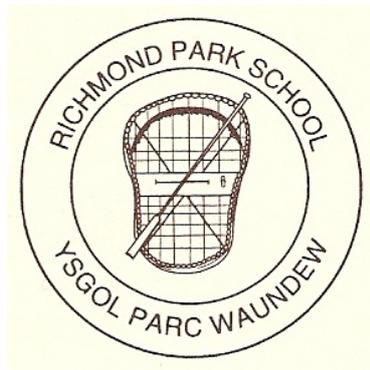


# **RICHMOND PARK PRIMARY SCHOOL**

## **YSGOL PARC WAUNDEW**



# **INTIMATE CARE POLICY**

## **Incl. toileting**

<b>Date of Policy</b>	<b>June 2017</b>
<b>Date to be Reviewed:</b>	<b>June 2019</b>
<b>Approved at Governor's Meeting Dated:</b>	<b>June 2017</b>
<b>Signed by Chair of Governors:</b>	

## **1. Introduction**

The Disability Discrimination Act (DDA) 2001 requires all education providers to re-examine all policies, consider their current practice, and revise their arrangements if necessary. It is clear therefore that anyone with a named condition that affects aspects of their development must not be discriminated against.

**Refusing to admit any child because of their incontinence or delayed personal development, is likely to be thought of as discriminatory and therefore illegal under the DDA.**

Education providers have an obligation to meet the needs of children with delayed personal development and incontinence in the same way as they would meet the individual needs of children with delayed language, or any other kind of delayed development. These needs may persist over time where medical conditions or significant developmental delay or significant emotional needs impact on incontinence.

Having admitted a child to your setting you need to ensure that the child is well cared for, including changing a child's nappy, underwear and clothing when necessary. Asking parents of a child to come and change a child is likely to be a direct contravention of the DDA, and leaving a child in a soiled nappy/clothes for any length of time pending the return of the parent is a form of abuse.

The normal process of changing a nappy/underwear should not raise child protection concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the nappy changing process to ensure that abuse does not take place.

Few setting/schools will have the staffing resources to provide two members of staff for nappy/underwear changing and enhanced DBS checks are carried out to ensure the safety of children with staff employed in childcare and education settings.

If there is known risk of false allegation by a child then a single practitioner should not undertake any intimate care or changing. A student on placement should not change a nappy/underwear or be involved in intimate care.

Setting/school managers are encouraged to remain highly vigilant for any signs or symptom of improper practice, as they do for all activities carried out on site.

It is advised that settings/schools take steps to minimise both risks associated with nappy changing and toileting, and to reduce the likelihood of soiling. Individual care plans are needed for individuals who are regularly changed due to soiling – see section 3.

## **2. The normal development of independent toileting in young children.**

Continence is the ability to consciously control the discharge of urine or a bowel movement. Children need to be both physically and emotionally ready to gain bladder and bowel control. Just as children learn in different ways or at different paces, they all develop continence at the different ages also.

Most children gain night-time and daytime bowel control, as well as night-time dryness by 3-4 years of age. The majority of children are dry in the daytime by the age of 5 years, possibly with the occasional mishap. Children with additional needs may take longer to become continent and need special provision to help them with toileting.

One in 12 children and young people in the UK struggle with daytime wetting, constipation or soiling problems. It is likely that most teachers will, at some time, have at least one child in their class who has a wetting or soiling problem. (ERIC - Education and Resources for improving childhood continence) These children should be identified by the classteacher and the ALNCo informed. Any children experiencing mishaps when usually dry should also be recorded by the classteacher. Any patterns can then be identified and discussed with the ALNCo.

### 3. Guidance on how settings can work with Parents to achieve independent toileting.

Parents are more likely to be open about their concerns about their child's learning and development and seek help, if they are confident that they and their child are not going to be judged for the child's delayed learning. To avoid misunderstanding and help parents/carers feel confident, it is important to be clear this could be drawn up into a 'Care Plan' about the settings and the parents'/carers' responsibilities and expectations. School staff will work through the Care Plan with parents immediately when we are made aware of soiling or intimate care issues. The ALNCo will then draw a Care Plan where necessary.

