Children & Young People

Intimate Care and Toileting Guidance for Schools and other Settings Revised May 2015

Brent Council

Queries about this document should be addressed to:

Special Educational Needs Assessment Service

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Intimate Care and Toileting Guidance for Schools and other Settings

Contents

1. Introduction

In Brent, as elsewhere across the country, Early Years' settings and schools now admit younger children. Many of these children will have occasional 'accidents' with toileting, whilst others will be in the early stages of toilet training.

In addition, there will be children and young people across the age range 2 – 19 who, for a number of reasons, are either delayed in attaining this skill or who will need long term support and intervention throughout the day to manage their individual needs.

Incontinence is not uncommon and it is therefore unacceptable for any school or setting to delay or refuse to admit children who have not achieved this stage in their development. Admission policies or practices which require children to be toilet trained before joining a school or setting are discriminatory and potentially unlawful.

This guidance sets out the legal position for schools and settings and provides extensive advice to support them in making provision for all children and young people with intimate care and toileting needs. This guidance is for all children with intimate care and toileting needs, not purely for children with Special Educational Needs (SEN).

2. Intimate Care

"Intimate care is care which involves contact with parts of the body that we usually consider to be private." Barnardo"s Carers" Handbook

The term 'intimate care procedures' can include toileting and cleansing routines, catheterisation, urostomy care, colostomy care and emergency administration of rectal medication.

Specific training for catheterization, urostomy and colostomy care and emergency administration of rectal medication must be provided by a health care professional before schools implement these routines.

Care routines should be documented in an Individual Health Care Plan (see Managing Medicines in Schools and Early Years Settings, DfES, 2005, Form 2 in Appendix A) or Intimate Care Plan.

3. The Legal Framework

a) Duties and responsibilities

The Equality Act 2010 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 historical practices that no longer comply with new legislation, changes will be required wherever blanket rules about continence have been a feature of a setting/school's admissions policy. Schools and settings will also need to take action to ensure they provide an accessible toileting facility if this has not previously been available.

Achieving continence is one of hundreds of developmental milestones usually reached within the context of learning in the home before the child transfers to learning in a nursery/school setting. In some cases this one developmental area has assumed significance beyond all others. Parents are sometimes made to feel guilty that this aspect of learning has not been achieved, whereas other delayed learning is not so stigmatising.

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 admission policy 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/schools are expected to make reasonable adjustments to meet the needs of each child.

b) Administering medicines

Members of staff often have concerns regarding their obligation to administer medicines in school. „Supporting Pupils with Medical Needs in School", Circular 14/96, DfEE gives the following advice:

"*Employers (usually the LEA or governing body) should ensure that their insurance policies provide appropriate cover for staff willing to support pupils with medical needs…Subject to this point, there is no legal or contractual duty on staff to administer medicine or supervise a pupil taking it. This is a voluntary role. Support staff may have specific duties to provide medical assistance as part of their contract."* Para 13.

"Teachers and other school staff have a common law duty to act as any reasonably prudent parent would to make sure pupils are healthy and safe on school premises and this might in exceptional circumstances extend to administering medicine and/or taking action in an emergency." Para 14.
DfEE circular 14/96 „Supporting Pupils with Medical Needs in Schools."

NB. It is important that the Support Assistant's job description specifies support for personal hygiene routines and administration of medication.

c) Accommodation

The Education (School Premises) Regulations 1996 require schools to provide accommodation to give medical and dental treatment and care for pupils during school hours (this may not be its sole use).

They must also ensure:

a. Safe storage and handling of medicines (this could also include medical supplies, e.g. catheters);
b. That medication required in emergency situations is not locked away;
c. Relevant staff know the location of medicines.

d) Staffing

Staff must:

a. Be willing to carry out the procedure;
b. Have the role included in their job description – it is essential that the Support Assistant's job description specifies support for personal hygiene routines and/or administration of medicine;
c. Receive formal training for medical procedures and be assessed as competent by a named professional, to whom they can refer for advice and further training.

4. Staffing in Practice

Much intimate care is carried out by one staff member along with one child. This

practice should be actively supported unless the task requires two people. Having people working alone does increase the opportunity for possible abuse or allegations. However, this is balanced by the loss of privacy and lack of trust implied if two people have to be present – quite apart from the practical difficulties. All staff must have had DBS checks. A (childcare) student on placement should not change a nappy unsupervised. Any other placement/volunteers should not change a nappy at all. Two to three identified staff should assist and change each child rather than the same staff every time.

