it is much easier to relax when seated.
* They may empty their bladder better sitting down.
* It is more hygienic as they are less likely to wee on the floor/over the toilet" seat.

**Optimum timing for toileting**

* Toilet visits planned for 20-30 minutes after meals (the most likely time for a child to poo)
* Suitable interval left between prompts to wee (the bladder needs to be full to empty correctly)
* Fluid intake is optimised - a minimum of 6 to 8 full cups of drink a day, spread evenly across the day.
* Provider will discuss clothing with family; family will ensure that the child is dressed in clothes that are easy to pull up and down, and will supply several spare pants, trousers, socks etc.
* Provider will work with family to ensure a consistent transition from nappies to pants in one step to avoid confusing the child with a mixture of nappies/pull-ups/pants. N.b. the child will still need a nappy for naps initially.
* Provider will support family by sharing information regarding products to support transition such as washable, absorbent car seat protector/washable, absorbent pants/children's disposable pads and/or advise about putting nappy over pants for travelling, so if the child wees they are aware of the sensation of feeling wet. Examples of products at www.eric.org.uk/shop
* Early years staff to maintain calm, supportive approach at all times; children should not be rushed or forced to use the potty against their will. 'Accidents' are to be expected - children learn to recognise the sensation of needing a wee/poo by wetting/soiling.
* All staff and family to ensure child is regularly encouraged and praised. N.b. aim to recognise achievable goals such as sitting on the potty when asked to do so. Keeping pants dry may be an unachievable goal initially.

**Communication:**

* Provider will ensure all staff are aware of each child's current stage of potty training to confirm consistent approach.
* Provider will ensure a record is kept of successful potty/toilet visits as well as wetting/soiling incidents in order to monitor child's progress. Daily diary/record sheet may be used or ERIC's Potty Training Record.
* Regular updates to be shared with parents with the expectation that they will share information about progress at home. Potty training is a joint effort!
* Trouble shooting:
* Early years staff to be alert for possible constipation; incidence is raised during potty training as some children find pooing into the potty/toilet frightening. See ERIC's Guide to Children's Bowel Problems for further information.
* If toilet avoidance is observed information to be provided - see ERIC factsheet Children who will only poo in a nappy and other toilet avoider.
* If child does not appear to be making progress, or regresses, staff to look again at child's bowel habit and fluid intake - see ERIC's Guide to Potty Training. Early Years Healthy Bladder and Bowel Assessment may be repeated. Provider to instigate discussion with family to consider abandoning process, allowing time to improve bladder and bowel health and to better prepare the child, starting again after a suitable interval.
* If ongoing bladder/bowel issues, information such as ERIC leaflet Thinking about wee and poo now you're on the way to school may be shared with family and prospective school.

**Children who will only poo in a nappy and other toilet avoider.**

* Children who will only poo in a nappy are completely normal. Lots of children go through a phase, usually soon after potty training has begun, when they refuse to poo in the potty or toilet and insist on using a nappy.
* Other children go through a phase of refusing to wee in the potty or toilet. You'l find the information and techniques below will be relevant to them too.
* Some boys and girls will work it out for themselves, but without intervention some would happily poo in a nappy for years.
* Here are some tips to help you break the pooing in a nappy habit.
* If your child insists on using a nappy to poo, DON'T SAY NO, or they will simply try to avoid pooing. Withholding the stools will lead to constipation - which is definitely something to avoid! Let them have the nappy on just to do their poo, and work on gradually changing their behaviour.

So, where do you start?

*1. Constipation*

* Constipation often plays a part in potty/toilet avoidance. A big, hard, painful poo will scare the child, and to stop it happening again they simply hold on. Look at ERIC'S Guide to Children's Bowel Problems for information on how to recognise if your child is constipated. There is also lots more information on the Flowchart for Constipation.
* Make sure any constipation is really well managed before attempting to change toileting behaviour.

*2. Making the toilet less scary*

* Some children are frightened of the toilet itself. This fear will need to be overcome before they can start learning to sit on it. If your child is scared of the flush, start by flushing it while they stand by the bathroom door, then gradually ask them to come a little closer. When they are near enough, encourage them to put just a little bit of toilet paper in the toilet to flush away.
* If they are worried about the water splashing back when they use the toilet, show them how to put a layer of toilet paper over the water in the toilet bowl.
* Create a game with a few bottles of food colouring! Add a few drops to the cistern, then ask your child to guess what colour the water in the toilet will change to when they flush.

*3. Learning to sit on the toilet*

* To start with, sitting on the potty/toilet should have nothing to do with pooing. The emphasis should be completely on relaxed, happy sitting - when you ask them to do SO.
* To start with this may be a five second sit, once a day, fully clothed. That's fine!
* Reward them for sitting (have a look at our Toileting Reward Charl, and resist the temptation to mention wee or poo!
* The key now is moving forward gradually, so each little step forward is an achievable goal. You plan when the toilet/potty sitting should take place - aim for 20-30 minutes after each meal as that is the best time to poo, and before bed. Make sure your child's bottom and feet are firmly supported - see the section 'How to get the poo in the loo' in ERIC's Guide to Children's Bowel Problems.
* Over time you'll build up a regular toileting programme, with your child sitting on the potty/toilet for 5-10 minutes four times a day. Keep a bag of special toys in the bathroom ready so they look forward to exploring what's there whenever they sit on the loo.
* Remember to reward every potty/toilet sit with your agreed system.

*4. Next steps*

* Once you've made sure your child is not constipated, and they can happily sit on the potty/toilet for 5-10 minutes, you're ready to begin working towards them pooing in the right place.
* The key thing is to work out where they like to poo in their nappy, for example behind the sofa or in the corner of their bedroom, and where you want them to poo - on the potty/toilet. Put as many tiny steps as possible in between until eventually they reach the potty. Each step should be an achievable goal.
* Be patient - this may take a long time, but it will be worth it! Read the examples 2 below for ideas of how other parents encouraged their children to move step-by-step d towards the potty.

**Policy management and review**

* The Little Bumblebee will review this policy annually. In cases of relevant legal or procedural changes, we will review this policy accordingly. The policy should be made available on the Nursery website, with paper copies provided by the Nursery upon request.
* The policy should be approved, signed and dated and the date for review noted.
* The policy should be provided to and followed by all staff and volunteers.

This policy statement was adopted on 01/01/2023.

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| Reviewed By: Mojdeh Najafpoor | Date: 19/02/2024 |
| Signed:A handwritten oval shape with a black line  Description automatically generated with medium confidence | Next Review Date: 19/02/2025 |