For example, the parent/carer may:

- Agree to ensure that the child is changed at the latest possible time before being brought to the setting
- Provide the setting with spare nappies and a change of clothing
- Understand and agree the procedures that will be followed when their child is changed at the setting – including the use of any cleanser or the application of any cream
- Agree to inform the setting should the child have any marks/rash
- Agree to a 'minimum change' policy. For instance, the setting would not undertake to change the child more frequently than if she/he were at home
- Agree to review arrangement should this be necessary – this should be at least termly and may only involve a phone call by the ALNCo to parents to ask if any changes need to be made to the Care Plan. **Care Plans will be held on the notice board in the school office (behind the door)** as they are available to all staff but not visible to visitors.

The setting staff may:

- Agree to change the child if the child soils themselves or becomes uncomfortably wet
- Agree how often the child will be changed
- Agree to monitor the number of times the child is changed in order to identify progress made
- Agree to note child distress, or if marks or rashes are seen and report these to the Safeguarding Officer
- Agree to review arrangements – termly or as necessary
- Work with parents/carers on a toilet training programme when and if the time is right – see appendix for Toileting Skills Checklist

It might be useful, with parental agreement, to share with Health Visitor and/or School Nurse to give support in the home environment and at school.

### 4. Guidance on minimising risk to children:

#### a. Written Guidelines

Settings/schools should have clear written guidelines (policy) for staff to follow when changing / caring intimately for a child, to ensure that staff follow correct procedures and are not worried about false accusations of abuse.

Parents should be aware of the procedures the school will follow should their child need changing / intimate care during school time. This policy should be shared with parents whose child regularly soils or has their clothing changed or is cared for in an intimate way. The specific guidance for individual pupils will be in the form of a care plan.

The care plans will specify:

- Who will change the child
- Where changing will take place
- What resources will be used (Cleansing agents used or cream to be applied and who supplies the items)
- What infection control measures are in place i.e. antibacterial wipes of furniture, aprons and gloves
- What the staff member will do if the child is unduly distressed by the experience or if the staff member notices marks or injuries
- What records will be kept of when a child is changed and by which member of staff – see Appendix 1.
- A clear statement that all **staff** who change children hold a valid, enhanced DBS check. It will only be these staff that will change children or intimately care for them in school. It is expected that ALL staff hold an enhanced DBS certificate in school as a matter of course.

Whilst it is not possible to account for all circumstances of intimate care in this policy we do need to consider the possibility of special circumstances arising, should a child with complex continence needs be admitted, however the general procedures in Appendix 2 are to be followed at all times. In certain circumstances the appropriate health care professional will need to be closely involved in forward planning.

*It will be the responsibility of the ALNCo to coordinate the writing of Care Plans for individuals but the Teaching Assistant and staff involved with that pupil will need to have input and be completely aware of the content of the plan.*

#### **b. Job Descriptions and Human Resources Processes**

It is likely that most of the personal care will be undertaken by teaching assistants or other support staff. There are some schools where teachers also take a turn with this task, but we recognise that this does not often happen. Any new posts for teaching assistants or other support staff should have offering personal care to promote independent toileting and other self-care / intimate care skills as one of the tasks within the job description. Existing job descriptions should be amended to reflect this where necessary.

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.

Training will be given to staff involved in these activities.

Schools are advised to refer to the county's standard job descriptions for support staff when drawing up or revising job descriptions as these should form a basis for the school's job description which is then tailored for the specific post. Copies of these job descriptions and their associated person specifications are available from the Human Resources department.

Every member of staff who undertakes personal care with children should have a valid enhanced DBS checks.

## **5. Minimising the likelihood of soiling**

Notwithstanding the fact that some children will have underlying problems that need to be addressed with the support of medical professionals, there are steps which schools can take to reduce the likelihood of children wetting and soiling themselves.

