

Intimate Care (Nappy Changing & Supporting Personal Care – potty training) Policy

Portsmouth Primary School
and Early Years



Approved by: Governing
body

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Contents

1. Aims	3
2. Legislation and statutory guidance.....	3
3. Role of parents/carers	3
4. Principles and Role of staff	4
5. Intimate care procedures	Error! Bookmark not defined.
6. Monitoring arrangements	5
7. Links with other policies	Error! Bookmark not defined.

Appendix 1. Enabling environment procedures for nappy training and personal care

Appendix 2 Personal care Procedures

Appendix 3 Health and Hygiene Procedures

Appendix 4 Changing Frequency Responsibilities

Appendix 5 Nappy changing record.doc

The information below is advised from the ERIC - The children's bowel and bladder society

<https://www.eric.org.uk/>

Appendix 6 ERIC Guide to Assessment of Readiness for potty training

Appendix 7 ERIC guide to Delivery of potty training

Appendix 8 ERIC'S Guide to Trouble shooting and sources of advice

Appendix 9 Nappy Care and Potty Plan Agreements

1. Aims

This policy informs Portsdown Primary School and Early Years' intimate care procedures to support the health, wellbeing and development of young children requiring personal and intimate care. Intimate care is carried out properly by staff, in line with any agreed plans, both in the nursery and in Years R to 6 where required.

The policy ensures:

- The dignity, rights and wellbeing of every child are safeguarded
- Pupils who require intimate care are not discriminated against, in line with the Equality Act 2010
- Parents/carers are assured that staff are knowledgeable about intimate care and that the needs of their child are taken into account
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved

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

2. Legislation and statutory guidance

This policy complies with [statutory safeguarding guidance](#) and [Early Years Foundation Stage Statutory Framework](#)

3. Role of parents/carers

3.1 Seeking parental permission

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

For children whose needs are more complex or who need particular support outside of what's covered in the permission form (if used), an intimate care plan will be created in discussion with parents/carers (see section 3.2 below).

Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure.

If the school is unable to get in touch with parents/carers and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents/carers afterwards.

3.2 Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents/carers, the child (where possible) and any relevant health professionals.

The school will work with parents/carers and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents/carers will be consulted.

The plan will be reviewed twice a year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

See appendix 9 for a blank template plan to see what this will cover.

3.3 Sharing information

The school will share information with parents/carers as needed to ensure a consistent approach. It will expect parents/carers to also share relevant information regarding any intimate matters as needed.

4. Role of staff

Principles

Portsmouth Primary School and Early Years respects our children and encourages them to achieve their potential. This includes encouraging them to be as independent as they are able with their personal care and to be able to manage needs.

We will ensure:

- All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.
- Children's individual needs are identified and met.
- Children's right to safety, dignity and privacy is respected.
- Family's cultural preferences are considered.
- Nappy changing and Potty training is a positive experience; both the family and the child feel supported throughout.
- Communication between the setting and the family is promoted before, during and after potty training.
- Consistency of care is maintained as far as possible.
- Families are provided with information and signposted to sources of further information about bladder and bowel health and potty training.

4.1 Which staff will be responsible

Any roles who may carry out intimate care will have this set out in their job description. No other staff members can be required to provide intimate care.

4.2 How staff will be trained

Staff will receive:

- Training in the specific types of intimate care they undertake
- Regular safeguarding training
- If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as possible

They will be familiar with:

- The control measures set out in risk assessments carried out by the school
- Hygiene and health and safety procedures

They will also be encouraged to seek further advice as needed.

5. Intimate care procedures

5.1 How procedures will happen:

NB: school refers to EYFS (Nursery to Year R), Key Stage 1 and Key Stage 2.

The school will ensure that anyone who undertakes nappy changing or personal intimate care with children is an employee of the nursery or school and has had appropriate safeguarding checks.

The school will ensure that all staff are aware of the need for confidentiality. Personal and sensitive information will only be shared with those who need to know.

The school will act according to Portsdown Primary School and Early Years safeguarding policy and procedures if there are any concerns for a child's wellbeing.

At all times, the child's safety, dignity and wellbeing is promoted.

Portsdown Primary School and Early Years will ensure that suitable facilities and equipment are provided with designated places for intimate care support.

The school's staff work closely with parents / carers to support personal care and promote toilet training so that continuity of support can be maintained between home and school. Staff will promote a positive climate where information around child's developing care needs are shared and discussed with parents/carer and issues regarding toilet training can be talked about openly. Before a child starts school, family/carers will be included in discussions about the child's nappy, potty or toilet training routine. This is so that the child's current bladder/bowel development are known and continuity of care can be planned and maintained. Information is recorded on the home visit record/ school records for admission as appropriate. As the child continues and progresses in their development, staff will continue to discuss and update the child's routine and development with the parent / carer.

