Richmond Hill School

INTIMATE CARE AND TOILETING PROCEDURES

Approved by			
Name:	**Rachel Blair**		
Position:	**Headteacher**		
Signed:			
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REVIEW SHEET

The information in the table below details earlier versions of this document with a brief description of each review and how to distinguish amendments made since the previous version date (if any).

Version Number	Version Description	Date of Revision/Review
1	Original	1
2	Rewrite in line with KAHSC V19	June 2025
3	Updates to LA SCP references and changes to the Cumberland Safeguarding Hub name. Updates in line with DfE EYFS statutory framework for group and school-based providers. Other minor changes to links throughout. Inclusion of section on potty use, wording changes and updated links	October 2026

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Frequently asked questions

Please note – Links below are to documents available from either the KAHub or external websites and are for school use only. Not all links will be relevant to your setting, please remove those which are not relevant.

KAHSC Situations which may lend themselves to allegations of abuse

KAHSC Sample Record of Agencies involved/Support Services available/used in intimate care

KAHSC Sample Personal/intimate care management checklist

KAHSC Sample Personal/intimate care management/toileting plan

KAHSC Sample Record of personal/intimate care intervention

KAHSC Sample Agreement/Staff Training Record for Intimate Care Procedures for an Individual Child

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INTIMATE CARE AND TOILETING PROCEDURES

References & Useful Links

DfE Keeping Children Safe in Education
DfE Working Together to Safeguard Children
DfE What to do if you're worried a child is being abused – Advice for Practitioners
DfE Supporting Pupils at School with Medical Conditions
DfE Information Sharing – Advice for Safeguarding Practitioners
DfE EYFS statutory framework for group and school-based providers
Care inspectorate Nappy changing for early learning and childcare settings (excluding childminders)
ERIC (The Children's Bowel and Bladder Charity)
Cumberland Safeguarding Children Partnership (SCP)
Westmorland and Furness Safeguarding Children Partnership (SCP)
UKHSA homepage
UKHSA Health Protection in children and young people's settings, including education
UKHSA Preventing and controlling infections in children and young people's settings
UKHSA E-bug
UKHSA *Complete routine immunisation schedule*
NHS *Health A to Z*
GOV.UK Hazardous Waste Disposal
NHS Professionals: Standard infection prevention and control guidelines
HSE Blood Borne Viruses in the Workplace
KAHSC General Safety Series G45 – Managing Intimate Care and Toileting
KAHSC Medical Safety Series M06 - Protection Against Blood Borne Infections-Viruses (BBVIs)

School's own:

Accessibility Plan
Child Protection Policy and procedures
Code of Conduct for Staff & Other Adults
Admission Arrangements
Equality Policy/Objectives
Moving and Handling procedures
Supporting Pupils at school with Medical Conditions Policy and procedures
Special Educational Needs and Disabilities (SEND) Policy

1. Definitions

For the purposes of this Policy and procedures a child, young person, pupil or student is referred to as a 'child' or a 'pupil' and they are normally under 18 years of age.

Wherever the term 'parent' is used this includes any person with parental authority over the child concerned e.g. carers, legal guardians etc.

2. Introduction

We are 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/young people, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. No child will be attended to in a way that causes distress, embarrassment or pain. Arrangements for intimate and personal care are open and transparent and accompanied by appropriate recording systems.

The school recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any child with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

3. What is meant by intimate care

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas (such as cleaning up after a child has soiled him/herself). In most cases such care will involve procedures in relation to with personal hygiene and the cleaning of equipment associated with the process as part of a staff member's duty of care. In the cases of specific procedure only staff suitably trained and assessed as competent will undertake the procedure (e.g. the administration of rectal diazepam).

4. Our approach to best practice

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are appropriately trained to do so (including in child protection procedures) and, where required, lifting & handling and administering creams/lotions and are fully aware of best practice. Suitable hygienic equipment and facilities will be provided to assist with children and young people who need special arrangements following assessment from physiotherapist/ occupational therapist.

Staff will be supported to adapt their practice in relation to the needs of the individual child taking account of developmental changes such as the onset of puberty and menstruation.