Some children may attempt to reduce their liquid intake to reduce the need to visit the toilet because of concerns about a lack of privacy, unpleasant toilet conditions or not enough time to visit the toilet. These issues are dealt with in more detail below.

### **a. Adequate access to clean toilets**

Primary school aged children need access throughout the day to clean toilets but it is also good practice to build toilet reminders into all activities e.g. at breaktime and lunchtime.

It is of course recognised that allowing children access to toilets at all times can be disruptive. Some children will abuse such a policy. Also, there are good reasons for encouraging all children to go to the toilet before embarking on a school visit. It is worthwhile however, for schools to consider how to maintain order and discipline in this area, whilst at the same time considering possible long-term health effects for children. No child should be denied access to the toilet and some children may require a Toilet Pass to allow them to go at any point during the day without specifically requesting permission from an adult. This also prevents any uncertainty from

If the toilets are not clean they will be a deterrent to many children who may 'hold on' until they get home in order to avoid using unpleasant facilities. This holding on can lead to wetting and soiling during the day.

Apart from partial or total refurbishments which may be a long term solution, the best way of eradicating bad smells is the establishment of a programme of regular cleaning.

Toilets deteriorate over time. The worse state they are in, the less carefully pupils look after them and so they deteriorate further. Toilets need to be well maintained, promptly repaired and cleaned adequately (which in most schools will mean at least twice a day) and then pupils need to be encouraged to take responsibility for, and ownership of, them in order to keep them in a reasonable state.

## **DURING SCHOOL TRIPS ONLY SCHOOL STAFF SHOULD ACCOMPANY CHILDREN TO THE TOILETS.**

### **b. Privacy**

Privacy is a major issue for children of all ages. Adequate locks that are easy to operate and that other pupils cannot open from the outside are essential, as are doors/partitions that are high/low enough so that other children cannot look over/under the door.

## **7. Care and support for adults involved in intimate care**

Teaching Assistants regularly involved in nappy changing or supporting pupils with self-care / hygiene will attend Manual Handling courses or be given guidance from others who have been on the course until they are able to attend one. This is to ensure correct and safe procedures with the child when changing them and to ensure they are not putting undue stresses on their own body.

In the corridor disabled toilet there are steps to allow a child to get themselves onto the changing bed. Should they be unable to do so then the Unit disabled toilet should be used to change this child. This is because the changing bed in this room lowers to the floor and can then

be pumped back up to a suitable height for the adult. This alleviates any undue pressure or stresses on the adult undertaking the changing activity.

Regular training from the School Nurse will take place with regard to changing care and guidelines for staff. The Headteacher will organise this.



**APPENDIX 2 – a copy is displayed in the disabled toilets and all Foundation Phase toilets**



**Richmond Park Primary School  
Toileting Procedures**

**Privacy, Dignity and Safeguarding of both child and adult are at the heart of supporting Toileting Procedures**

- Children only accompanied to the toilet **if** needed by an adult who has undertaken an enhanced DBS
- An adult only assists children when necessary and appropriate
- It may be appropriate for an adult to remain in the vicinity of the toilets when the first years Foundation Phase children are toileting
- Children are encouraged to use toilet paper to wipe themselves
- Children are encouraged to flush the toilet themselves
- Children are directed to wash their hands and use soap appropriately
  
- Children who have soiled are taken to the disabled toilet area by an adult who has an enhanced DBS and are then changed in an appropriate and safe manner – an additional adult will accompany the child and adult who is to do the changing if appropriate
- The adult must wear a disposable apron and gloves
- Changing beds / mats are used and wiped with antibacterial cleaner each time
- Nappies are put in the nappy bin available in each of the nappy changing areas – this is emptied weekly by the nappy bin company
- Any wet / soiled clothes are to be given to parents in a plastic bag tied tightly at the top

The adult should:

- Support the child to gain access to the changing bed and ask them to lie on their side with knees drawn up. (There are times when the child may be required to lie on their back however the adult must consider whether a shower may be a better alternative.)
- Wipe legs, back and cheeks of the buttocks before cleaning more intimate areas. At no point should the adult wipe invasively or deeply. At no point should the vagina or anus be wiped to an extent where the child feels vulnerable or these orifices are felt to have been violated in any way.
- If in doubt ring the parent or seek advice from a Senior Member of Staff

**APPENDIX 3 – to be used as and when appropriate**

**TOILETING SKILLS CHECKLIST**

NAME:	Year:	DOB:	Achieved
Awareness of toileting needs			
In nappies / pull-ups			
Has periods of being dry			
Some regularity in wetting / soiling			
Pauses while wetting / soiling			
Shows some indication of awareness of soiling			
Shows some indication of awareness of wetting			
Understands signs / words given for communicating toileting needs e.g. toilet, potty, wet, dry, wee, poo etc.			
Can express some appropriate signs / words to communicate toileting needs			
Needs physical aids / support to access the toilet area			
Can access the toilet area with prompts			
Can access the toilet area independently			
Feels comfortable and relaxed in the toilet area			
Needs physical assistance to follow toilet routines e.g. lining up to go there, hand washing etc.			
Needs some prompting to follow toilet routines			
Follows some toilet routines independently			
Will fetch and pass required changing items e.g. nappy, wipes etc.			
Cooperates with having clothes removed / pulled down by appointed adult, for changing purposes			
Cooperates with having nappy changed			
Cooperates with cleaning up procedures			
Will sit on the potty with nappy on, with physical support			
Will sit on the potty with nappy on, unaided			
Will sit on the potty with nappy off, with physical support			
Will sit on the potty with nappy off, unaided			
Needs physical aids / special supports to enable sitting on the toilet			
Will sit on the toilet with nappy on, with physical support			
Will sit on the toilet with nappy on, unaided			
Will sit on the toilet with nappy off, with physical support			
Will sit on the toilet with nappy off, unaided			
Has passed urine into potty			
Has had bowel movement on potty			
Has passed urine on toilet			
Has had bowel movement on toilet			
Can independently complete pulling down trousers from:			
Calves			
Knees			
Thighs			
Hips			
Waist			

Can independently complete pulling underwear from:	Achieved
Calves	
Knees	
Hips	
Waist	
Girls: Can lift skirt and pull down all necessary clothing independently	
Boys: Can pull down all necessary clothing independently	
Will put toilet lid/seat in appropriate position	
Will sit on the toilet and pass urine on a regular basis	
Will stand at urinal/toilet to pass urine	
Will sit on the toilet for a bowel movement on a regular basis	
Needs assistance to get off the toilet	
Will get off the toilet without assistance	
Will get toilet tissue appropriately	
Will wipe themselves with tissue	
Will throw tissue in the toilet	
Will flush the toilet	
Will replace toilet seat / lid appropriately	
Will independently complete pulling underwear from:	
Hips	
Thighs	
Knees	
Calves	
Will independently complete pulling trousers from:	
Hips	
Thighs	
Knees	
Calves	
Can manage fastenings independently	
Girls: Can rearrange skirt appropriately	
Needs prompting to wash hands	
Needs help to roll up sleeves	
Can roll up sleeves independently	
Needs help to operate taps	
Will operate taps independently	
Will hold hands under water for appropriate length of time	
Will put soap on hands with help	
Will put soap on hands independently	
Rinses off soap	
Needs assistance to dry hands on towel	
Dries hands independentl^and appropriately	
Puts used towel in bin with prompting	
Puts used towel in bin without prompting	
Will follow all toilet routines regularly with prompts and reminders	
Has frequent accidents	
Has occasional accidents	
Will follow all toilet routines independently	
Needs prompting to return to class	
Returns to class independently	

Further comments on Toileting Skills:	Signed & dated: