



St Mary's C.E. Primary School, Timsbury

Intimate Care and Toileting Policy

Introduction

At St Mary's CE Primary School we recognise that all children have different rates of development and differing needs during their time at school. Most children achieve continence before starting full-time school however, there are many children in mainstream educational establishments who are not fully independent. Some children remain dependent on long term support for personal care, while others progress slowly towards independence. The achievement of continence can be seen as the most important single self-help skill, improving the person's quality of life, independence and self-esteem.

The stigma associated with wetting and soiling accidents can cause enormous stress and embarrassment to the children and families concerned. Difficulties with continence severely inhibit a child's inclusion in school and the community. Children with toileting problems who receive support and understanding from those who act in *loco parentis* are more likely to achieve their full potential.

We are committed to ensuring that all pupils are able to access the whole curriculum and are able to be included in all aspects of school life. All staff work hard to build effective relationships with the parents and carers of the children attending St Mary's CE Primary School. Any particular needs that a child may have will be dealt with sensitively and appropriately, working with parents/carers to ensure that each child can access the curriculum. This includes providing suitable changes of clothing and attending to continence needs of our pupils where necessary.

Any child who has personal care or continence needs will be attended to in a designated area within school, by designated staff¹. Parents will be contacted for support where soiling is severe and/or linked to illness e.g. sickness and diarrhoea, or when a child refuses to let a member of staff help change their clothing.

Aims

The aims of this policy are:

- To safeguard the rights and promote the welfare of children and young people.
- To provide guidance and reassurance to staff whose contracts include intimate care.
- To assure parents and carers that staff are knowledgeable about personal care and that their individual concerns are taken into account.
- To remove barriers to learning and participation, protect from discrimination, and ensure inclusion for all children and young people as pupils and students

1. Teaching staff are under no obligation to administer medicines, provide nursing care, or intimate care.

Definition of intimate care

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body. Help may also be required with changing colostomy or ileostomy bags, managing catheters, stomas or other appliances. In some cases, it may be necessary to administer rectal medication on an emergency basis.

Intimate care tasks include:

- Dressing and undressing (underwear)
- Helping someone use the toilet
- Changing continence pads (faeces)
- Changing continence pads (urine)
- Bathing/ showering
- Washing intimate parts of the body
- Changing sanitary wear
- Inserting suppositories
- Giving enemas
- Inserting and monitoring pessaries

Definition of personal care

Personal care generally carries more positive perceptions than intimate care. Although it may often involve touching another person, the nature of this touching is more socially acceptable, as it is less intimate and usually has the function of helping with personal presentation and hence is regarded as social functioning. These tasks do not invade conventional personal, private or social space to the same extent as intimate care and are certainly more valued as they can lead to positive social outcomes for people.

Those personal care tasks include:

- Skin care/applying external medication
- Feeding
- Administering oral medication
- Hair care
- Dressing and undressing (clothing)
- Washing non-intimate body parts
- Prompting to go to the toilet.

Personal care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of disability or medical need. Children and young people may require help with eating, drinking, washing, dressing and toileting.

Basic principles

Children and young people's intimate care needs cannot be seen in isolation or separated from other aspects of their lives. Encouraging them to participate in their own intimate or personal care should therefore be part of a general approach towards facilitating participation in daily life. Intimate care can also take substantial amounts of time but should be an enjoyable experience for the child/young person and for their parents/carer(s). It is essential that every child/young person is treated as an individual and that care is given as gently and as sensitively as possible. The child/young person should be encouraged to express choice and to have a positive image of his/her body.

Staff should bear in mind the following:

- Children have a right to feel safe and secure.
- Children have a right to an education and schools have a duty to identify and remove barriers to learning and participation for pupils of all abilities and needs.
- Children should be respected and valued as individuals.
- Children have a right to privacy, dignity and a professional approach from staff when meeting their needs.
- Children have the right to information and support to enable them to make appropriate choices.
- Children have the right to be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs.
- Children have the right to express their views and have them heard.
- A child's Intimate/Personal care plan/Education Health Care Plan should be designed to lead to independence.

Staff will refer to *Appendix A: Assessing Toileting Support*, when making decisions about how to respond to soiling/wetting.

Vulnerability to abuse

Children and young people with disabilities have been shown to be particularly vulnerable to abuse and discrimination. It is essential that all staff are familiar with the school or settings Safeguarding / Child Protection Policy and procedures, with agreed procedures within this policy and with the child/young person's own Care plan.

Intimate care may involve touching the private parts of the child/young person's body and therefore may leave staff more vulnerable to accusations of abuse. It is unrealistic to eliminate all risk but this vulnerability places an important responsibility on staff to act in accordance with agreed procedures.