An individual member of staff will inform another appropriate adult when they are going alone to assist a child with intimate care.

Children who require regular assistance with intimate care have a written Individual Health Care Plan (IHCP) or Education Health and Care Plan (EHCP) or other plan that identifies the support of intimate or personal care agreed by staff, parents and any other professionals actively involved, such as school nurses or physiotherapists. Ideally any plan should be agreed at a meeting at which all key staff are present wherever possible and appropriate. The child may also be invited to attend. Any historical concerns (such as past abuse) will be considered. The plan will be reviewed as necessary, but at least annually, and where there is a change of circumstance, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). The plan must also consider procedures for extended school activities (e.g. wraparound care) and off-site visits.

Any vulnerabilities, including those that may arise from a physical or learning difficulty will be considered when formulating the individual child's EHC Plan or Individual Healthcare Plan (IHCP). The views of parents and the child, regardless of their age and understanding, will be actively sought in formulating the plan and in the necessary regular reviews of the arrangements. Any changes to the care plan will be made in writing and without delay, even if the change in arrangements is temporary e.g. staff shortages, changes to staff rotas etc.

Where relevant, it is good practice to agree with the child and parents appropriate terminology for private parts of the body and functions and this will be noted in the plan.

Where a suitable care plan is **not** in place, parents will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and wet or soiled him/herself). Information on intimate care will be treated as confidential and communicated in person, by telephone or by sealed letter.

In relation to record keeping, a written record will be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage. Accurate records will also be kept when a child requires assistance with intimate care; these may be brief but will, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It will be clear who was present in every case. Where intimate and personal care tasks are undertaken in another room, records will include times left and returned. These records will be kept in the child's file and made available to parents on request.

The interaction will be relaxed, happy and social providing valuable opportunities for positive interactions between staff and children. As such, there must be careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss

their needs and preferences. Wherever possible, the child's wishes and feelings will be sought and taken into account. Where the child is of an appropriate age and level of understanding permission will be sought before starting an intimate procedure.

Children are encouraged to act as independently as possible and to undertake as much of their own personal care as is possible and practicable. 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. When assistance is required, this will normally be undertaken by one member of staff (usually the child's key person), however, they will try to ensure that another appropriate adult is in the vicinity who is aware of the task to be undertaken and that, wherever possible, they are within sight and hearing distance. Intimate care procedures do not include the need for more than one member of staff unless the child's Education Health and Care Plan (EHC Plan) specifies the reason for this. Intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the individual.

Doors to areas where intimate care is taking place will never be secured to prevent other appropriate adults from entering, however, children are entitled to respect and privacy at all times and especially when in a state of undress, including, for example, when changing, toileting and showering. There does, however, need to be an appropriate level of supervision to safeguard and support children, satisfy health and safety considerations and ensure that bullying or teasing does not occur. The supervision will be appropriate to the needs and age of the young people concerned and sensitive to the potential for embarrassment. Where possible a child will be catered for by one adult (key person) unless there is sound reason for having more than one adult present. If this is the case, the reasons will be clearly documented.

Intimate and personal care will not be carried out by an adult that the child does not know. Anyone undertaking intimate or personal care in an education setting is in regulated activity and must have been checked against the relevant DBS barred list, even if the activity only happens once - this includes volunteers. Volunteers and visiting staff from other schools will not undertake care procedures without full and appropriate training.

Wherever possible staff will only care intimately for an individual of the same sex. However in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence for example, female staff supporting boys in our school as no male staff are available. The religious views, beliefs and cultural values of children and their families will be considered, particularly as they might affect certain practices or determine the gender of the carer.

Staff will work in close partnership with parents and other professionals to share information and provide continuity of care. Intimate care arrangements will be discussed with parents on a regular basis and recorded on the child's care plan. The needs and wishes of the children and parents will be considered wherever possible within the constraints of staffing and equal opportunities legislation.