Written records are kept of all support for nappy/potty and toilet training care. This includes date and time of care and who supported the child. Any changes will be recorded and discussed with parents. Any concerns will be documented and reported to a senior member of staff in line with the safeguarding policy.

Families are supported by school staff to understand the health and safety procedures and responsibilities for supporting nappy changing, potty and toilet training and intimate care. Staff discuss the frequency of changing (appendix 3) and explain no child is intentionally left in a soiled or wet nappy.

The school staff will take into account the religious views, beliefs and cultural values of the child and their family as far as possible when undertaking personal care.

Responsibilities with Potty Training

Potty training can be a daunting process for families. School staff will offer support and guidance to decide the best time for a family to potty train their child. This will be dependent on signs of bladder and bowel readiness and awareness of child (Appendix 6).

Staff will support families by discussing expectations of potty training and explain to parents why it is useful for the same approach to be taken at home and in the school environment, including using the same vocabulary.

Parents will be provided with information or signposted to support such as Health visitors, ERIC website www.eric.org.uk (The children's Bowel & Bladder Charity, leaflets such *Thinking about wee and poo, now you've reached the age of two*; *Eric's Guide To Potty Training*).

Responsibilities for Children with additional Needs

Portsmouth Primary School and Early Years are aware that children with additional needs may not show reliable signs of awareness. We recognise that delayed continence may be linked to and with delays in other aspects of a child's development. If this is so, we may need to work in partnership with parents and other professionals (Health Visitor, School Nurse, and Specialist Child Health Services) to develop a planned programme, particularly where the delayed continence is into Year 1 and beyond.

Responsibilities in supporting positive self esteem

Staff will work with the child to promote a positive self – esteem, body image and independence with self- care as far as is appropriate and practical. Staff will remain calm and offer a supportive approach to children at all times. Children will not be rushed or forced to use the potty or toilet against their will. Staff will approach children quietly and calmly regarding the need to change or toilet them and be mindful of child's engagement in play. Staff will always be gentle when changing and avoid pulling faces and making negative comments about 'nappy contents'. Portsmouth Primary School and Early Years acknowledge that it may take 10 minutes or more to change an individual child; however, it is recognised that the time spent changing a child can, and should be a positive learning time. 'Accidents' are to be expected as children learn to recognise the sensation of needing the toilet by wetting /soiling. All staff should promote regular encouragement and ensure the child is praised. Staff work with parents to support the child to agree small achievable steps towards potty and toilet training.

For pupils needing routine intimate care, the school expects parents/carers to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and/or a spare set of clothing.

Any soiled clothing will be contained securely, clearly labelled and discreetly returned to parents/carers at the end of the day.

5.2 Concerns about safeguarding

If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this using the school's safeguarding procedures.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to the headteacher (who is the designated safeguarding lead: DSL) or nursery manager (in the nursery who will liaise with the DSL). Deputy safeguarding leads are available in their absence.

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures.

6. Monitoring arrangements

This policy will be reviewed by the headteacher every 2 years. At every review, the policy will be approved by the Full Governing Body. In addition, the nursery manager will revisit the policy every 6 months.

7. Links with other policies

This policy links to the following policies and procedures:

- Accessibility plan
- Child protection and safeguarding
- Health and safety

- SEND
- Supporting pupils with medical conditions

Appendix 1

Enabling environment procedures for nappy training and personal care

When supporting Personal and intimate care Early Years staff will ensure:

- Use of designated areas for potty use, nappy changing and changing children
- Areas are warm, safe and have comfortable areas for young children to lie when having nappies changed
- If a purpose-built changing area is not available, temporary area is provided with a changing mat and health/hygiene resources
- Privacy and dignity for child is maintained for the child
- Equipment is provided such as toilet steps and seats to ensure safety, independence and comfort
- Reasonable adjustments are made to support children with additional needs as advised by other services in consultation with parents
- Nappy changing areas and potty /toilet areas bright and welcoming

Appendix 2

Personal care Procedures

The Early Years Staff will follow the agreed procedures:

- Change the child's clothing as appropriate as soon as possible and not to knowingly leave children in wet or soiled clothes. The time between nappy changing should not be longer than three hours.
- Use appropriate cleaning products and adhere to health and safety procedures (appendix 3)
- Report any rashes, or marks to parents and Nursery Manager/Headteacher if appropriate

Appendix 3

Health and Hygiene Procedures

When dealing with personal care staff will follow agreed health and safety procedures:

- Staff wear PPE (disposable gloves and aprons) to prevent cross infection and dispose of it in appropriate bins. Gloves are changed for each individual child to prevent cross contamination
- Parents are informed when required equipment for intimate care needs replenishing
- Nappies and 'pull ups' are disposed of nappy bags and designated nappy bins.
- Nappy bins are emptied at least once daily into the clinical nappy waste bin located outside next to waste bins.
- Cloth nappies, trainer pants and ordinary pants/clothing that have been wet or soiled are bagged for parent to take home in hygienic nappy sacks or yellow plastic bags.
- Bags of soiled and wet clothing are named and kept in a designated area away from children's reach and returned to parent at end of session.
- Nappy rash creams or use baby wipes are not applied to child without written consent from Parent/Carer to say it is safe to do so.
- Changing table/mat and surrounding area cleaned immediately following changing and between each child using antibacterial spray or antibacterial wipes.
- Potties are emptied and cleaned immediately following the child finishing on the potty to avoid risk of a child touching contents.
- Hot water, and liquid soap available to wash hands as soon as task is completed.
- When using liquid soap staff should wash their hands at a conventional sink as soon as possible. Staff follow appropriate hand washing guidance
- Paper hand towels available for drying hands and waste bin for disposal
- Children are taught to wash their hands with soap and water and to dry them efficiently
- Torn or ripped mats changing mats thrown away immediately and replaced
- Posters and pictures laminated so they can be cleaned hygienically
- Toilet changing environment checked throughout the day for hygiene and cleanliness
- Risk assessments are kept daily and reviewed regularly if needs of children change or changes are made to equipment/areas.

Appendix 4

Changing Frequency Responsibilities

Early Years staff will follow the agreed procedures to ensure children's physical needs and routines are supported:

- Toilet development discussed and recorded with parents /carers prior to a child starting Nursery to identify routines. Routines are updated regularly as child's needs change
- Nappies changed, take place with the child's needs and routines in mind
- Where possible the Key Person supports child's personal care
- Key Persons are responsible for ensuring their Key Children are changed on a regular basis.
- The time between nappy changes will not exceed three hours.
- All nappy changes/times recorded
- Where a child has the out of norm or occasional accident, Parents /carers are informed and sign record. This record acknowledges that parents have been informed. This is done sensitively to maintain privacy and dignity for child and parent.
- Deputy Managers for Nursery /Teachers in Year R monitor nappy changes/ personal care support to ensure regular changes are made and needs of individuals are met by staff in rooms.

Appendix 5

Appendix 6

ERIC Guide to Assessment of Readiness for potty training

The first stage of potty training is to recognize 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 when they have done a wee or poo
- Showing awareness that other members of the family 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 shouldn't 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. Early Years staff to offer information to parents such as ERIC's Guide for Children with Additional Needs.

Appendix 7

ERIC guide to Delivery of potty training

Early Years 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 is observed –

- 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.
- Early Years staff 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.
- Early Years staff 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.
- Early Years staff 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.

- 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.

Appendix 8

ERIC'S Guide to Trouble shooting and sources of advice:

- 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 avoiders*
- 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.
- Early Years staff 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.

Further references for support from ERIC

- *Early Years Healthy Bladder and Bowel Assessment*
- *Bristol Stool Chart*
- *Thinking about wee and poo now you've reached the age of two*
- *ERIC's Guide to Potty Training*
- *ERIC's Guide for Children with Additional Needs*
- *ERIC's Guide to Children's Bowel Problems*
- *Children who will only poo in a nappy and other toilet avoiders*
- *Thinking about wee and poo now you're on the way to school*

Appendix 9

Nappy Care and Potty Plan Agreements

The Parent:

- I agree to ensure that my child is changed at the latest possible time before being brought into nursery/school
- I will provide the nursery/school with spare nappies, pull ups, pants and changes of clothing

- I understand and agree the procedures that will be followed when my child is changed at nursery/school
- I will sign to agree if my child can be cleaned with wipes.
- I will provide wipes for my child to be cleaned with.
- If my child requires nappy cream, I will provide this and sign the consent to say this can be used.
- I agree to inform the nursery/school should my child have any marks/rash
- I agree to review arrangements should this be necessary

Signed: (parent/carer)

Name: (parent/carer)

Date:...../...../.....

Nursery/Year R and into KS1

- We agree to change the child when necessary and to leave a child no longer than three hours without a change/check
- We record the times a child is changed/checked
- We agree to report should the child be distressed, or if marks/rashes are seen
- We agree to review arrangements should this be necessary

Signed: (school member of staff)

Name: (school member of staff)

Date:...../...../.....