For older children it is preferable if the member of staff is the same gender as the young person. However, this is not always possible in practice. Where a member of staff is concerned at conducting intimate care on a 1:1 basis, it may be possible to have a second member of staff in an adjoining room or nearby so that they are close to hand but do not compromise the child's sense of privacy.

If several children wearing nappies enter Early Years Foundation Stage provision, there could be clear resource implications. Additional resources from the delegated SEN budget should be allocated to the EYFS group to ensure that the children's individual needs are met.

5. Parents and Carers

Each child, for whom it is appropriate, is to have a written 'Intimate Care Plan' (See Appendix B), included in their individual programme. Close involvement of parents/carers and the child/young person are essential in developing 'Intimate Care Plans" and written consent must be given by them.

The plan should be disseminated to all staff involved in the intimate care of the pupil. Care plans must be renewed regularly and at least once a year.

6. Recording

A pupil changing record should be signed by any staff involved in toileting intimate care tasks. For Early Years settings, please see Reference Document NP6 Maintaining Child"s Records. Alternatively, see Appendix C for a Changing Record proforma.

Copies will be kept in a file in the hygiene suite/toilet area, and completed sheets stored in pupils" individual confidential files. There is also a section on the sheet to record any comments or observations, eg. skin impairment, changed bowel or urinary pattern.

7. Child Protection

Staff should be trained to be alert to the potential indications of abuse or neglect in children and be aware of how to act upon their concerns in line with Child Protection procedures. Setting/school managers are encouraged to remain highly vigilant for any signs or symptom of improper practice, as they do for all activities carried out on site.

If staff are concerned that during the intimate care of the child:

- A member of staff accidentally hurts the child.
- The child seems sore or unusually tender in the genital area.
- The child appears to be sexually aroused by your actions.
- The child misunderstands or misinterprets something.
- The child has a very emotional reaction without apparent cause (sudden crying or shouting) - then the adult must report any incident as soon as possible to another person and make a brief written note of it. Then that member of staff should discuss immediately with a senior member of staff or child protection coordinator.

8. Good Practice in Intimate Care *(with direct advice to staff)*

Every pupil should be treated with dignity and respect.

The pupil's right to privacy should be ensured, taking into consideration their age and the situation. *When out of the usual environment it is good practice to maintain the same standards of privacy and dignity. Prior knowledge of location and layout of toilets is to be sought wherever possible.*

The pupil should be involved, wherever possible, in their own intimate care routine: explain what you are doing and ask for their compliance. *Try to avoid doing things for the child that s/he can do alone, and if a child is able to help, ensure that s/he is given the chance to do so. This is as important for tasks such as removing underclothes as it is for washing the private parts of a child"s body. Support children in doing all that they can themselves, even if that takes longer. If a child is fully dependent on you, talk with her or him about what you are doing and give choices where possible.*

Use as prime time – *sing a favourite song/rhyme, talk about home/family/recent topic in class etc.*

Staff should be responsive to a pupil's reactions. If the pupil appears to be distressed or uncomfortable, stop and try another approach. *Be responsive to the child"s reactions. It is appropriate to „check" your practice by asking the child – particularly a child you have not previously cared for – "Is it ok to do it this way?"; "Can you wash there?"; "How does Mummy do that?" If a child expresses dislike of a certain person carrying out her or his intimate care, try and find out why. Conversely, if a child has a „grudge" against you or dislikes you for some reason, ensure your headteacher or manager is aware of this.*

Make sure that practice in intimate care is as consistent as possible. Agree approaches with other care staff and document agreed procedures in the IHCP. *Heads of school have a responsibility for ensuring their staff have a consistent approach. This does not mean that everyone has to do things in an identical fashion, but it is important that approaches to intimate care are not markedly different between individuals. Schools and settings should set out their own policy.*

Liaise with parents and other professionals. (Suggest agree with parents the language to be used) *Liaison with other professionals is essential where*

there are a number of carers and settings.