4.1 Managing nappies

Children in nappies will have a designated hygienic changing area, separate from, but conveniently close to, play facilities, from any area where food or drink is prepared, served or consumed. It is recommended that there be a minimum of one nappy changing facility for every 10 children using nappies with adequate space within the area to support safe movement, so no more than 10 children in the facility at any one time. The area will not be used as an area to store resources and will usually be separate from toilet facilities for adults. This changing area will provide children with a safe, clean environment and appropriate hygienic equipment while promoting privacy, dignity and, for older children, independence. Children's personal belongings – nappies, wipes and other items will be clearly labelled and stored in cupboards with doors, drawers, sealed plastic containers or bags that can be cleaned easily. Changing facilities may be within an accessible toilet if the toilet is only being used by children attending the setting. This means that the accessible toilet is not used by staff or visitors, and that other suitable and accessible facilities are provided if these are required.

Hand washing facilities will be available in the room so that staff can wash and dry their hands after every nappy change, before handling another child or leaving the nappy changing room. The handwashing sink will be a suitable size to allow hand washing and have hot and cold running water, soap and disposable hand towels. Soiled nappies will be double wrapped in a plastic bag before disposal in the general waste or disposed of in a designated 'nappy disposal bin' for collection by a registered waste company. A designated

'nappy disposal bin is required where the quantity of soiled nappies exceeds 7kg in any waste collection period. Storage arrangements for double-bagged and used non-disposable nappies and soiled clothing awaiting collection by parents may be necessary in order to reduce the possibility of intrusive smells. In our setting, this area is located in the disabled toilet.

We will clean children's skin with a disposable hypoallergenic wipe which unless personal to the child, will be suitable for all children. Flannels or other cloths will not be used to clean bottoms. Nappy creams and lotions will be labelled with the child's name and not shared with others.

We will wipe changing mats with soapy water or a baby wipe after each use. Mats will be cleaned thoroughly with hot soapy water if visibly soiled and at the end of each day. We will check weekly for signs of damage (rips and tears) and discard if the cover is damaged.

Surfaces will be cleaned daily using suitable anti-bacterial cleaning materials.

Nappy waste can sometimes be produced in large quantities in places such as nurseries. Although considered non-hazardous, in quantity it can be offensive and cause handling problems. Where the premises produce more than one standard bag or container of human hygiene waste over the usual collection interval, it is advised to package it separately from other waste streams. Should we produce significant amounts of used nappies (in excess of 7kg during a waste collection cycle) we will not put them in the general waste and will arrange with a registered clinical waste disposal service to handle this hazardous waste.

Further information can be found in KAHSC General Safety Series: G45 - Managing Intimate care and toileting.

4.2 Potty use

The UK Health Security Agency (UKHSA) guidance for staff on nappy changing, potty use and management of continence aids within children and young people settings, provides useful guidance and information that should be referred to in relation to the use of potties.

If potties are used, facilities for cleaning and storage must be available.

- Designate a sink for cleaning potties (not a hand wash basin). This should be in the area where potties are used.
- Wear disposable gloves to flush contents down the toilet.
- Wash the potty in hot soapy water and dry.
- Store potties upside down. Do not stack potties inside each other.
- After removing your disposable gloves, wash your hands using soap and warm water and dry.

Staff must not wash potties in a designated handwash sink and they must store potties appropriately. If a separate sink for potties is not available, the sink used must be disinfected after use. Consideration must be given to the accessibility of potties for children who are learning to use the toilet.

4.3 Continence aids

Children who use continence aids (e.g. continence pads, catheters etc.) will be encouraged to be as independent as possible. The principles of basic hygiene will be applied by both children and staff involved in the management of these aids.

Continence pads will be changed in a designated area. Disposable powder-free non-sterile nitrile or latex-free gloves and a disposable plastic apron will also be worn. Gloves and aprons will be changed after every child. Hand washing facilities will be readily available. If further advice is required, the local authority children's SEND team may be able to help.

4.4 Laundry

There will be a designated area on site **if** there is a need for laundry facilities. This area will:

- be separate from the changing area (wherever possible);
- be separate from any food preparation areas;
- have appropriate hand washing facilities with soap and running hot and cold water;
- have a washing machine with a sluice or pre-wash cycle.

