



All Saints' CE (VC) Primary School

Toileting and Intimate Care Policy

Caring and Achieving

Introduction

Starting school or nursery has always been an important and potentially challenging time for both children and the schools that admit them. It is also a time of growth and very rapid developmental change for all children. As with all developmental milestones in the Early Years Foundation Stage (EYFS), there is wide variation in the time at which children master the skills involved in being fully toilet trained.

Children in the EYFS may:

- Be fully toilet trained across all settings;
- Have been fully toilet trained but regress for a little while in response to the new experiences and excitement of beginning the EYFS;
- Be fully toilet trained at home but prone to accidents in new settings;
- Be on the point of being toilet trained but require reminders and encouragement;
- Not be toilet trained at all but likely to respond quickly to a well-structured toilet training programme;
- Be fully toilet trained but have serious disabilities or learning difficulties;
- Have delayed onset of full toilet training in line with other development delays but will probably master these skills during the EYFS;
- Have AEN/SEND that make it unlikely that they will be toilet trained during the EYFS.

Admitting children who have continence problems into the EYFS and Key Stage 1 provision can present a challenge to schools. The purpose of this policy and guidelines is to identify for schools best practice and where support and advice can be obtained to achieve the full inclusion of such children.

These guidelines will ensure these challenges are overcome and that staff and parents are confident they are meeting the requirements of the EYFS and Disability Discrimination Act as they apply to children with toileting and continence needs.

Guidance on the following subjects is provided within this document

- Health and Safety
- Facilities
- Resources
- Job Descriptions
- Child Protection
- Partnership working
- Agreeing a Procedure for Personal Care in School
- Exemplars

All Saints' School 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 and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff that provide intimate care to children have a high awareness of child protection issues. Staff will work in partnership with parents/carers to provide continuity of care.

Definition

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of associated equipment as part of the staff member's duty of care. In the case of specific procedures only the staff suitably trained and assessed as competent should undertake the procedure (e.g. the administration of rectal diazepam).

Our Approach to Best Practice

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

Staff that provide intimate care are trained to do so (Child Protection) and are fully aware of best practice. Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from physiotherapist/occupational therapist.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty or menstruation. Wherever possible staff involved in intimate care will not be involved in the delivery of sex education to the children in their care as an extra safeguard to both staff and children involved.

The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as they are able. Individual intimate care plans will be drawn up for children as appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers will need to be present when the child is toileted.

Wherever possible the child should be cared for by an adult of the same sex. However, in certain circumstances this principle may need to be waived where the failure to provide appropriate care would result in negligence for example, female staff supporting boys in our school, as no male staff are available.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's personal care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

Health and Safety

Schools should already have procedures in place for dealing with spillages of bodily fluids such as the process to be followed when a child accidentally wets or soils himself, or is sick while on the premises. The same precautions will apply for nappy changing. This could include:

- Staff to wear fresh aprons and disposable gloves while changing a child;
- Soiled nappies securely wrapped and disposed of appropriately in hygiene bins situated in staff toilets;
- Changing area/ toilet to be left clean. Caretaking/ cleaning staff to be informed;
- Hot water and soap available to wash hands as soon as changing is done;
- Paper towels to be available to dry hands.

Facilities

Children starting in Reception or Nursery are likely to have occasional accidents, especially in the first few months after admission.

School policy is that:

1. Mobile children are changed standing up in the class toilets.
2. Children in FS1 and FS2 may be changed on a mat on a suitable surface if it is not possible for them to change standing up.
3. Two members of staff should be within the vicinity when supervising the changing of a child

Children in Year 1 and above should only be changed in a toilet cubicle or the medical room.

Staff should consider the child's preference for changing and the outcome of any risk assessments.

Resources

It could take around ten minutes to change an individual child. This is not dissimilar to the amount of time allocated to work with a child on an individual learning target. Changing time can be a positive learning time and an opportunity to promote independence and self-worth. The Head Teacher will need to ensure that, where necessary, additional resources from funding delegated to the school to support SEND are allocated so that children's individual toileting needs are met.

Schools will need to ensure that they have:

- hot running water and soap
- paper towels
- aprons and gloves
- nappy bags
- cleaning equipment
- bin
- a supply of spare nappies and wipes (provided by the child's parent/ carer)
- spare clothes

Job Descriptions

It is likely that most of the personal care will be undertaken by one or more of the teaching assistants. Schools will need to ensure that this issue is addressed as appropriate within their overall staffing.

It is recommended that job descriptions include statements such as the following:

- To assist pupils with dress/ changing for activities/ personal hygiene including changing
- And
- The care and welfare of pupils to include toileting, changing and feeding as required.

Teachers are responsible for facilitating, supporting and releasing teaching assistants to fulfil this role.

Child Protection

The normal process of assisting with personal care, such as. Changing a nappy should not raise child protection concerns. There are no regulations that state that a second member of staff must be available to supervise the nappy changing process to ensure that abuse does not take place. DBS checks (formerly CRB checks) are rigorous and are carried out to ensure the safety of children with staff employed in schools and settings.

All schools/ settings have a duty to ensure staff are not employed without a DBS check. This should be checked before allowing staff to change children.

