

West Hill Primary School : Policy for Intimate Care and Toileting

'Learning Today for the World of Tomorrow'

This policy has 'Safeguarding Children and Child Protection', the sentiments of 'Every Child Matters', the school's 'Healthy school', 'Investors in People Gold', 'Eco-School', 'Forest School' and 'Artsmark Gold' ethos', 'Excellence and Enjoyment' and the School's Mission Statement and Aims at its heart.

West Hill Primary School is a Co-operative Trust school having formed The SMILE Learning Trust in November 2013.

(Support, Motivate, Inspire, Learn Excel)

Our school ethos is based on 'Care', 'tolerance', 'trust' and 'respect' and on our SMILE Learning Trust Co-operative Values of: self-help, self-responsibility, democracy, equality, equity, solidarity. As Co-operative members, we believe in the ethical values of honesty, openness, social responsibility and caring for others.

West Hill Primary School's Mission statement:

To create a happy, secure and stimulating learning environment in which all members of the school community can grow in self-esteem and develop their potential as human beings.

Date of Review	Body responsible for review	Date of next review
Autumn 2013	Resources Committee	Autumn 2016
20.10.16	Resources Committee	Autumn 2019

Policy Statement

Introduction

West Hill Primary School 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 when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

Definition

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up after a child has soiled him/herself) to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process as part of a staff member's duty of care. In the cases of specific procedure only 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 intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

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Staff who provide intimate care are trained to do so (including Child Protection and Moving and Handling) and are fully aware of best practice. 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 he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular 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 carers might need to be present when a child is toileted. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented. However, for 'accidents' that occur from time to time there will always be two adults present to assist the child to clean themselves, applying the approach to best practice and respecting every child's welfare and dignity.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan. 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 Child Protection procedures will be adhered to. All children will be taught personal safety skills carefully matched to their level of ability, development and understanding.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate manager/ 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 this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed (see Multi - Agency Child Protection Procedures for details)

All staff will be required to confirm that they have read the Devon County Council document 'GUIDANCE ON TOILETING AND PROVISION OF INTIMATE CARE FOR CHILDREN IN NURSERY AND RECEPTION CLASSES December 2009' and understand the need to refer to other policies the school may hold for clarification of practices and procedures.

This policy was evolved by consultation between staff and school's governing body and was approved on 8th May 2014

This policy will be reviewed every three years.

This Policy should be read in conjunction with West Hill Primary School's Policies for:

- Safeguarding Children and Child Protection
- Pastoral Care
- Personal, Social and Health Education
- Access to Education for Children with Medical Needs

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- Special Educational Needs
- Equality Policies

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Devon Toilet Training Guidance Guidance for all Reception Classes

1.0 Introduction

- 1.1 The purpose of this guidance is to support schools in promoting inclusion and ensuring the wellbeing of all children. It offers practical advice as well as clarification of the support and information available for toilet training.
- 1.2 The guidance is based on good practice and practical experience of those working with children and young people requiring intimate care.
- 1.3 These guidelines should be read in conjunction with other policies a school may hold e.g.;
- Accessibility Policy
 - Safeguarding Children and Child Protection Policy
 - Health and Safety Policy
 - Staff Recruitment Policy
 - Moving and Handling Policy
 - Positive Handling Policy
 - Policy on Access to Education for Children and Young People with Medical Needs
 - Anti-Bullying Policy
- 1.4 In the rest of this document the term parent/s is used to refer to parents, carers and legal guardians.

2.0 Aims

- 2.1 The aims of this guidance are:
- To provide guidance and reassurance to staff
 - To safeguard the dignity, rights and well being of young people
 - To assure parents that staff are knowledgeable and that their individual needs and concerns are taken into account

3.0 Principles

The document embraces these principles:

- Every child has the right to feel safe and secure
- Every child has the right to be treated as an individual
- Every child has the right to privacy, dignity and a professional approach from all staff when meeting his or her needs

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4.0 Context

4.1 Schools admit children who are still four into the Reception Class. Most children entering school will be toilet trained (which may include the occasional 'accident'). However, a few children will be at an earlier stage of toileting or still in nappies.

4.2 All schools are required to have an inclusion / SEN Policy which emphasises equality of access and opportunity which reflects the legal requirements of the Special Educational Needs and Disability Act 2001 and the Education Act (1996).

4.3 In order to meet the needs of children with long-term incontinence or an identified disability requiring a higher level of toileting support, schools must make 'reasonable adjustments'. Please see 'Guidance for Staff who Provide Intimate Care for Children and Young People'.

5.0 Working with Parents

5.1 Working in partnership with parents is an important principle of the EYFS. Practitioners should work to establish an agreed 'Toileting Plan' with parents (see Appendix 1). Exchanging information with parents is essential; parents should be encouraged and empowered to work together with staff to ensure a consistent approach.

6.0 Writing a 'Toilet Management Plan'

6.1 Where a routine procedure to toileting is required, a 'Toilet Management Plan' should be agreed in discussion with the child, school staff, parents and relevant health personnel. This plan should be signed by all who contribute and reviewed on an agreed basis.

6.2 In developing a 'Toilet Management Plan', Appendix 2 (Early Years Quality and Inclusion Advice Sheet on Toileting) should be referenced.

6.3 The plan should consider the following:

- Location of the plan for reference, ensuring discretion and confidentiality.
- Location of recording procedures, ensuring discretion and confidentiality.
- Necessary equipment and waste disposal (see 'Environmental Advice').
- Clear labelling of equipment and procedures e.g. Wipe table after use.

7.0 Staff Development

7.1 Staff must receive Child Protection training every 3 years.

7.2 Where appropriate staff must receive Moving and Handling training at least every year.

7.3 In addition identified staff members should be able to:

- Access other procedures and policies regarding the welfare of the child e.g. Child Protection.
- Identify and use a communication system that the child is most comfortable with.

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- 'Read' messages the child is trying to convey.
- Communicate and involve the child in the toileting programme.
- Offer choices, wherever possible.
- Develop, where possible, greater independence.
- Maintain confidentiality with children unless it is a child protection issue when Child Protection Procedures must be followed.

8.0 Environmental Advice

8.1 School's should ensure that the facilities are easily accessible and well maintained to promote children's awareness of good hygiene practices and developing independence.

8.2 Where children have long-term incontinence or a disability requiring a higher level of toilet support, the school may require specially adapted facilities. Specialist advice from health staff may be required when considering space, heating, ventilation and lighting for example. In some circumstances support from parents may be required, for example to clean and change children.

8.3 Additional considerations may include:

- Facilities with hot and cold running water
- Protective clothing including disposable gloves – provided by the school
- Labelled bins for the disposal of wet and soiled nappies / pads (soiled items being 'doubled bagged' before being placed in bin). *Advice on the disposal of nappies and nappy related waste i.e. urine and faeces can be found in the Health and Safety at Work Act 1974*
- Supplies of suitable cleaning materials; anti-bacterial spray, sterilising fluid, deodorisers, Anti-bacterial hand wash
- Supplies of appropriate clean clothing, nappies, disposal bags and wipes
- Changing mat or changing bench
- Privacy for the child whenever possible – this may mean taking the child to the disabled toilet facilities.
- A second adult to be present when intimate care is required in a separate room.

9.0 Safeguarding Children

9.1 It is essential that all staff are familiar with the school's Child Protection Policy and procedures.

9.2 If a child is hurt accidentally he or she should be immediately reassured and the adult should check that he or she is safe and the incident reported immediately to the designated line manager.

9.3 If a child appears sexually aroused, misunderstands or misinterprets an action / instruction, the incident should be reported immediately to the designated line manager.

9.4 Where there is an allegation of abuse, the guidelines in the Devon Child Protection procedures should be followed.

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ADDITIONAL GUIDANCE

Early Years Quality and Inclusion Advice Sheet

Toileting

Some children are in nappies when first entering an early years setting. The expectation is that they will be included by implementing a toileting plan based on good appropriate expectations on the part of both setting and parents/carers.

Consult with parent/carers to agree the time is right

- There may be times when it is appropriate to wait, for example if there is a new baby, the family is moving house, the child is moving from a cot to a bed and/or there are family difficulties.
- Negotiate a plan that is manageable for staff in the setting and parents at home. Consistency is vital.
- Establish the following:
 - Provision of special equipment e.g. step stool, toilet seat
 - Provision of extra clothing items.
 - Dress the child in clothes that can be pulled down easily.
 - Putting on pants underneath pull ups to allow the child to feel the damp and discomfort.
 - Words for bodily functions that will be used at home and in the setting.
 - Use of a visual 'going to the toilet' sequence for home and setting.

Watch for signs of readiness:

- Is the child dry/clean for significant lengths of time?
- Is there regularity with when s/he wets/soils?
- Can s/he indicate when s/he is wet or soiled?
- Does s/he pause or hold her/himself while wetting or soiling?
- Does s/he stop an activity to void/wet?
- Does s/he know the words for bodily functions and are they the same as those agreed by parents and staff?

Other considerations:

- How long is the child's attention span?
- How are their independent dressing skills?
- Does the child have motor/dexterity difficulties?
- Are there any possible safeguarding issues following closely monitored observation and assessment processes?

Top Tips:

- Be positive.
- Give lots of praise.
- Don't rush things.
- It might take longer for boys and some children with additional needs to learn.
- Children with some specific medical conditions may never become toilet trained.
- Expect set backs.
- If there are accidents try not to appear angry or disappointed. Just say 'Never mind, you'll get there next time. Let's get you some dry pants'.

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Trouble shooting

Resistant to the toilet:

- Role play with doll.
- Include visual sequence in the home corner.
- Make the toilet area a relaxing place.

Resistant to sitting on the toilet

- Work on sitting on the toilet not necessarily toileting itself.
- Introduce a toilet seat. Ensure its not too cold.
- Place a step in front of the toilet.
- Introduce timers to visualise time.
- Use dolls to role play.

Afraid of flushing

- Flush the toilet when the child has left the room.
 - Give advance warning of the flush.
 - Reward if child flushes toilet.
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- In most cases following the advice on this sheet consistently at home and in the setting should ensure successful toilet training.
 - It may be necessary to make targeted written observations to ascertain when s/he wets or soils and to find out what happened just before a wetting incident. For example if the child was deeply concentrating on an activity, stressed by someone/something or acting out/acting in behaviourally.
 - These observations will inform which strategies to try and when.
 - If the advice on this sheet proves unsuccessful it may be necessary in conjunction with parents to seek advice from a Health Visitor or other medical practitioner.

PLEASE ALSO BE MINDFUL OF GUIDANCE ON INTIMATE CARE IN THE STAFF AND GOVERNOR HANDBOOK, WITHIN:

SAFER WORKING PRACTICES.