Staff involved with laundry services will ensure that:

- manual sluicing of clothing is not carried out as this can subject the operator to inhale fine contaminated aerosol droplets; soiled articles of clothing will be rinsed through in the washing machine pre-wash cycle, prior to washing;
- gloves and aprons are worn when handling soiled linen or clothing;
- hands are thoroughly washed after removing gloves.

Dealing with contaminated clothing

Clothing of either the child or the intimate care provider may become contaminated with blood or bodily fluids. Clothing will be removed as soon as possible. Items of clothing that become soiled will not be swilled out or left to soak (faecal material can become airborne and can be the cause of contamination on surfaces). Care will be taken to wipe away any faecal matter with wipes/toilet paper.

Soiled clothing should be discreetly kept in a sealed waterproof bag/container for collection by parents or carers. Any clothing being stored must be for the minimum time necessary and should not be accessible by children. Storage of these items must also consider the possible impact of odour. Action should be taken to address this if the issue arises, such as double bagging of contaminated clothing and storing it in a designated area. A risk assessment outlining the actions that must be followed for the management of contaminated clothing and linen must be in place. The clothing should be washed separately in a washing machine, using a pre-wash cycle, on the hottest temperature that the clothes will tolerate.

4.5 General cleaning practices

We will follow the guidance in the UKHSA Health protection in education and childcare settings: Cleaning.

5. Safeguarding children

Safeguarding and Multi Agency Child Protection procedures will be adhered to.

All children will be taught personal safety skills carefully matched to their level of ability, 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. she/he will immediately report concerns to the Designated Safeguarding Lead. A clear written record of the concern will be completed. The DSL will decide on whether a referral will be made to the Cumberland Children Advice & Support Service (CASS) Tel: 0333 240 1727 or email: hub@cumberland.gov.uk in line with the school Child Protection Policy and procedures.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated and outcomes recorded. Parents will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

Neither staff nor any other adult or volunteer will be permitted to carry or have access to a mobile phone, camera or similar device (including smart watches with the ability to capture digital images) whilst providing intimate care.

If a child makes an allegation against a member of staff, all necessary procedures will be followed in line with Keeping Children Safe in Education, the school Child Protection Policy & procedures and Cumberland SCP guidelines. This must be reported to the Head teacher (or Chair of Governors if the allegation relates to the Head teacher or where there could be a conflict of interest in reporting to the Head teacher) who will report the matter to the LADO. Details of the allegation should not be discussed with any other members of staff or the member of staff to which the allegation relates.

Similarly, any adult who has concerns about the conduct of a colleague or other adult at the school or about any improper practice will report this to the Head teacher or Designated Safeguarding Lead (DSL) in accordance with the School staff code of conduct and/or Whistleblowing procedures. Where a staff member feels that their genuine concerns are not being addressed, they may refer their concerns to the CASS or LADO directly.

All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know but in line with the DfE Information Sharing – advice for safeguarding practitioners and the school Child Protection Policy and procedures.

6. Staff conduct

In accordance with our Code of Conduct for staff and other adults, staff and other adults in this school are expected to:

- adhere to the school's intimate care procedures;
- make other staff aware of the task being undertaken;
- always explain to the child what is happening before a care procedure begins;
- consult with colleagues where any variation from the agreed procedure/healthcare plan is necessary;
- record the justification for any variations to the agreed procedure/healthcare plan and share this information with the child and their parent;
- avoid any visually intrusive behaviour;
- where there are changing rooms – announce their intention of entering;
- always consider the supervision needs of the child and only remain in the room where their needs require this.

Staff and other adults will not:

- change or toilet in the presence or sight of children;
- shower with or within sight of children;
- allow any adult to assist with intimate or personal care without confirmation from senior leaders that the individual is not barred from working in regulated activity;
- assist with intimate or personal care tasks which the child can undertake independently.

7. Infection control

All staff involved in personal care must adhere to good personal hygiene standards Reference should be made to the UKHSA guidance Health Protection in children and young people settings, including education, specifically the guidance on Preventing and controlling infections. This includes good hand hygiene, the appropriate use of personal protective equipment, ensuring their own wounds are suitably covered, safe management of sharps, and dealing correctly with blood and bodily fluid spillages.