Section 18 in the Government guidance 'Safe Practice in Education' states that:

'Staff should ensure that another appropriate adult is in the vicinity and is aware of the task to be undertaken.'

It is recommended that the adult who is going to change the child informs the teacher that they are going to do this. There is no written legal requirement that two adults must be present and schools will need to make their own judgement based on their knowledge of the child/ family.

The Protection of Children

Child Protection Procedures and Multi-Agency Protection procedures will be adhered to.

If any member of staff has concerns about physical changes to a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate designated person for child protection.

If a child becomes distressed 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 the process in order to reach a resolution; staffing schedules will be altered until the issue(s) are resolved.

Issues around toileting are discussed at the induction meeting with parents/carers prior to admission into the Reception. Parents are invited to discuss any individual concerns/needs with nursery and reception staff privately should they wish too.

Parents are asked to provide spare sets of clothes in their child's bag in the case of an accident. Parents of children with specific needs who are not toilet trained are asked to provide 'pull ups' for their child's use.

Positive partnership with parents and an 'open-door' policy encourages parents to discuss with staff any changes in a child's toileting needs.

The school agrees to:

- Change the child should they soil themselves or become wet;
- Contact parents for changing support if the child needs cleaning or wiping intimately, beyond the reasonable support by a member of staff. In such cases, staff will clean and change the child to make them more comfortable and as free from harm as possible until the parent arrives. In the case of a parent not being able to come and tend to their child, staff will seek permission from the parent

on the telephone. The date and time of this consent will be recorded (see Appendix 4) and an additional member of staff will come and supervise. Asking or telling parents to come and change their child (unless the parents have expressed a preference for this) is likely to be a direct contravention of the DDA, as is leaving a child soiled, which could be considered to be a form of abuse since it places the child at risk of significant harm. Staff will not ask an older sibling to change their sister/ brother;

- Notify parents at the end of the day/session if their child has been changed maintaining privacy;
- Ask parents to sign a written record showing they have received such information (Appendix 4)
- Report to the Head Teacher/Designated Child Protection Officer/SENCO should the child be distressed or if marks/ rashes are seen;
- Review arrangements, in discussion with parents/ carers, should this be necessary;
- Encourage the child's participation in toileting procedures wherever possible;
- Discuss and take the appropriate action to respect the cultural practices of the family;
- Work with other agencies and parents to develop a 'Personal Care Plan' (Appendix 2) where a child's specific needs require it. (For example, for children transferring to FS2 or above who are not toilet trained and for children with SENs or disabilities.) Where appropriate, parents and school will need to agree a toilet training programme.

In the very small number of cases where parents do not co-operate or where there are concerns that: the child is regularly coming to school/nursery in very wet or very soiled nappies and there is evidence of excessive soreness that is not being treated; the parents are not seeking or following advice. There should be discussions with the school's designated safeguarding lead about the appropriate action to take to safeguard the welfare of the child.

A student on a 'placement' should not change a child.

Parents should also be aware of the school's procedures and will need reassurance from school that:

- Staff changing their child are DBS checked;
- Who will change the child (to include more than one person to cover for absence etc.);
- The class teacher or member of the NNEB trained support staff will change any child who needs changing as appropriate to the situation and needs of the child;
- Where changing will take place;
- Children will be changed in the classroom toilets. The medical room will be used if more appropriate to the situation or child's needs;
- What resources will be used and who will provide them: Parents should provide spare clothes which will be stored on the child's peg. If a parent has not provided any spare clothes or the child has already been changed and has soiled the spare

set, the school will provide spare underwear, socks and clothes for the child. As far as possible, the school will endeavour to provide clothes that match the child's in style and size. Parents are asked to wash any borrowed clothes and return them to school. If a parent has not provided any spare clothes, staff will remind them to provide them in the future.

Staff will also need disposable gloves, nappy sacks (in which to put any wipes or nappies for disposal and to put any soiled clothes. Once changed, staff should place the nappy sack containing the soiled clothes into a second bag and place on the child's peg for collection) and wet wipes.

These resources are stored in the locked first aid cabinet in the cloakroom. Once the child has been changed, staff should carry out a risk assessment of the area and may need to clean surfaces and the floor. Antibacterial wipes and spray are also stored in the locked first aid cabinet and a mop and bucket is stored outside the classroom should the floor need cleaning. Staff will need to check the area that the child had the accident as this may need additional cleaning.

Mrs Griffiths will ensure that resources needed are available. Other members of staff are also responsible for monitoring stock levels.

How a nappy or pull ups will be disposed of:

- Nappies should be placed in a nappy sack and disposed of in the hygiene bins in the staff toilets?

How other wet or soiled clothes will be dealt with:

- Once changed, staff should place the soiled clothes into nappy sack and then into a second bag and place on the child's peg for collection.

What infection control measures are in place:

- Once the child has been changed, staff should carry out a risk assessment of the area and may need to clean surfaces and the floor. Antibacterial wipes and spray are also stored in the locked first aid cabinet and a mop and bucket is stored outside the classroom should the floor need cleaning. Staff will need to check the area that the child had the accident as this may need additional cleaning.

