

# IAT

## TOILETING, INTIMATE CARE AND CONTINENCE POLICY

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Author:	Carl Faulkner

## 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 FoundationStage and elsewhere in school, there is wide variation in the time at which children master the skills involved in being fully toilet trained.

Children in IAT schools may:

- be fully toilet trained across all settings
- have been fully toilet trained but regress for a little while in response to the stress and excitement of beginning the Foundation Stage, or starting school
- 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 Foundation Stage
- have additional needs, or a disability, that make it unlikely that they will be toilet trained during the FoundationStage or beyond

Admitting children who have continence problems into Foundation Stage and School provision can present a challenge to schools.

If your child is not toilet trained at the time of starting Nursery, or if they join us at other times, we will work with you to help your child achieve full continence and independence.

The purpose of this policy and guidelines is to identify best practice to achieve the full inclusion of such children and it will be shared with parents during the prestart meeting for each child before they start Nursery. When needed it will be used at other schools starting points later in a child's life.

- To support pupils in achieving continence in nursery we will make contact with families before they are due to start and discuss starting toilet training with their child/ren (if toilet training has not already begun and consider arranging a prestart meeting).
- If needed, we will then contact families again and check on how toilet training has been going and offer any further support and advice around this before they are due to start with us.
- As part of our admissions procedures, we may need to ask your permission to provide additional care, including intimate care to your child when needed.
- We will contact you once more just before their agreed start date and if you find your child is not yet toilet trained, we will write a Continence Care Plan with you which we will ask you to sign. This will go through how you and school will support each other in helping to achieve your child's full continence.
- Children who are not toilet trained when starting Nursery can attend in pull ups until they are trained, we would ask though that a pair of pants are worn underneath the pull up as this helps children recognise the wet /soiled sensation, whilst containing any accidents they may have.
- In some cases, a medical professional may advise other specific measures are followed, the school should be informed by parents of this, and a meeting should be arranged with all parties present, to address the emerging issues

Usually, a pull up won't require changing during a Nursery session however in the event that a pull up is noticeably wet or a child has soiled themselves we will help your child change themselves whilst encouraging your child to clean themselves with wet wipes provided by yourself.

If your child soils themselves excessively and hygienic cleaning is problematic and/or they become distressed during cleaning, we would ask for one of the designated people identified on the continence care plan to be available who could come swiftly (ideally within 15 minutes so your child does not become uncomfortable or more distressed) to assist in cleaning your child more intimately either in school or at their home.

During the period of time of training we will review the progress your child is making at least every six weeks.

After a term of starting Nursery, if your child is not yet continent, we will seek additional support from other professionals.

## **GUIDANCE ON HOW CHILDREN WILL BE CHANGED**

When a child needs to be changed whenever possible it is recommended that:

- Mobile children are changed standing up, if this is not possible an alternative is to change a child on a purpose-built changing bed. Given the size of the teaching areas the provision of a purpose-built changing bed, is not guaranteed each setting
- Children in the Foundation Stage may be changed on a mat on a suitable surface if it is not possible for them to change standing up or on a changing bed.
- Children in year 1 and above should only be changed either on a changing bed or in a toilet cubicle standing up. Staff should consider the child's preference for changing and the outcome of any risk assessments.

## **RESOURCES**

Changing time can be a positive learning time and an opportunity to promote independence and self-worth.

***School will ensure the following are available:***

- hot running water and soap
- paper towels
- aprons and gloves
- nappy bags
- cleaning equipment
- suitable bin

***Parents/Carers need to provide***

- a supply of spare pull ups, change to underwear
- wipes
- spare clothes

## **JOB DESCRIPTIONS**

Whilst it is not always the case, it is more likely that teaching assistants will undertake most of the personal care. School needs to ensure that this issue is addressed as appropriate within overall staffing.

Job descriptions will need to include statements such as the following:

- To assist pupils with dress/ changing for activities/ personal hygiene including changing
- 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/SAFEGUARDING**

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 changing process to ensure that abuse does not take place. DBS checks are rigorous and are carried out to contribute to the safety of children with staff employed in our school.

