

Toileting and Intimate Care Policy

(Including Nappy Changing)

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Date	Version	Reason for change	Overview of changes made	Source
12.01.2021	0.1	Scheduled Review	Update name & logo. J Bowman	SCC
14.01.2021	0.2	Internal Lead Scheduled Review	Update to legislation. Update to language around Health Care Plans. Inclusion of additional PPE during pandemic. SLT & KPowles	
14.02.21	0.3	Board Lead Scheduled Review	No further changes.PL	
14.05.21	1.0	Board Scheduled Review	Ratified	
30.4.26	1.1	Scheduled review	Update in light of EYFS consultant recommendations taken dates of KCSIE and framework so never out of date	

			Added requirements for KS2 if SEND need.	
10.07.26	2.0	Board Scheduled Review	Ratified by Board	

Toileting & Intimate Care guidance

Aims and Objectives

This guidance aims:

To provide guidance and reassurance to staff and parent/s.

To safeguard the dignity, rights and well being of children

To assure parents that staff are knowledgeable about intimate care and that their individual needs and concerns are taken into account

All children at The Staffordshire Schools Multi Academy Trust (TSSMAT) have the right to be safe and be treated with dignity, respect and privacy at all times so as to enable them to access all aspects of the school. This guidance applies to everyone involved in the intimate care of children, particularly those in EYFS, and Care Club.

This guidance supports the safeguarding and welfare requirements of Early Years Foundation Stage (EYFS): Safeguarding and Welfare Requirements: Special educational needs [3.67] and Child protection [3.6], and the Disability Discrimination Act.

TSSMAT will ensure that:

No child's physical, mental or sensory impairment will have an adverse effect on their ability to take part in day to day activities.

No child with a named condition that affects personal development will be discriminated against

No child who is delayed in achieving continence will be refused admission

Adjustments will be made for any child who has delayed incontinence

Staff at the Trust who provide intimate care will do so in a professional manner. Staff are aware of safeguarding issues and will have relevant training (eg: health and safety, child protection, manual handling) before providing intimate care. No child should suffer distress or pain as a result of receiving intimate care.

Staff will work in partnership with parents or carers to provide care appropriate to the needs of the individual child and together will produce a care plan. The care plan will set out:

What care is required

Number of staff needed to carry out the task (if more than one person is required, reasons will be documented)

Additional equipment required

Child's preferred means of communication (eg verbal, visual)

Child's level of ability – what tasks they are able to carry out by themselves

Intimate Care Tasks

Cover any tasks that may require direct or indirect contact to an intimate personal area, usually associated with bodily functions and personal hygiene, including: washing, menstrual care, dressing and undressing, helping someone use the toilet, cleaning up after a child has soiled him/herself, or changing nappies.

Best practice

When intimate care is given, the member of staff will explain to the child each task that is carried out, and the reasons for it. Staff will encourage children to do as much for themselves as they can, lots of praise and encouragement will be given to the child when they achieve. Parents/carers will be provided with a Record of Intimate Care form (Appendix 1) if intimate care has been given.

If a child requires intimate care on a regular basis, it is good practice for two members of staff to share the care between them. However, in a small school staffing resources are limited and this may not be feasible. In this way the child is less likely to become overly dependent on a single member of staff, and to become distressed if their usual carer is occasionally unavailable. Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. However, parents' views on the number of staff providing personal care to their child must also be taken into consideration wherever possible, within the constraints of staffing and equal opportunities legislation. - some children may simply be unable to cope with more than one carer. If the toilet management plan (See Appendix 2) 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.

We have policies in place that promote safe recruitment, as well as having sound staff supervision, safeguarding and intimate care procedures; together these ensure that, should a child need consistent care from one member of staff, the child's safety and well-being will not be compromised.

Safeguarding

All staff working in early years setting must have a DBS Enhanced Disclosure clearance. All Trust staff will be subject to a DBS Enhanced Disclosure. Staff are familiar with guidance from the Local Safeguarding Children Board. The Trust's procedures reflect the guidance in *Keeping Children Safe in Education*.

