



## **Seabridge Primary School**

### **Intimate Care and Toileting Policy**

***This policy should be read in conjunction with the Safeguarding Policy, Health and Safety Policy, COSHH, Manual Handling Policy and Guidance for Safer Working Practice for Adults who Work with Children and Young People in Education Settings.***

#### **1. Introduction**

1.1 Seabridge Primary School is committed to safeguarding and promoting the welfare of children and young people. We are committed to ensuring that all staff responsible for intimate care of children with undertake their duties in a professional manner at all times. This policy has been is written on behalf of children and young people across the age range of 3-11, who for medical, emotional or social reasons are either delayed in attaining this skill, or who long-term, will need support and intervention to manage their personal needs. It has been developed to safeguard children and staff.

1.2 Intimate or personal care is defined as hands on physical care in areas of personal hygiene, and the physical presence of others, or observation during such activities. Personal care includes:

- Body bathing (including showering) other than arms, face and legs below the knee
- Toileting, wiping and care in genital and anal areas
- Incontinence care
- Placement, removal and changing of incontinence pads
- Menstrual hygiene
- Dressing and undressing
- Application of medical treatment other than to arms, face and legs below the knee
- Safe disposal of pads and waste into appropriate bins

#### **2. Aims and Objectives of the policy**

- To provide guidance and reassurance to staff and parent/s
- To safeguard the dignity, rights and wellbeing of children
- To assure parents that staff are knowledgeable about intimate care and that their needs and concerns are taken into account.

### **3. Guiding Principles**

**3.1** Children who have difficulties in controlling their bladder and/or bowels have often had a difficult start developing personal independence. Children or young people who need assistance with toilet training or special toileting arrangements have the right to be treated with respect, dignity and sensitivity. Staff should respect their need for privacy and dignity, being aware that these children may be vulnerable to ridicule or bullying on account of additional needs. Parents and carers have a key role to play in effective toilet training. It is therefore important to plan consistent approaches across different settings. All staff should be provided with access to appropriate resources and facilities, and be supported through clear planning, policy guidelines and training. Schools must consult the Designated Child Protection Officer, whenever planning toilet training or special toileting arrangements for children on the Child Protection Register.

**3.2** Each child's right to privacy will be respected and careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. One child will be catered for by one adult, unless there is a sound reason for having more adults present. If this is the case, the reasons will be clearly documented. There is no U.K legislation to suggest that two adults should be present to support individual personal care. Arrangements are such at Seabridge Primary School that it is usual for children to be taken to the toilets or changing facilities by a familiar adult who works with the child on a daily basis. DBS checks are carried out to ensure the safety of children with staff employed. Every child has the right to information and procedures for any complaint or queries he or she may have regarding intimate care. Please remember that the child/ young person's welfare and dignity are of paramount importance.

### **4. Partnership with Parents**

**4.1** Parents and carers have a key role to play in supporting effective toilet training and ensuring the procedures are in place to support a child needing intimate care. Parents may feel anxious and responsible when their child has not yet achieved this developmental stage. It is important to build up their confidence especially if they have already experienced difficulties in trying to toilet train their child. Where a pupil is known to have personal care needs, then a Multi-Agency Meeting should be held before a child begins attending school so that such information can be discussed with parents before entry. Individual Support Plans (I.S.Ps), Education Health and Care Plans, Health Plans, Pupil Profiles and any other documents may be used to identify the support of intimate care where appropriate. Children and young people have a right to be involved in the planning of their own health care needs whenever possible. Prior permission must be obtained from parents before intimate care procedures are carried out. Forms will be completed on entry to our Nursery and Reception settings for parents to complete, to enable staff to provide intimate care to any child who may need support on a non-routine basis. Intimate care plans will be completed with parents as a supporting document for children with medical or SEND needs to ensure staff are aware of the support required for children who are not yet able to sufficiently meet their toileting needs independently.

#### **4.2 Parental Responsibilities**

- To endeavour to ensure that their child is continent before admission to school (unless the child has additional needs).
- To discuss any specific concerns with staff about their child's toileting needs.
- To inform the school if a child is not fully toilet trained before starting school, after which a meeting will then be arranged to discuss the child's needs.
- To accept that on occasions their child may need to be collected from school.
- To be responsible in supplying nappies and wipes and we recommend that spare underwear/ clothing is kept at school.

