

# Egginton Primary School

## Toileting and Intimate Care Policy

### **Introduction:**

The Toileting and Intimate Care Policy has been developed to safeguard children and staff. They apply to everyone involved in the intimate care of children. The term parent/s is used to refer to parents, carers and legal guardians. The term school includes all pupils from ages 4-11, including the Early Years Foundation Stage. Intimate care is any care which involves washing, touching or carrying out an invasive procedure that most children carry out for themselves but which some are unable to do due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.

Care may involve help with drinking, eating, dressing and toileting. Help may also be needed with changing colostomy bags and other such equipment. It may also require the administration of rectal medication.

The aims of this document and associated guidance are;

- To provide guidance and reassurance to staff
- To safeguard the dignity, rights and well-being of children and young people
- To assure parents that staff are knowledgeable about intimate care and that their individual needs and concerns are taken into account.

### **Rationale:**

Starting school 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, there is wide variation in the time at which children master the skills involved in being fully toilet trained. Children in the Foundation Stage 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 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 Special Educational Needs (AEN/SEN) that make it unlikely that they will be toilet trained during the Foundation Stage.
- The school recognises that some children with SEN or other children's home circumstances may result in children arriving at school with under developed toilet training skills. The aim of this policy is to:
  - Treat children or young people who require assistance with toilet training or with special

arrangements for personal care/intimate care with dignity, respect and sensitivity.

- Ensure that appropriate provision is made for such children.
- Clarify the school's position on toileting needs in children who have no SEN needs and who wet or soil regularly within the school day.

### **Objectives:**

- To encourage the child's awareness that they need to go to the toilet at regular intervals or at specific times.
- To develop going to the toilet independently.
- To improve self-care skills (ability to clean him/herself after using the toilet.)
- To develop the child's confidence and ability to tell an adult if he or she needs to go the toilet or has had an 'accident'.

### **Roles and Responsibilities:**

#### **Toileting and the Foundation Stage Profile**

Curriculum guidance for the Foundation Stage (Reception) 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 end of the Foundation Stage requirements is to "Dress and undress independently and manage their own personal hygiene".

#### **Intimate Care in Key Stage 1 and Key Stage 2;**

Prior to starting school, parents of all children will be informed by the school that if a child accidentally soils or wets themselves, we will encourage the child to change themselves. Any soiled clothing will be placed in a sealed plastic bag ready for parents to collect at the end of the day when they will be notified of the incident. If a child is regularly wet or soiled, parents will be expected to provide spare clothes and wipes to help clean their child. Named staff in EYFS and Key Stage 1 will help to assist to clean a child, as long as parents have given their written consent on the school's Toileting Care Plan Permission Form.

#### **Parental Responsibility**

Prior to starting school, prospective parents will be reminded of the schools' expectation that pupils should be toilet trained before they start school. It will also include a sharing of this policy during parent/carer's induction meetings in school. If a child is not fully toilet trained before starting school, the parents / carers must inform the school. The child's needs will be discussed. This meeting will also provide an opportunity to involve other agencies as appropriate, such as a Health Visitor or School Nurse and any other relevant outside agencies.

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), Health Care plans and any other plans that identify the need to support of intimate care.

Exchanging information with parents is essential through personal contact, telephone or correspondence.

However, information concerning intimate care procedures should not be recorded in home/school books, as it may contain confidential information that could be accessed by people other than the parent and staff member. Recording equipment such as mobile phones or cameras should not be taken into areas where intimate care is carried out.

### **Staff Responsibilities:**

Teaching staff are expected to support with changing a child whilst acting "in loco Parentis". Support staff will not be expected to undertake tasks associated with changing children who are incontinent or have specific medical and, or, physical needs without the relevant training required under current Health and Safety / Child Protection requirements.

There is no written legal requirement that two adults must be present but 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.**'

We will treat all incidents where a child soils, with dignity and respect for the child. The child's teacher will be informed of any soiling and subsequent change of clothing, if this occurs at lunchtime.

All staff will encourage the child to ask to use the toilet in good time, in order to assist with toilet training and to reduce the number of accidents/incidents.

### **SEN, Inclusion and Equal Opportunities:**

If a child is not toilet trained because of a disability his/her rights to inclusion are additionally supported by the Equality Act 2010.

### **Health and Safety:**

When a child is sick, accidentally wets or soils himself the following procedure will be followed:

- Staff will wear disposable gloves while assisting a child changing.
- Soiled nappies (if applicable) will be securely wrapped and disposed of appropriately.
- Changing area/ toilet to be left clean. Accessible toilet to be used, if more space is required.
- Hot water and soap available to wash hands as soon as changing is done.
- Paper towels to be available to dry hands.
- Carrier bags should be available to place soiled or wet clothes into for the child to take home for washing.

### **Facilities:**

Schools admit young children, some of whom, because of their young age, are likely to have occasional accidents, especially in the first few months after admission. The school provides suitable places for changing children, including providing the necessary resources. For children with disabilities the school has an accessible toilet which can also be used to change a child, if additional space is required. Wherever possible it is recommended that children from Reception upwards should only be changed standing up.

School is not responsible for toilet training a child but will do everything possible to support the parents/carers and child in encouraging them to use the toilet. In the case of a child with

incontinence, school will work to meet the additional needs of the child. Staff will liaise with parents over a change in toileting facilities; for example, if the child is meant to be attending a school trip, parents will be consulted over the appropriateness of venue for that child.

Parents may decide to refuse consent for the trip on medical grounds or where possible could accompany their child on the trip, if appropriate. Ratios on trips may need to be adjusted to allow time for children with incontinence to be cared for appropriately. In the case of a child with long term toileting issues, staff would benefit from reading medical information from the child's GP and parents are encouraged to share this, so staff are fully aware how they can best care for each individual child.

### **Writing a Toileting and Intimate Care Plan:**

All parents in EYFS and Key Stage 1 will be given a copy of the intimate care policy when their child starts school. Where a routine procedure is required, an intimate care plan should be agreed in discussion with the child, school staff, parents and relevant health personnel. The plan should be signed by all who contribute and reviewed on an agreed basis.

In developing the plan the following should be considered:

- Staff ratios and procedures.
- Toilet arrangements and equipment (e.g. spare clothes and disposable gloves.)
- Awareness of a child's discomfort which may affect learning.
- The importance of working towards independence.
- Who will substitute in the absence of the appointed person.
- Strategies for dealing with pressure from peers .e.g. teasing/bullying particularly if the child has an odour.

All plans must be clearly recorded to ensure clarity of expectation, roles and responsibilities. They should reflect all methods of communication including emergency procedures between home, school and the medical service. A procedure should also be included to explain how concerns arising from the intimate care process will be dealt with. The Pupil voice must be evident through any Individual Intimate Care Plans;

### **Confidential**

Allow the child, subject to their age and understanding, to express a preference regarding the choice of his/her carer and sequence of care.

Agree appropriate terminology for private parts of the body and functions to be used by staff.

It may be possible to determine a child's wishes by observation of reactions to the intimate care.

Where there is any doubt that a child is able to make an informed choice on these issues, the child's parents are usually in the best position to act as advocates.

It is the responsibility of all staff caring for a child to ensure they are aware of the child's method and level of communication. Communication methods may include words, signs, symbols, body movements and eye pointing.

To ensure effective communication with the child, staff should ascertain the agreed method of communication and identify this in the agreed Intimate Care Plan.

## **Staff Development:**

Staff should receive training in good working practices.

Staff must receive Child Protection training every 3 years.

All staff reserve the right to request additional support to help to meet the needs of a child.

Staff must be trained in the specific types of intimate care that they carry out and fully understand the intimate care policy and the child's Individual Intimate Care Plan.

Whole school staff training should foster a culture of good practice and a whole school approach to intimate care.

It is imperative for the school and individual staff to keep a dated record of all training undertaken.

The following guidelines should be used in training senior staff and those identified to support intimate care.

- Ensure that sensitive information about a child is only shared with those who need to know, such as parents, members of staff specifically involved with the child. Other personnel should only be given information that keeps the child safe.
- Consult parents about arrangements for intimate care.
- Ensure staff are aware of all appropriate procedures; Child Protection Policy & Health & Safety Policy etc.
- Ensure staff understand the needs of refugee children, asylum seekers and children from different racial and cultural backgrounds and specialist advice is sought when necessary.
- Ensure staff know who to ask for advice if they are unsure or uncomfortable about a particular situation.
- Ensure staff know of a whole school approach to intimate care.

Date agreed: February 2019

Date to be reviewed: February 2021