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 therefore recommended that the adult who is going to change the child informs another member of staff in the room 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.

## **PARTNERSHIP WORKING**

We want to work in partnership with parents when a child enters school not fully continent, and this is why we will draw up a continence care plan with you to avoid misunderstandings and also help parents/ carers feel confident that the school will meet their child's needs.

This will include:

### ***Parents/Carers***

- agreeing to change the child at the latest possible time before coming to school
- providing spare pull ups, wet wipes and a change of clothes
- understanding and agreeing the procedures to be followed during changing at school
- agreeing to inform school should the child have any marks/rash
- agreeing how often the child should be routinely changed if the child is in school for the day and who will do the changing
- agreeing to review the arrangements, in discussion with the school, should this be necessary
- agreeing to encourage the child's participation in toileting procedures wherever possible.

### ***The school***

- agreeing to change the child should they soil themselves or become wet
- agreeing how often the child should be routinely changed if the child is in school for the full day and who would be changing them
- agreeing a minimum number of changes
- agreeing to report to the Head Teacher or SENCO should the child be distressed or if marks/rashes are seen
- agreeing to review arrangements, in discussion with parents/ carers, should this be necessary
- agreeing to encourage the child's participation in toileting procedures wherever possible
- discussing and taking the appropriate action to respect the cultural practices of the family.

The process for the management of a child's personal care needs may need to be further clarified through a 'Personal Care Plan' if for example, the school has concerns about parental support, for children transferring to FS2 or for children above who are not toilet trained and for children with SEN or disabilities.

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.

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/clothes
- 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 Safeguarding Lead about the appropriate action to take to safeguard the welfare of the child.

## **THE DISABILITY DISCRIMINATION ACT (DDA)**

The DDA requires all education providers to re-examine all policies, consider the implications of the Act for practice and revise their current arrangements. In the light of this all education providers need to satisfy themselves that their practices in admitting children who have continence problems are not discriminatory. In addition, The Department of Health has issued clear guidance about the facilities that should be available in each school.

The DDA provides protection for anyone who has a physical, sensory or mental impairment that has an adverse effect on his or her ability to carry out normal day-to-day activities. The effect must be substantial and long-term. It is clear that anyone with a named condition that affects aspects of personal development must not be discriminated against. However, children with global developmental delay, which may not have been identified by the time they enter nursery or school, are likely to be late coming out of nappies.

Education providers have an obligation to meet the needs of children with delayed personal development in the same way as they would meet the individual needs of children with delayed language, or any other kind of delayed development. Children should not be excluded from normal pre-school activities solely because of incontinence. Any admissions practice that sets a blanket standard of continence, or any other aspect of development, for all children is discriminatory and therefore unlawful under the Act. All such issues have to be dealt with on an individual basis, and settings or schools are expected to make reasonable adjustments.

In addition, excluding children from normal pre-school or school activities, including out of school trips by virtue of incontinence is classed as less favourable treatment under the DDA and would therefore be regarded as discriminatory.

Asking or telling parents to come and change their child routinely (unless the parents have expressed a preference for this) or wanting an older sibling to change their sister/ brother is likely to be a direct contravention of the DDA.

Finally, school notes the fact that knowingly leaving a child in a wet or soiled nappy for prolonged periods of time places that child at risk of significant harm (through the increased risk of infections such as bladder infections) and may therefore be construed as child abuse.

### **Monitoring and review**

This policy is monitored on a day-to-day basis by the head teacher, who reports to governors on request about the effectiveness of the policy.

This policy is reviewed biennially by the Trustees.



## Appendix 1

### Risk Assessment for the need for a Detailed Care Plan

These questions need to be discussed with parents of children who are not continent as part of process of drawing up of a continence plan to identify whether a detailed care plan is needed.