## **5. Staff Responsibilities**

**5.1** Anyone caring for children, including teachers and other school staff, has a duty to care and act like any reasonably prudent parents. Intimate care routines should always take place in an area which protects the child's privacy and dignity. Children's intimate care routines should always be carried out by an assigned member of staff. Appropriate support and training should be provided when necessary.

**5.2** The following steps will be taken to ensure health and safety of both staff and children:

1. Alert another member of staff
2. Escort the child to a changing area i.e. designated toilet areas
3. Collect equipment and clothes
4. Adult to wear gloves
5. Child to undress as appropriate and clean themselves as much as possible under the verbal guidance of an adult
6. Soiled clothes to be placed inside carrier bags (double wrapped) and to be given to parents at the end of the day. Plastic aprons and gloves should be disposed of in the designated bin
7. Children are expected to dress themselves in clean clothing, wash their hands and return to class
8. Adult should wash their hands thoroughly after the procedure
9. Area to be cleaned and disinfected by adult before returning to class.

Where children are currently in nappies or pull ups steps 1 to 4 will be adhered to but staff will remove soiled nappies / pull ups and clean the area if the child is unable to do this independently. Children will be asked to independently access the changing table. Staff will ensure that safety barriers are in place and that children are not left unattended whilst using the changing table. Nappies and pull ups will be doubled bagged and placed into the clinical waste bins provided. Steps 6 to 8 will then be followed.

**5.3** Intimate care incidents must be recorded; including date, time, name of child, adult(s) in attendance, nature of the incident, action taken and concerns or issues. This will also monitor progress made.

**5.4** In the interests of Health & Safety, it is unreasonable for staff to be expected to change a child who regularly soils unless the child has a medical condition as an underlying cause. School does not have staffing levels to accommodate support teachers regularly leaving the class to attend to an individual's hygiene.

## **6. Staffing and Contractual Issues**

**6.1** Staff members should be appropriately trained to manage personal care as part of their duties as specified in contracts. Students and volunteers who have DBS checks may be asked to support children with toilet training or special toileting arrangements but should not be involved in personal care without direct supervision.

**6.2** Teaching staff have no legal or contractual duty to volunteer to help with toileting. It is important that all staff involved in supporting children with continence needs receive relevant trainings. Training should take into consideration, good working practices, which comply with health and safety regulations, such as good hand washing, manual handling, the wearing of gloves for certain procedures and the procedures for dealing with body fluid spillages.

## **7. Toileting and the Early Years Foundation Stage**

**7.1** Curriculum guidance for the Foundation Stage is clear that the role of the adult involves supporting the child's whole development, particularly their Personal, Social and Emotional development including supporting the transition between settings. One of the Early Learning Goals for

children to achieve by the end of the Foundation Stage is to “manage their own basic hygiene and personal needs successfully, including dressing and undressing and going to the toilet independently”.

**7.2** Before a child enters the Nursery class or Reception class, visits to school for parents ensure that key questions around toileting are answered. Information will also be gathered from all professionals involved e.g. staff from previous settings, the Child Disability Team, School Nurse, Physiotherapist, Occupational Therapist and recommendations from these external professional acted upon to support the pupil in the school setting.

**7.3** Parents may be asked to provide easy to manage clothing, for example trousers with elasticised waists that are easy to pull up / down. It is not helpful if children are wearing difficult clothing with zips, buttons, belts etc.

**7.4** Staff in the Early Years and Foundation Stage setting will support children to see when they are likely to need to go to the toilet. Usually, a fairly regular pattern will emerge, especially if mealtimes and drinks are provided at about the same time every day. Identifying the times can help to establish when to take the child to the toilet with an increased likelihood of them using it. Linking toileting times to cues in the daytime routine can help to develop a better pattern of toilet use and control. Staff will also use of symbols, signs, pictures, objects of reference or code words, where appropriate to be discreet in supporting a child.

## **8. Intimate Care in Reception, Key Stage 1 and Key Stage 2**

**Reception and Key Stage 1** - We will inform all parents of Reception children prior to them starting school of the current toileting policy highlighting that we will change children for odd ‘accidents’ but not routinely as part of day-to-day personal care. This will be applicable for the time a child is in Reception and Key Stage 1 (unless a parent informs us differently.)