If a member of staff is concerned about any physical or emotional changes, such as marks, bruises, soreness, distress etc. or if a member of staff notices any changes to a child either physically or emotionally following an episode of intimate care, they will inform a Designated Safeguarding LEad(DSL) immediately. The Safeguarding guidance will then be implemented.

Should a child become unhappy about being cared for by a particular member of staff, a DSL will look into the situation and record any findings. These will be discussed with the child's parents/carers in order to resolve the problem. If necessary, the manager will seek advice from outside agencies.

If a child makes an allegation against a member of staff, the procedure set out in the Safeguarding guidance will be followed.

Nappy Changing

No child is excluded from participating in the Nursery, Care Club, EYFS or any other setting at the TSSMAT who may, for any reason, not yet be toilet trained and who may still be wearing nappies or equivalent. We work with parents towards toilet training, unless there are medical or other developmental reasons why this may

not be appropriate at the time.

We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgemental concern of adults. All children are treated with dignity, care and compassion during nappy changing/toileting. Staff will ensure this time is relaxed; they do not make negative comments about nappy/potty/toilet contents. At TSSMAT we aim to provide the opportunity for all children to use the toilet independently and to provide instructions for children who require it. Where children are in pull-ups, we will remind them at frequent intervals to use the toilet. If a child is in nappies, these will be changed as necessary.

Procedures for children that are toileting or being trained to use the toilet:

At TSSMAT we will maintain each child's privacy

All staff are familiar with the hygiene procedures and carry these out when toileting children.

During toileting staff will interact with the child, and if upset will reassure and comfort them. They will praise them verbally throughout the experience.

Staff will wear protective gloves and apron when supporting children during toileting.

These will be disposed of after each use.

Children will be shown the toilet areas before they actually need to use them, to help promote confidence and familiarity in a new environment.

At TSSMAT staff will remind children to use the toilet regularly.

All children will be encouraged to adopt good personal hygiene by washing their hands properly using soap provided or on occasion special soap will be provided by parents if their child has sensitive skin. TSSMAT will provide visual reminders to show good hand washing practice.

Staff will wash their hands with hot, soapy water and dry on disposable towels immediately after completing task.

Activities and routines will also include reminders about the need for good personal hygiene.

Only staff members with DBS Enhanced Disclosure clearance will undertake toileting duties.

Parents are requested to send a bag containing a clean change of clothes for their child in case of accidents. These clothes will only be used for that child. If these have not been provided we will use the respective school's spare clothes.

Procedures for nappy changing:

At TSSMAT we will maintain each child's privacy.

During nappy changing staff will interact with the child, and if upset will reassure and comfort them.

All staff are familiar with the hygiene procedures and carry these out when changing nappies.

Staff will wear protective gloves and apron when changing nappies/pull ups. These will be disposed of after each use.

Nappy changing will take place throughout the session at timed intervals, also as and when required. Children will also be checked periodically and changed as needed.

Staff ensure that nappy changing is relaxed and a time to promote independence in young children.

The changing mat is wiped down with antibacterial wipes/spray after each nappy change.

Staff will wash their hands with hot, soapy water and dry on disposable towels immediately after completing task.

Young children are encouraged to take an interest in using the toilet; they may just want to sit on it and talk to a friend in the next cubicle who is also using the toilet.

All used pull-ups and nappies will be disposed of in the on-site yellow nappy refuse bin. This is emptied and removed daily by a member of the premises team.

All nappy changes will be recorded in our changing records.

Only staff members with DBS Enhanced Disclosure clearance will undertake nappy changing.

Parents are requested to send a bag containing a clean change of clothes for their child in case of accidents. These clothes will only be used for that child.

Dealing with blood and body fluids

Blood, vomit, urine and faeces will be cleaned up immediately and disposed of safely by double bagging the waste and removing it from the premises. When they are dealing with body fluids, staff will wear personal protective clothing (disposable plastic gloves and aprons) and will wash themselves thoroughly afterwards. Soiled children's clothing will be bagged to go home – staff will not rinse it. Children will be kept away from the affected area until the incident has been dealt with fully.