Never attempt to carry out a procedure for which you have not been trained. It is the school's responsibility to ensure that sufficient numbers of staff have been trained to cover for unexpected staff absences. *Never do something unless you know how to do it. If you are not sure how to do something, ask. If you need to be shown more than once, ask again. Certain intimate care or treatment procedures, must only be carried out by nursing or medical staff. Other procedures, such as giving rectal valium, suppositories, or intermittent catheterisation, must only be carried out by staff who have been formally trained and assessed as competent.*

If you have any concerns about your duties or the pupil's reaction to your work, report it – the SENCO will advise on how to proceed. *See section on Child Protection.*

Encourage pupils to have a positive image of their own body – never show distaste at any of the intimate care procedures that have to be carried out for the pupil. *Confident, assertive children who feel their body belongs to them are less vulnerable to abuse. As well as the basics like privacy, the approach you take to a child"s intimate care can convey lots of messages about what her or his body is „worth". Your attitude to the child"s intimate care is important. As far as appropriate and keeping in mind the child"s age, routine personal care of a child should be enjoyable, relaxed and fun.*

Much of the above is taken from the publication "Abuse and Children who are Disabled; a Training and Resource Pack for Trainers in Child Protection and Disability," 1993.

9. Introducing Toilet Training

Incontinence can simply mean that a child is not yet toilet trained; can be part of a medical condition or can be part of a global delay. Some children will never be totally continent so the emphasis will be on management of the condition. Other children will be late in achieving developmental milestones and toilet training will be delayed accordingly.

A child will pass through three stages as they develop bladder control:

1. The child becomes aware of having a wet or dirty nappy.
2. S/he knows urination is taking place and may indicate this.
3. The child realises s/he needs to urinate and may say/sign so in advance.

Toilet training will be more successful if the child is at the last stage.

Assess the child over a period of two weeks to determine:

- If there is a pattern to when the child is wet or dirty;
- The indicators the child is giving that s/he needs the toilet (actions, facial expression);

- Number of visits to the toilet with monitoring of wet, soiled or dirty nappies which should help to determine toileting behaviour and show an emerging pattern.

Some strategies to support the process:

- Familiarise the child with the toilets, use other children as good models (being sensitive to their privacy), flush the toilets, wash hands etc.;

- Encourage the child to use the toilet when s/he is indicating in some way that there is a need, but do not force the issue;

- Take the child to the toilet at a time that the monitoring had indicated;

- Ensure the child is able to reach and is comfortable on the toilet; Tell the child you will wait outside until they have finished, talk to him/her;

- Be aware that the child may not always use the toilet;
- It may take time to develop the idea of what is expected; don't become anxious;

- Praise the child when the toilet is used;

- There may be some setbacks (possibly an emotional reason), patiently continue;
- Accidents will occur – deal with them discreetly and without fuss; It may take time – be patient and success will be very satisfying.

It is important to develop a common home/school approach in order for the process to succeed.

10. Partnership Working with Parents

Key Person and Buddy Approach in Early Years – It is vital that the key person and parent/carer build a relationship based on trust and understanding – a home visit and/or interview/visit to class is a good way to start.

Gather information from the parent/carer

- Has toilet training been introduced?
- How has it been introduced?
- What happens at home?
- Are there any particular behaviours / anxieties?
- Any sensitivities related to intimate care?
- Are there any routines or approaches that work well?

In some circumstances it may be appropriate for the setting/school to set up a home setting/school agreement that defines the responsibilities that each partner has, and the expectations each has for the other. This might include:

The Parent

- Agreeing to ensure that the child is changed at the latest possible time before being brought to the school/setting
- Providing the setting/school with spare nappies, wipes etc 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 the application of any cream
- 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 the arrangements should this be necessary.

The School/Setting

- Agreeing to change the child during a single session should the child soil or wet themselves
- Agreeing how often the child would be changed should the child be staying for the 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 the arrangements through the care plan

Ideally this should be a documented contract that is discussed/agreed and signed by both parties.

11. Bowel / Bladder Incontinence

Brent PCT aims to provide a comprehensive, cohesive and responsive service to all school aged children, resident in Brent or attending Brent schools, who present with enuresis. For children from 5 - 7 years there is an advice and support network for them and their families, easily accessible via the school nursing service. School nurses are qualified nurses, many with post registration additional training, which specifically relates to the needs of children aged 4 to 19 years. The school nurse is the key health worker in schools and is in a unique position to identify early problems, which may affect the health and development of school aged children or prevent children reaching their full academic potential. Each school in Brent has a school nurse with whom parents, children and education staff can discuss any concerns. School nurses can be contacted either at the school during school hours or at the clinic base at other times. (Professional Facilitator for School Health Tel: 020 8795 6800). The management of children from 7 years centres on a special assessment of the child.