**Key Stage 2** – Any child that soils or wets will not be changed by any member of staff. However, we will provide a private, safe space (junior’s toilets) where the child may change on their own. We will supply warm water and cotton wool, clean clothes (to the best of our ability) and a carrier bag.

## **9. Supporting children and young people with SEN and / or a Disability**

**9.1** The school recognises that some children with SEN and other children’s home circumstances may result in children arriving at school with under developed toilet training skills. If a child is not toilet trained because of a disability his / her right to inclusion are additionally supported by the SEN & Disability Act 2001 & Part 1V of the disability Discrimination Act 1995.

**9.2** If a child’s toileting needs are substantially different than those expected of a child his age, then the child’s needs may be managed through an Individual Health Plan or alternatively they may be considered to be at the SEN Support in the SEN Code of Practice. A toileting program would be agreed with parents as advised by a Health Professional. Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the toileting plan. If there is no progress over a long period of time, e.g. half a term, the Inclusion Leader, teaching staff and parents would seek further support, e.g. G.P’s referral of child for specialist assessment.

**9.3** Some children may have an Education Health and Care Plan before entering school. This will outline the child’s needs and objectives and the educational provision to meet these needs and objectives. The EHC Plan will identify delayed self-help skills and recommend a program to develop these skills. The management of all children with intimate care needs will be carefully planned. Where specialist equipment and facilities above that currently available in the school are required, every effort will be made to provide appropriate facilities in a timely fashion, following assessment by a Physiotherapist and / or Occupational Therapist.

**9.4** Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. If the intimate care plan has been agreed and signed by parents, children and staff involved, it is acceptable for only one member of staff to assist unless there is an implication for safe moving and handling of the child. The needs and wishes of children and parents will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation. If a member of staff has any concerns about physical changes in a child's presentation (unexplained marks, bruises or soreness for example) the recognised child protection procedures should be followed. If a member of staff notices any changes to a child either physically or emotionally following an episode of intimate care, the matter will be investigated at an appropriate level and outcomes recorded. Parents/carers will be contacted at the earliest opportunity. Local Child Protection procedures will be adhered to at all times.

**9.5** Consideration should be made within Leadership Team on how an Intimate Care Plan should be communicated to all staff who need to know (including supply staff), whilst still upholding confidentiality.

**9.6** School will ensure a full Risk Assessment is carried out before any school trip or off-site visit, which will include considering the intimate care and toileting needs of children in the class (e.g. location of accessible toilets, items needed such as gloves and aprons). Regular monitoring and review of strategies will be carried out by the school.

## **10. Health and Safety Considerations**

### **10.1 Personal hygiene**

Hygiene procedures are important in protecting pupils and staff from the spread of infectious diseases and cross contamination. Staff should be trained in correct hand-washing techniques and the following should be available for staff use:

- soap /hand cleanser
- warm water
- antibacterial wipes or spray for surfaces
- disposable wipes
- disposable gloves
- protective disposable aprons
- a covered bin with a disposable liner
- paper towels
- disposable paper rolls for changing beds
- floor mop specifically for this area, which is regularly disinfected

### **10.2 Cross Contamination**

Staff should be aware of cross contamination and in order to protect against risk, high standards of hygiene should be maintained consistently at all times. The essential routine will include the wearing of gloves, thorough cleaning of the changing area and safe disposal of soiled items. Plastic or disposable aprons should always be available.

### **10.3 Location**

Whenever possible, a child will use the existing toilet areas or the accessible toilet. This is to protect the dignity of the child without putting staff at unreasonable risk. Children will not be changed in teaching or public areas or in any location used for the preparation of food and drinks.

#### **10.5 Disposal**

Whenever possible, the usual toilet facilities will be used to flush contents of nappies and waste water. Nappies will be double wrapped and soiled clothes will be placed in a double wrapped, plastic bag in the designated toileting area, to be collected at the end of the school day.

#### **10.6 Spillages**

Spillages will be dealt with promptly.

Policy reviewed: September 2023

Agreed review schedule: 3 yearly

Next review due: September 2026

Reviewed by (signature): K.Fisher