Staff at the Trust Before and After School Care Club will maintain high standards of personal hygiene, and will take all practicable steps to prevent and control the spread of infection.

Toileting and the Foundation Stage Profile

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".

Intimate Care in Key Stage 1 and Key Stage 2

Key Stage 1 - We will inform all parents of Reception children prior to them starting school of the current toileting guidance 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 EYFS (unless a parent informs us differently of identified medical needs, in writing.)

Key Stage 2 – Any child that soils or wets will not be changed by any member of staff. Unless they have a care plan for a SEND need which has been agreed. However, we will provide a private, safe space where the child may change on their own. We will supply warm water and cotton wool, clean clothes (to the best of our ability out of the 'spares box') and a carrier bag.

Special educational needs

The TSSMAT 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 rights to inclusion are additionally supported by the SEN & Disability Act 2001 & Part 1V of the disability Discrimination Act 1995.

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 a Personal Support Plan or alternatively they may be considered to be at the In School Support/Additional Support level 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 SEN Co-ordinator, teaching staff and parents would seek further support, e.g. G.P's referral of child for specialist assessment.

Some children may have a statement of special educational needs before entering school. The statement will outline the child's needs and objectives and the educational provision to meet these needs and objectives. The statement 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.

Parental responsibility

Partnership with parents is an important principle in any educational setting and is particularly necessary in relation to children needing intimate care. Much of the information required to make the process of intimate care as comfortable as possible is available from parents. Prior permission must be obtained from parents before Intimate care procedures are carried out. (See appendix 3) Parents should be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met. This will include involvement with Individual Education Plans (I.E.Ps), Personal Support plans, Pupil Profiles and any other plans which identify the support of intimate care where appropriate. Exchanging information with parents is essential through personal contact, telephone or correspondence.

What TSSMAT expects of parents:

- Parents/carers will endeavor to ensure that their child is continent before admission to school (unless the child has additional needs).
- Parents/carers will discuss any specific concerns with staff about their child's toileting needs.
- Parents/carers must 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.
- Parents accept that on occasions their child may need to be collected from school.

Staff responsibilities

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.

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. Additional PPE may be required during certain times, i.e. pandemic. Additional risk assessments will be provided in these instances.
6. Child to undress as appropriate and clean themselves as much as possible under the verbal guidance of an adult.
7. 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.
8. Children are expected to dress themselves in clean clothing, wash their hands and return to class
9. Adult should wash their hands thoroughly after the procedure.
10. Area to be cleaned and disinfected by adult before returning to class.

Intimate care incidents must be recorded (in the child’s class) 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. Parents/Carers are to be informed as soon as possible either verbally or using a Record of Intimate Care Intervention Slip.

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.

APPENDIX 1

RECORD OF INTIMATE CARE INTERVENTION

Child’s Name..... DOB.....

Name of Support Staff Involved.....

Date.....

Time.....

Procedure.....

Staff Signature.....

APPENDIX 2

TOILET MANAGEMENT PLAN

Child’s Name..... DOB.....

Name of Support Staff Involved.....

Area of need.....

Equipment required.....

Location of suitable toilet facilities.....

Support required.....

Frequency of support.....

Working towards Independence

Child will try to

Personal Assistant will do.....

Target Achieved.....

Review Date.....

Parents/Carer.....

Child (if appropriate).....

Personal Assistant.....

Senior Management/SENCo.....

Date.....

APPENDIX 3

PERMISSION FOR STAFF TO PROVIDE INTIMATE CARE

I understand that;

I give permission to the Trust to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting

I will advise the Headteacher of any medical complaint my child may have which affects issues of intimate care

Name.....

Signature.....

Relationship to child.....

Date.....

Child's Surname.....

Child's Forename.....

Male/Female.....

Date of birth.....

Parent/carers name.....

Address.....

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