1. Does weight /size/ shape of pupil present a risk?
2. Does communication present a risk?
3. Does comprehension present a risk?
4. Is there a history of child protection concerns?
5. Are there any medical considerations? Including pain / discomfort?
6. Has there ever been allegations made by the child or family?
7. Does moving and handling present a risk?
8. Does behaviour present a risk?
9. Is staff capability a risk? (back injury / pregnancy)

Are there any risks concerning individual capability (Pupil)

- General Fragility
- Fragile bones
- Head control
- Epilepsy
- Other

Are there any environmental risks? Heat/ Cold

If yes is answered to any of the above questions a detailed personal care plan needs to be completed of how a child will need to be changed, to ensure the child's needs are met appropriately and staff are protected from injury.

## Appendix 2

Zetland Primary School

Continence Care plan for:

School Staff involved:

Parents:

As part of (name) attendance at (insert description of setting e.g. Nursery) parents will:

- Ensure that their child is changed at the latest possible time before being brought into Nursery
- Ensure their child wears a pair of pants underneath their pull up.
- Provide Nursery with spare pull ups, pants, wipes and changes of clothing
- Understand and agree the procedures that will be followed when their child is changed in school
- Agree to inform staff should the child have any marks/rash
- Agree to a 'minimum change' policy i.e. Nursery would not undertake to change the child more frequently than if s/he were at home
- Have designated people available to come to Nursery swiftly (ideally within 15 minutes) if their child soils themselves excessively and hygienic cleaning would be difficult and/or the child is distressed. I understand that the designated person will be given the opportunity to clean the child more intimately in an allocated place within school or take them home for bathing.
- Agree to review arrangements every six weeks

School will:

- Agree to change the child during a single session should the child become uncomfortably wet and soiled.
- Agree to monitor the number of times the child is changed in order to identify progress made
- Agree to report should the child be distressed, or if marks/rashes are seen
- If the child soils themselves excessively whilst at Nursery and hygienic cleaning would be difficult and /or they become distressed during changing/cleaning, school will contact the parent or designated adult and ask them to come to change the child. (Either in school or at home)
- Agree to review arrangements every six weeks

Minimum Change agreed as:

Are there any specific needs my child has that might present as a risk to their well-being or staff well-being and safety when changing them which requires a separate personal care plan to be written:

I agree my child will be changed if needed

Name of designated adults who may be available to change my child if available:

- 1
- 2
- 3

Date of review:

Signed Parents..... School: ...

Date:

**Review of Progress Towards Continence**

**Next Steps**

Review Date

Signed .....

**2nd Review of Progress Towards Continence**

**Next Steps**

Review Date

Signed .....

## Appendix 3

### Procedure for Changing a Nappy/Soiled or Wet Pants

1. Wash your hands.
2. Assemble the equipment.
3. Ask the child to go to the agreed place for changing - toilet cubicle / lying on a mat
4. Put on gloves.
5. Remove wet/ soiled pullup/clothes.
6. Flush away faecal waste from undergarments and fold the pullup inwards to cover faecal material and place into designated covered bin. (Any clothes to be placed in a carrier bag, sealed and handed to the parent.)
7. Used wipes and gloves are to be disposed of in a bin with a disposable liner.
8. The bin should be emptied at least once a day and the liner replaced.
9. Once the child has been changed and returned safely to their class, clean the changing area with a detergent spray or soap and water.
10. Hands should be washed thoroughly whether gloves have been used or not.
11. Intimate Care to be logged onto CPOMs at earliest convenience

***Please note at all times - 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.***

## Appendix 4

### Intimate Care Policy: Ironstone Academy Trust

#### **Introduction**

Ironstone Academy Trust 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 intentionally 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 who provide intimate care are trained to do so (including Child Protection training) by the school and are fully aware of best practice. Other training may be considered, for example 'moving and Handling', or from outside agencies. 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 the SLT of the school will consider staff deployment with care, so as to ensure the child has full access to the curriculum.

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 staff members 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 CPOMs. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

### **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.

### **Monitoring and review**

This policy is monitored on a day-to-day basis by the head teacher, who reports to governors or trustees, on request, about the effectiveness of the policy.

