

TOILETING AND INTIMATE CARE POLICY – PAGET PRIMARY SCHOOL

Policy and Practical Guidance to Promote Personal Development in relation to Pupil Toileting and Continence

All children at Paget Primary School 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 curriculum.

This policy sets out clear principles and guidelines on supporting intimate care with specific reference to toileting. It should be considered in line with our Safeguarding Policy, Health and Safety Policies and Administering of Medicines policy.

This policy supports the safeguarding and welfare requirements of Early Years Foundation Stage (EYFS) 2021 and the Disability Discrimination Act 2018: Paget Primary School 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
- No child will be sent home or have to wait for their parents/carer due to incontinence
- Adjustments will be made for any child who has delayed incontinence

Intimate Care Tasks – cover any tasks that involves the dressing and undressing, washing including intimate parts, helping someone use the toilet, changing nappies or carrying out a procedure that requires direct or indirect contact to an intimate personal area.

Partnership with Parents/Carers – Staff at Paget Primary School will work in partnership with parents/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 , reason will be documented)
- Additional equipment required
- Child's preferred means of communication (eg, visual, verbal). Agree terminology for parts of the body and bodily functions
- Child's level of ability, ie what tasks they are able to do by themselves
- Acknowledge and respect for any cultural or religious sensitivities related to aspects of intimate care
- Be regularly monitored and reviewed in accordance with the child's development

Parents/Carers are asked to supply the following (delete as appropriate):-

- Spare nappies/pull ups
- Wipes, creams, nappy sacks etc
- Spare clothes
- Spare underwear

Best Practice – When intimate care is given, the member of staff explains fully each task that is carried out and the reason for it. Staff 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.

All staff working in early years setting must have a DBS check. Particular staff members are identified to change a child with known needs and that they plan and record their work with that child.

Safeguarding – Staff are trained on the signs and symptom so child abuse which in line with Birmingham Safeguarding Children Board guidelines and are aware of the DFES booklet 'Keeping Children Safe in Education' and will follow the guidance given .

If a member of staff is concerned about any physical or emotional changes, such as marks, bruises, soreness, distress etc they will inform the Designated Safeguarding Lead (DSL) immediately. The Safeguarding Policy will then be implemented.

Should a child become unhappy about being cared for by a particular member of staff, the 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 DSL will seek advice from other agencies. (Please remember that you need parental permission to talk to any agency about a specifically named child.)

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

Dealing with body fluids – Urine, faeces, blood and vomit will be cleaned up immediately and disposed of safely in the appropriate bin. When dealing with body fluids, staff wear protective clothing (disposal plastic gloves and aprons) wash themselves thoroughly afterward. 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 completely dealt with.

All staff maintain high standards of personal hygiene, and will take all practicable steps to prevent and control the spread of infection.

This policy aims to manage risks associated with toileting and intimate care needs and ensures that employees do not work outside the remit of their responsibilities set out in this policy.

Date Written: September 2023

Review date: September 2024

Toileting Risk Assessment

Child's Name: _____

Class: _____

Date of Risk Assessment: _____

	Yes/No	Notes
1. Does weight /size/shape of pupil present a risk?	No	He/She needs to be taken to the toilet regularly by staff and asked regularly if he/she needs the toilet. He/She will not tell the adult he/she has wet himself/herself but he/she may have a look on his face indicating he/she has wet themselves.
2. Does communication present a risk?	Yes	Lack of understanding of language/inference could impede their understanding of a situation. They may need a visual to help them.
3. Does comprehension present a risk?	Yes	Lack of understanding of language could impede their understanding of a situation.
4. Is there a history of child protection concerns?	No	
5. Are there any medical considerations? Including pain/discomfort?	No	None that we are currently aware of.
6. Has there ever been allegations made by the child or family?	No	
7. Does moving and handling present a risk?	No	
8. Does behaviour present a risk?	Yes	

9. Is staff capability a risk? (back injury/ pregnancy)	No	Staff need to inform another member of staff when taking him/her to the toilet and if cleaning of him/her is needed (ie wet nappy/pull up, soiled and needing washing) then two members of staff need to be present.
<p>Are there any risks concerning individual capability (Pupil)?</p> <ul style="list-style-type: none"> <input type="checkbox"/> General Fragility <input type="checkbox"/> Fragile bones <input type="checkbox"/> Head control <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other 	No	
10. Are there any environmental risks? Heat/Cold	Yes	If needing to fully wash down he/she then the shower, then it needs checking for hot water. Thermostat should be used to control water temperature. Dangerous objects must be stored out of reach.

If Yes to any of the above complete a detailed personal care plan.

Appendix 2

PERSONAL CARE PLAN for children wearing nappies/pull-ups/regularly soiling in school

Child's Name	
Date of Birth	Age
Gender: Male Female	
Class	Class Teacher/s

Completed by: _____ (Member of staff)

Date of plan: _____ **Date to review plan:** _____

<p>Type of care required (Highlight):</p> <p>Nappy changing Pull ups changing Assistance to use the toilet</p> <p>Assistance to change clothes after soiling</p> <p><input type="checkbox"/> Other, please state: _____</p>	
<p>Who will change the child?</p> <p>If more than one, state why: Two adults will change her/his nappy/pull up due to safeguarding</p>	
<p>How will the child be changed?</p> <p>He/She will be encouraged and supported in changing own personal and hygiene care when/as soon as they are able too.</p> <p>The changing of nappies/pull ups will take place in the Personal Care Room</p>	
<p>Additional equipment required:</p> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Please highlight as appropriate</p>	
<p>Who will provide the resources? Highlight</p> <p>Nappies X Parents/School</p> <p>Pull Ups X Parents/School</p> <p>Nappy sacks X Parents/School</p> <p>Wipes X Parents/School</p>	<p>Disposable gloves X Parents/School</p> <p>Spare clothes X Parent/School</p> <p>Spare underwear X Parents/School</p>

How will the changing occasions be recorded and if/ how this will be communicated to child's parent/carer?

Staff to complete a Record of Intimate Care Intervention Form and feedback to Mum on collection at the end of the school day.

Agree a minimum number of changes

3 changes then a phone call to home regarding possible illness

How will the child be encouraged to participate in the procedure? (What can the child do for themselves?)

He/She to be taken to the toilet and encouraged to use the toilet.

Any other comments/ important information eg. medical, religious or cultural information :

N/A

This plan has been discussed with me and I agree to change my child at the last possible moment before he/she comes to school, provide the resources indicated above and encourage my child's participation in toileting procedures at home as appropriate and where possible.

Signed: _____

Parent/ Carer's Full Name: _____

Appendix 4

TOILET TRAINING SUPPORT PLAN

Ideas to help children with toilet training

For any child toilet training can be a difficult skill to master, Young children do not usually feel the desire to become toilet trained, rather they acquire the skill to please their parent, so this social motivation is a critical factor.

For children with social awareness difficulties the social motivation for toilet training is rare. Equally, due to understanding difficulties, the child may not understand what is being expected of them. Organising and sequencing the information needed to follow the steps in toileting and staying focused on the task can also be a big problem. The child may have problems changing from familiar nappies to unfamiliar pants. An additional problem for some children may be the difficulty in integrating sensory information and establishing the link between having the sensations and what they need to do as a result. Also for those with a heightened awareness of sounds the sound of running water may be frightening, as may be the big hole in the toilet seat with water beneath. Children who respond badly to changes in temperature and to removing clothes or replacing them may also have difficulties with toilet training.

WHAT TO DO

- Discuss with parents/ carers and agree a plan of action that is relevant at both the child's home and in your school/early years setting.
- Identify a suitably motivating reward that is practical for the child's home or setting to use or carry, make sure all rewards are available instantly when required.
- Use a simple chart to collect information about the child's readiness for toilet training. (See Appendix 5) Take the child to the toilet/potty to check every hour and record if they use the toilet/potty and if they are dry/wet/dirty before. Do this for a week if possible to try to establish a pattern.
- Think ahead and plan to start the above in a week when you know that you will have the time to continue it without causing you problems. If you are stressed at trying to find the time, your child is likely to become anxious as well.
- If during the week you start picking up signs of when the child is wetting or soiling themselves then tell them to 'wait' then take them to the potty/toilet even if it is too late. This will help to establish the relationship between what the child is feeling and what should happen next.
- If the child is dry for 2 hours or more at a stretch this indicates that the child is physically ready to be toilet trained, ie, the muscles have developed control.
- During the week observe whether the child is beginning to follow, or seems to be aware of, any part of the routine.
- Find a realistic goal having observed and assessed where the child is in understanding the toileting process – independent toileting may be many steps away.
- Establish a positive and meaningful routine around toileting (See Appendix 6).
- Break down the toileting routine into small steps eg:
 1. Enter the bathroom,
 2. Pull clothes down by self or allows adult to pull
 3. Sit on toilet/potty
 4. Eventually for boys - stand at the toilet – and control penis
 5. Get tissue
 6. Wipe with tissue
 7. Stand up,
 8. Throw tissue in toilet
 9. Pull clothes up
 10. Flush toilet
 11. Wash hands
 12. Leave bathroom.

- Keep to the routine that you set up to give continuity whilst your child is learning. Changes in routine can seem like a new activity to some children.
- It can be useful to only undertake toilet training in a set room to build up the association with one place eg, the bathroom.
- It may be necessary to add support for feet etc. to give security to the child when seated.
- If sounds in the room cause problems, try playing a favourite tape whilst the child is in there to reduce anxiety.
- Once you have decided on your goal consider whether visual prompts would help to keep the child focused on the task.
- An object or a picture may be needed to help the child realise what is to happen. For some children it may be necessary to have a series of pictures relating to each step of the process with a visual cue for what activity is to follow. Use this reward as a motivator by choosing an activity that the child enjoys.
- To help the child know how long to sit, you can try a timer or a song/tune on the tape recorder.
- If the child is afraid of the flush, only flush if there is something to flush or flush once the child has left the room. This can be changed to when the child is at the door or away from the toilet as the fear subsides. Try allowing the child to work the flush.
- Some children, who love the flush or the water in the toilet, need to be distracted from this with interesting toys, etc.
- Children who play with the toilet roll could try having a visual cue, eg. a peg placed where to tear or a line marked on the wall for where to stop. Build this into your toileting routine. Alternatively roll out the amount of paper needed ahead of time.
- If the child resisted being cleaned, try using different materials and consider the temperature of the materials that you are using. If it helps take turns with a favourite doll/soft toy.
- When the child is ready to initiate the toilet routine find a way for the child to show you their need. If you used an object or picture it may be meaningful for the child to point to this or to bring it to you. Always use speech alongside the object/picture for when the child is able to make their needs known verbally.