Care Plans

Where a pupil has particular needs (eg wearing nappies or pull-ups regularly) or has continence difficulties which are more frequent than the odd 'accident', staff will work with parents/carers and the school nurse to set out a care plan to ensure that the child is able to attend daily. (See example care plan *Appendix B*)

The written care plan will include:

- Who will change the child including back-up arrangements in case of staff absence or turnover
- Where changing will take place
- What resources and equipment will be used (cleansing agents used or cream to be applied?) and clarification of who is responsible (parent or school) for the provision of the resources and equipment.
- How the product, if used will be disposed of, or how wet or soiled clothes will be kept until they can be returned to the parent/carer
- What infection control measures are in place
- What the staff member will do if the child is unduly distressed by the experience or if the staff member notices marks or injuries
- Training requirements for staff
- Arrangements for school trips and outings
- Care plan review arrangements

Care Plan Agreements

In these circumstances it will also be appropriate for the school to set up an agreement that defines the responsibilities that each partner has, and the expectations each has for the other. (See example care agreement *Appendix C*)

This will include:

The parent:

- agreeing to ensure that the child is changed at the latest possible time before being brought to the setting/school
- providing the setting/school with spare nappies or pull ups and a change of clothing
- understanding and agreeing the procedures that will be followed when their child is changed at school –including the use of any cleanser or wipes
- agreeing to inform the setting/school should the child have any marks/rash
- agreeing to a ‘minimum change’ policy i.e. the setting/school would not undertake to change the child more frequently than if s/he were at home.
- agreeing to review arrangements.

The school:

- agreeing to change the child during a single session should the child soil themselves or become uncomfortably wet
- agreeing how often the child would be changed in a full day
- agreeing to monitor the number of times the child is changed in order to identify progress made
- agreeing to report should the child be distressed, or if marks/rashes are seen
- agreeing to review arrangements.

This kind of agreement should help to avoid misunderstandings that might otherwise arise, and help parents feel confident that the setting/school is taking a holistic view of the child's needs.

Should a child with complex continence needs be admitted, the school will consider the possibility of special circumstances and/or provision being made. In such circumstances, an appropriate health care professional will be closely involved in forward planning, prior to admission.

Personal Care Procedures

The staff at St Mary's CE Primary School will follow agreed procedures when attending to the care or continence needs of any pupil within the setting, whether this be a child with a care plan agreement or a child who has had an occasional 'accident'. (See *Appendix D*)

Health and Safety Procedures

When dealing with personal care and continence issues, staff will follow agreed health and safety procedures to protect both the child and the member of staff. (See *Appendix E*)

Child Protection

The normal process of changing continence or wet/soiled clothes 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 changing process to ensure that abuse does not take place. However, if there is known risk of false allegation then a single practitioner will not undertake changing. A student on placement will not change a child unsupervised.

Where ever possible, the same member of staff will be change named children. This reduces the risk to the child and promotes their dignity. The care plan will outline back up or contingency measures in the event that the named member of staff is not available.

Monitoring and Review

The SENCO / Inclusion Leader will take responsibility for monitoring that agreed procedures are being followed and are meeting the needs of children and families.

It is the SENCO / Inclusion Leader's responsibility to ensure that all practitioners follow the school policy.

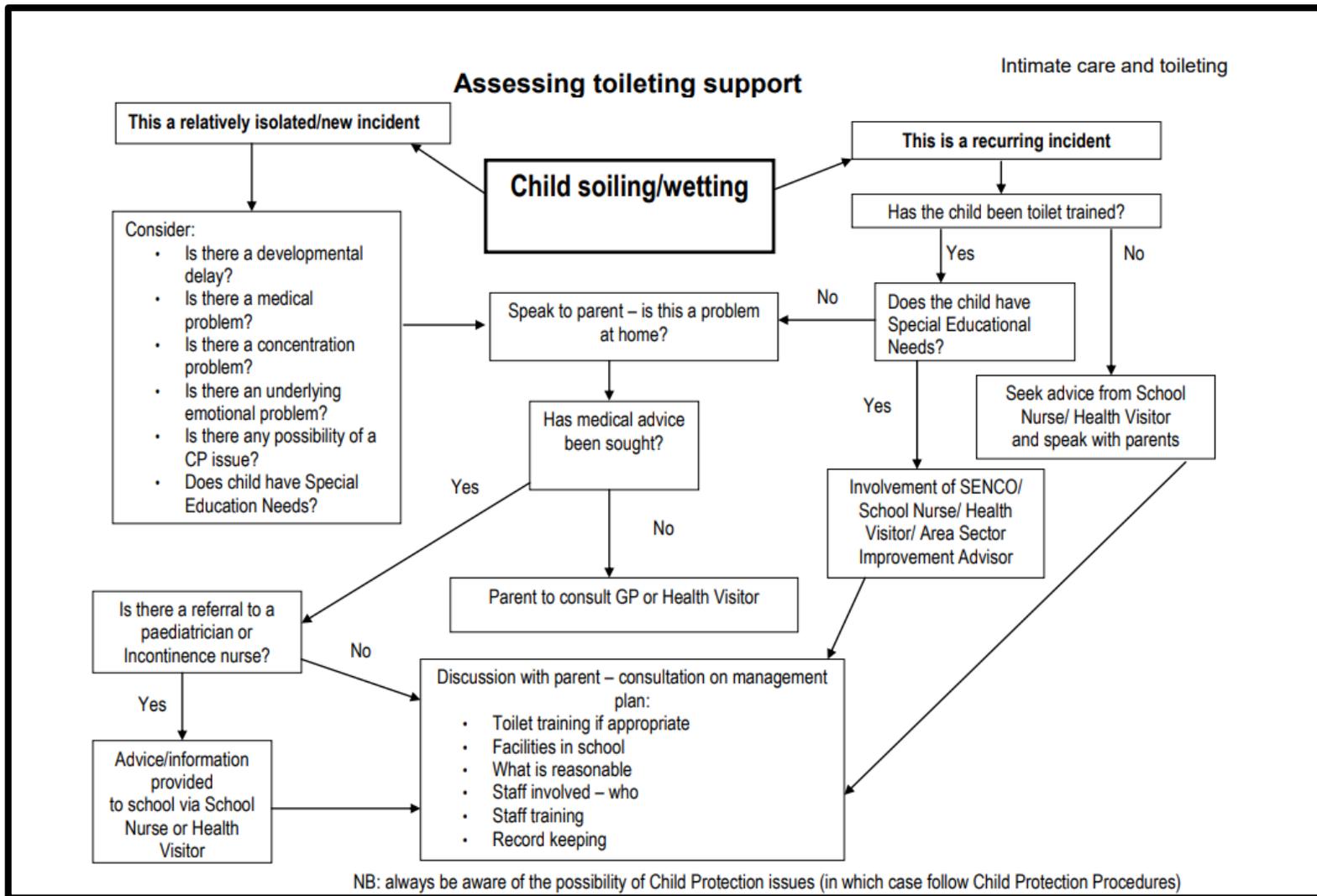
Any concerns that staff have about child protection issues will be reported to the Designated Safeguarding Lead (DSL) for further referral if appropriate.

This policy runs alongside other school policies, particularly Child Protection/Safeguarding Children, Inclusion, and Health and Safety.

Date adopted by FGB: October 2018

First Review: October 2019

APPENDIX A: Assessing Toileting Support



APPENDIX B



St Mary's C.E. Primary School, Timsbury

Intimate Care Plan

Name of child	
Name of person(s) to change the child	
Name of person(s) to change the child if main adult unavailable	
Where changing will take place	
What resources and equipment will be used	
Who will provide the resources and equipment that will be used	
Training requirements for staff:	
Disposal of product in	
Infection control measures	
Special arrangements for trips/ outings	
When will the plan be reviewed	
Review comments	

A member of staff will contact the parent/carer for support if:

- the child is unduly distressed
- soiling is severe
- soiling is linked to illness e.g. sickness and diarrhoea
- the child refuses to let a member of staff help change their clothing.

*If the above named member of staff is not available due to illness or staff training, then another person, familiar to the child will attend to the child's needs.

SENCO/ Inclusion Leader approval:

Date:

APPENDIX B



St Mary's C.E. Primary School, Timsbury
Intimate Care Plan Agreements

The parent:

- I agree to ensure that the child is changed at the latest possible time before being brought to the setting/school
- I will provide the setting/school with spare nappies or pull ups and a change of clothing
- I understand and agree the procedures that will be followed when my child is changed at school – including the use of any cleanser or wipes
- I agree to inform the setting/school should the child have any marks/rash
- I agree to a 'minimum change' policy
- I agree to review arrangements on a periodic basis

Signed: (parent/carer)

Date:

The school:

- We agree to change the child during a single session should the child soil themselves or become uncomfortably wet
- We agree to monitor the number of times the child is changed in order to identify progress made
- We agree to report should the child be distressed, or if marks/rashes are seen
- We agree to review arrangements on a periodic basis

Signed: SENCO/ Inclusion Leader

Date:

APPENDIX C

St Mary's C.E. Primary School, Timsbury

Personal Care Procedures

The staff at St Mary's CE Primary will follow agreed procedures:

- Give strong clues that enable the child/young person to anticipate and prepare for events, for example show the clean nappy/pad to indicate the intention to change, or the sponge/flannel for washing.
- Speak to the child/young person by name and ensure they are aware of the focus of the activity.
- Give explanations of what is happening in a straightforward and reassuring way.
- Change the child's clothing as appropriate, as soon as possible
- Use agreed terminology for parts of the body and bodily functions and encourage children/young people to use these terms appropriately.
- Respect a child's preference for a particular sequence of care.
- Encourage the child to undertake as much of the procedure for themselves as possible, including washing intimate areas and dressing/undressing.
- Use appropriate cleaning products and adhere to health and safety procedures
- Report any marks or rashes to parents and Head Teacher if appropriate
- Inform parent/carer that a continence issue has arisen during the session
- Contact a parent/carer to request support where soiling is severe and/or linked to illness e.g. sickness and diarrhoea, or when a child refuses to let a member of staff help change their clothing.
- Place a 'Do not enter' sign (visually illustrated) on the toilet door to ensure that privacy and dignity are maintained during the time taken to change the child.
- Keep accurate records of any need to give intimate care, responses and changes in behaviour

APPENDIX D

St Mary's C.E. Primary School, Timsbury

Health and Safety Procedures

When dealing with personal care and continence issues, staff will follow agreed health and safety procedures:

- Staff to wear disposable gloves and aprons while dealing with the incident
- Soiled continence product used to be double wrapped, or placed in a hygienic disposal unit (identified bin in adult toilets)
- Changing area to be cleaned after use
- Hot water and liquid soap available to wash hands as soon as the task is completed
- Paper towels available for drying hands

APPENDIX E



St Mary's C.E. Primary School, Timsbury

Toileting Plan

Record of Discussion with parents/carers		
Child's Name	Date of Birth	Date Agreed
	Details	Action
<p>Working towards independence: Such as taking child/young person to toilet at timed intervals, using sign or symbol, any rewards used</p>		
<p>Arrangements for nappy/pad changing: Such as who, where, arrangements for privacy</p>		
<p>Level of assistance needed: Such as undressing, dressing, hand washing, talking/signing to child/young person</p>		
<p>Infection control: Such as wearing disposable gloves, nappy disposal</p>		
<p>Sharing information: Such as if the child/young person has a nappy rash or any marks, any family customs/cultural practice</p>		
<p>Resources needed: Such as special seat, nappies/pull-ups, creams, disposable sacks, change of clothes, toilet step, gloves</p>		
Signed	Parent	Inclusion Leader
Review Date		

APPENDIX F



St Mary's C.E. Primary School, Timsbury

Frequently Asked Questions

What if a member of staff refuses to change a child/young person who has soiled?

The Equality Act 2010 is clear that children should be protected from discrimination. Therefore a child who has soiled should be tended to in order to be able to return to the classroom/setting without delay. The issue should not arise if designated support staff have been advised on appointment and induction, and existing support staff trained in relation to the school's duties under the Act.

Won't it mean that adults will be taken away from the classroom or setting?

Depending on the accessibility and convenience of a setting's facilities, it could take ten minutes or more to change an individual child. This is not dissimilar to the amount of time that might be allocated to work with a child on an individual learning target, and of course, the time spent changing the child can be a positive, learning time.

Is it OK to leave a child until parents arrives to change them?

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 or in wet or soiled clothing for any length of time pending the return of the parent is a form of abuse. Ask yourself if you would leave an injured child until their parents arrived.

Who is responsible for providing nappies/continence wear?

Parents are responsible and must provide supplies. Schools may be asked how many nappies they may require in order to calculate how many to give to parents. Schools should provide gloves and other disposable clothing.

How do we dispose of nappies?

For occasional use, you may single wrap wet and double wrap soiled nappies and use ordinary waste bins.

I'm worried about lifting.

All children need to be risk assessed by the Manual Handling Team, if this has been agreed as part of the child's care plan, they will give advice and training for any adults involved.

How can I help a child to communicate when they need to use the toilet?

Children with communication difficulties may need tools to help them communicate. Picture symbols and signs can be used to reinforce spoken words. For children who are learning English as an additional language, it is helpful to learn how to say the appropriate words in their home language.

Parents won't bother to toilet train their child will they?

Parents are as anxious as you for their child to be toilet trained. You will need to make it clear that your expectation is that all children in school will be out of nappies, but that you will support children and families to support any difficulties. For early years settings it is not appropriate that your expectation is that all children will be completely independent and will never have a soiling incident.

Is it true that men can't change nappies because of child protection issues?

No, there are many men in childcare who change nappies on a daily basis. DBS checks are carried out to screen for any known risks, and safe practice induction given to all designated staff. If there is a known risk of false allegation by a child then a single practitioner should not undertake nappy changing.

What if a child reacts defensively, or reacts to personal care?

Is the child otherwise anxious about adults? Is it new or changed behaviour? Ask the carer whether anything has happened which may have led to the child being anxious or upset about being changed. Has there been a change in the household? If you're still concerned, consider whether there may be child protection issues, and follow child protection procedures.