What the member of staff will do if the child is unduly distressed or if marks or injuries are noticed:

- Staff will support the child to minimise distress. They may seek additional support from another member of staff if appropriate. If the member of staff notices marks or injuries, they will speak to the Designated Safeguarding Lead/Headteacher/SENCO. If appropriate they may seek the advice of a first aid trained member of staff.

How changing occasions will be recorded and if/ how this will be communicated to parents:

- Following an accident, staff must record the date and details of the change in the designated book. They should also sign this book. At the end of the day or session, a designated member of staff will inform the parents (or collecting adult) of the accident and the details, asking them to sign the book. It is school policy to ensure parents are informed verbally on the day of an accident occurring.

Note: Staff should take care (both verbally and in terms of their body language) to ensure that the child is never made to feel as if they are being a nuisance.

Should a child with complex continence needs be admitted, the child's medical practitioners will need to be closely involved and a separate, individual toilet-management plan may be required.

Partnership Working

Issues around toileting are discussed at the induction meeting with parents/carers prior to admission into the Reception. This meeting will also provide an opportunity to involve other agencies as appropriate, such as a Health Visitor or School Nurse. Parents are invited to discuss any individual concerns/needs with nursery and reception staff privately should they wish too.

If the school becomes aware that there is a disproportionate number of children arriving at school who are not yet toilet trained then they are advised to make contact with the Health Visiting Team in their area to discuss their concerns.

It is recommended that schools have an 'Intimate Care Policy'. This policy will make clear the schools position in relation to changing and toileting children. This could be summarised into an information booklet for parents.

All staff will be required to confirm that they have read this document.

Adopted by Governors on 03/09/2018

Review Date: 01/09/19



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Appendices

Appendix 1: Procedure for Changing a Nappy (child lying down)

Appendix 2: Personal Care Plan

Appendix 3: Intimate Care Policy

Appendix 4: Record of Intimate Care Intervention

Appendix 1

Procedure for Changing a Nappy (Child lying down)

1. Consider whether the child can be changed in a toilet cubicle (standing up)
2. Wash your hands
3. Assemble the equipment
4. Place the infant/ child upon the changing mat/ table
5. Put on gloves
6. Remove wet/ soiled nappy
7. Fold the nappy inwards to cover faecal material and place into designated covered bin
8. Used wipes and gloves are to be disposed of in a bin with a disposable liner
9. The bin should be emptied at least once a day and the liner replaced
10. Once the child has been changed and returned safely to the, e.g. nursery area, clean the changing area with a detergent spray or soap and water
11. Hands should be washed thoroughly whether gloves have been used or not



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Appendix 2

Personal Care Plan
For children wearing nappies/ pull-ups in school

Child's Name:	DOB:
Name of School:	

Completed by: _____ (member of staff)

Date of Plan: _____ Date to review Plan: _____

Who will change the child?
How will the child be changed? e.g. standing up in a toilet cubicle, lying down on a mat on the floor
Copies of procedure for changing given to parent where available
Who will provide the resources? e.g. wipes, nappies, disposable gloves
How will the changing occasions be recorded and if/ how this will be communicated to child's parent/ carer
Consider using the Record of Intimate Care Intervention Table

How will wet/ soiled clothes be dealt with?

What the member of staff will do if the child is unduly distressed or if marks or injuries are noticed

Consider referring to the schools child protection policy and procedures

Agree a minimum number of changes

How will the child be encouraged to participate in the procedure?

Any other comments/ important information:
e.g. medical information

This plan has been discussed with me and I agree to change my child at the last possible moment before he/ she comes to school, provide the resources indicated above and encourage my child's participation in toileting procedures at home as appropriate and where possible.

Signed: _____

Parent/ Carer's Full Name: _____



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Appendix 3

Intimate Care Policy

Some job responsibilities necessitate intimate physical contact with children on a regular basis, for example assisting young children with toileting, providing intimate care for children with disabilities or in the provision of medical care. The nature, circumstances and context of such contact should comply with professional codes of practice or guidance and/or be part of a formally agreed plan, which is regularly reviewed. The additional vulnerabilities that may arise from a physical or learning disability should be taken into account and be recorded as part of an agreed care plan. The emotional responses of any child to intimate care should be carefully and sensitively observed, and where necessary, any concerns passed to senior managers and/or parents/carers.

All children have a right to safety, privacy and dignity when contact of a physical or intimate nature is required and depending on their abilities, age and maturity should be encouraged to act as independently as possible.

The views of the child should be actively sought, wherever possible, when drawing up and reviewing formal arrangements. As with all individual arrangements for intimate care needs, agreements between the child, parents/carers and the organisation must be negotiated and recorded.



All Saints' CE (VC) Primary School
Appendix 4

Record of Intimate Care Intervention

Child's Name _____ Class/ Year Group _____

Name of Support Staff Involved _____

Date _____ Time _____

Parent/Carer contacted YES/NO

Consent given YES/NO to whom _____ (*staff member*)

Procedure

Signed _____ (Staff member)

Signed _____ (Parent/Carer)

Date _____