Everyone should know and apply the standard precautions as a matter of good practice. This is made known to staff members/volunteers during initial induction and at regular intervals. Each staff member must be accountable for his/her actions and must follow safe practices.

8. Personal protective equipment (PPE)

Where a child or young person already has routine intimate care needs that involve the use of PPE, the same PPE will continue to be used e.g. usually single use disposable aprons and disposable gloves will be worn.

8.1 Aerosol generating procedures (AGP)

- An AGP is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract.
- Standard PPE recommendations for AGPs would include eye and face protection, apron and gloves to protect against the splashing or spraying of blood and bodily fluids.

Refer also to Sections 4.1 – 4.3 above.

9. Immunisation against blood borne viruses (BBV's)

By far the most all round effective way, including cost effectiveness, is to educate 'at risk' employees about the risks involved and to encourage all to maintain appropriate preventative measures. It is only when appropriate preventative measures are not deemed adequate to reduce risk to an acceptable level that immunisation will be considered. The national schedule of Immunisation changes periodically so it is

important to check the NHS Vaccinations website for up to date details. It is important that all staff are up to date with the current immunisation schedule.

Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites resulting in puncture or breaking of the skin are potential sources of exposure to blood borne infections therefore it is essential that they are managed promptly.

There is a theoretical risk of transmission of Hepatitis B from human bites, so the injured person should be offered vaccination. Although HIV can be detected in saliva of people who are HIV positive there is no documented evidence that the virus has been transmitted by bites.

The most important BBV's to consider for employment purposes are Hepatitis B, C and HIV. It is not normally necessary for first aiders or those involved in intimate care in the workplace to be immunised against Hepatitis B virus unless the risk assessment indicates that it is appropriate; immunisation is not available for other BBVs. Currently, immunisation is only available for Hepatitis A and B and is not available for Hepatitis C or D or HIV. Hepatitis B vaccine is not recommended for routine school or nursery contacts of an infected child or adult. Hepatitis B vaccine is, however, recommended for staff who are involved in the care of children with severe learning disability or challenging behaviour, and for these children, if they live in an institutional accommodation. In such circumstances it is the responsibility of the employer to finance the vaccine programme.

Employees who come into contact with blood and bodily fluids in the course of their work or who risk being scratched and bitten could be at risk from blood borne viruses. We are responsible for managing the risk to school employees from blood borne viruses. This is considered as part of the school's risk assessment processes. Those employees deemed to be at significant risk of contracting BBV's, despite taking all reasonable precautions. This may include the following:

- groups at risk from Hepatitis B;
- employees in 'healthcare roles' who are likely to have direct contact with infected blood or body fluids;
- carers or support staff for children with severe learning/behavioural problems, where there is a significant risk of the employees being bitten, scratched or otherwise sustaining blood injuries from the clients in the course of their work.

Most GP's will provide immunisation for their patients **where they are at risk from blood-borne viruses in their work**. The cost of this service varies from GP to GP but each immunisation should cost no more than the price of a prescription. Staff who, by means of our risk assessment, are advised to seek immunisation, can claim reasonable immunisation costs back from the school.

No employee should be forced or required to have an immunisation. If after explanation of the risks the employee chooses not to be immunised this decision should be recorded. A note will be made on the employee's personal file as evidence that this offer has been made.

Further details can be found in KAHSC Medical Safety Series: M06 - Protection Against Blood Borne Infections-Viruses (BBVIs) and the UKHSA guidance: Health Protection in children and young people settings, including education.

Frequently Asked Questions

What if we have nowhere to change children?

If it is not possible to provide a purpose built changing area, then it is possible to purchase a changing mat and change the child on the floor or another suitable surface, screened off if required. Most children can be changed in a standing position and can be changed in a cubicle. A 'Do not enter' sign (visually illustrated) can be placed on the toilet door to ensure that privacy and dignity are maintained during the time taken to change to child.

Children's privacy must be balanced with safeguarding when toileting or nappy changing. This does not necessarily mean providers need a completely separate space for toileting. In some cases, this may mean an educator meeting the requirement by using themself or a privacy screen/curtain to shield a child and maintain their privacy while still ensuring adequate supervision and safety for other children.

Won't it mean that adults will be taken away from the classroom or setting?

Depending on the accessibility and convenience of a setting's facilities, it could take ten minutes or more to change an individual child. This is not dissimilar to the amount of time that might be allocated to work with a child on an individual learning target, and of course, the time spent changing the child can be a positive learning time.

Is it OK to leave a child until parents arrive to change them?

Asking parents to come and change a child is in direct contravention of the DfE statutory guidance Supporting Pupils at School with Medical Conditions. It is also likely to be construed as a direct contravention of the Equality Act 2010 and leaving a child in a soiled nappy or in wet or soiled clothing for any length of time pending the return of the parent is a form of abuse. Ask yourself if you would leave an injured child until parents arrived?

Who is responsible for providing nappies/continence wear?

Parents are responsible and must provide supplies. Schools may be asked how many nappies they may require by the continence nurse in order for them to calculate how many to give parents. Schools should provide gloves, other disposable clothing and personal protective equipment.

How do we dispose of nappies?

Check with your refuse collection service provider. For occasional use you may single wrap wet and double wrap soiled nappies and use ordinary waste bins. Where the quantity of soiled nappies exceeds 7kg in any waste collection period you should use a designated 'nappy disposal bin for collection by a registered waste company.

What if no one will take responsibility to change nappies?

Consider your arrangements when a child accidentally wets or soils. The same system could be used for when such tasks might be expected rather than unexpected, but it is good practice for a familiar adult to undertake this task. While the DfE statutory guidance Supporting Pupils at School with Medical Conditions states that support is a voluntary task, it is written into the job description of most Local Authority employed teaching assistants. The statutory guidance does extend to children with toileting issues and is clear that a medical diagnosis is not a pre-requisite before school must provide any necessary support. Therefore appropriate staffing must be made available.

I am worried about lifting

Risk assessments must be undertaken for each child. Where manual handling in the form of support is required, staff should receive advice or training. Children must not be physically lifted if they weigh more than 16kg but encouraged to get on/off any changing beds themselves - many are height adjustable. Suitable equipment, such as hoists should always be used for children who are unable to help themselves, which will reduce the risk of injury to both child and staff – training will be required.

How can I help a child to communicate when they need to use the toilet?

Children with communication difficulties may need tools to help them communicate. Picture symbols and signs can be used to reinforce spoken words.

For children who are learning English as an additional language, it is helpful to learn how to say the appropriate words in their home language.

I work in an early years' setting. Won't I be changing nappies all the time?

No, if parents change the child before school or arrival at the setting, staff should only need to check or change a child occasionally, depending on the child. Emphasis should always be on teaching the child independence and encouraging them to do as much as possible for themselves. Look on it as part of their early education and learning.

Parents won't bother to toilet train their child will they?

Parents are as anxious as you for their child to be out of nappies. You will need to make it clear that your expectation is that all children in school will be out of nappies, but that you will support children and families through any difficulties. **For early years settings it is not appropriate that your expectation is that all children will be out of nappies prior to starting nursery.**

Is it true that men can't change nappies because of child protection issues?

No, there are many men in childcare who change nappies on a daily basis. DBS checks are carried out to screen for any known risks and they may also be subject to the requirements of the Childcare (Disqualification) Regulations 2009, and safe practice induction given to all designated staff. If there is a known risk of false allegation by a child then a single carer should not undertake intimate care.

What if a child reacts defensively, or reacts to personal care?

Is the child otherwise anxious about adults? Is it new or changed behaviour? Ask the parent whether anything has happened which may have led to the child being anxious or upset about intimate care. Has there been a change in the household? If you are still concerned, consider whether there may be child protection issues and follow the school child protection policy.

What if a member of staff refuses to change a child person who has soiled?

The Equality Act 2010 is clear that children should be protected from discrimination, and therefore a child who has soiled should be tended to in order to be able to return to the classroom/setting without delay. The DfE statutory guidance Supporting Pupils at School with Medical Conditions is also clear that children should be supported with toileting issues whether there is a medical diagnosis involved or not. The issue should not arise if designated support staff have been advised on appointment and induction, and existing support staff trained in relation to the school's duties under the Act.