Some pupils with specific medical conditions may never achieve complete bowel continence. The parents or carers usually carry out most of the bowel management at home. This may include regular enemas and use of laxatives.

Both parents and pupils need to be confident that any soiling issues can be dealt with discreetly in school whilst the youngster is working towards independent management of his/her condition. It is important that a common approach is used

at home and at school with agreed strategies and rewards. It should be acknowledged that this can be a long process with setbacks along the way.

a) General Considerations

Information regarding the condition should be shared sensitively with relevant staff;

There should be access to a private toilet facility with waste disposal and washing facilities, and awareness that some pupils prefer not to use the 'accessible toilet 'facility;

Arrangements should be made to enable the pupil to leave the classroom discretly, when necessary;

A supply of clean underwear, (nappies) and wet wipes should be available; the pupils should have access to drinks, as a regular fluid-intake is usually recommended;

Toilet arrangements for school outings should be considered – a RADAR key gives access to most public disabled toilet facilities (Parents can contact their local council to buy a key for a nominal sum.)

b) Self-management in Early Years

Emphasis should be placed on establishing a routine where the pupil checks his/her nappy/trainer pants/underwear, for signs of soiling at regular intervals. Initially, this should be on arrival, at playtime, lunchtimes and before going home.

The supporting adult should use a low-key approach, acknowledging when the pupil identifies correctly that s/he needs changing, but never showing disappointment that the nappy is soiled. Staff should remember this is a medical condition and may not be in the pupil's control.

The pupil should be encouraged to get his/her own things ready. A pictorial cue card helps to establish this routine.

Some children may need visual support in learning the sequence of events when using a toilet (See Appendix D).

Additional visits to the toilet will be required to deal with soiling incidents, identified by smell.

c) Self-management in Key Stage 1

Building on the work done in Early Years, the pupil will be encouraged to initiate visits to the toilet at regular intervals.

The use of a token system should be considered: the pupil places a token on the teacher's desk as s/he leaves the room to go to the toilet and collects it on return.

The support assistant is not required to be in the classroom at all times. A system should be established whereby support staff can be summoned when necessary.

The pupil should be encouraged to take responsibility for as much of the cleansing and changing routine as is possible.

The pictorial cue card should be adapted to suit the pupil's reading ability/cognitive development.

'Hands-on' support should be withdrawn gradually.

Monitoring of progress by a member of the senior management team can be a good motivator.

d) Self-management in Key Stage 2

Pupils should now be encouraged to implement their cleansing and changing routines independently, with oversight for emotional support and guidance. Some pupils respond well to using an alarm on their wrist-watch, to alert them to the time to go to the toilet.

It is hoped that independence will have been achieved well before secondary school transfer. Peer pressure plays an important role with older pupils, who become anxious if anybody knows about their condition.

For some pupils with ongoing bowel medical conditions, they may wear special "nappies" to absorb any leakage. When these begin to smell, it may present a problem which results in other children avoiding sitting near them. In these situations, it is important to liaise with the parents/carers and pupil to find bowel-management solutions and prevent isolation/ low self-esteem.

e) Self-management in Key Stages 3 & 4

Pupils generally manage their own cleansing and changing routines at KS3 & 4.

Pupils should be given their own key to the designated toilet, if it is usually kept locked. It is essential that staff are sensitive to a pupil's need for privacy.

SENCOs should ensure that a system is in place to inform temporary staff of any established routines, especially if a pupil needs to leave the room during lessons.

Some pupils may experience emotional problems around puberty and can begin to deny that they have a problem. In a few cases counselling by a clinical psychologist may be necessary.

Depending on the pupil and his/her condition training may need to be provided for the pupil by a medical professional e.g. for self-catheterization with back up available from trained school staff in case it's needed.

12. Dealing with Soiling Incidents

Settings/schools should have clear written guidelines for staff to follow when changing a child, and parents should be aware of these procedures. In cases of more complex continence needs, health care professionals may need to advise staff on procedures to follow.

Guidance is already available for dealing with nappy changing in Early Years settings (Procedure Number NP26 - Appendix F).

This procedure should be followed for older pupils in primary/secondary schools, with a few differences. There is no need to put a child onto a changing surface if s/he has standing balance and is happy to be cleaned while standing. It is preferable to shower the child clean rather than use wipes which can be more invasive. If shower facilities are unavailable then the child may be able to wipe him/herself clean, wearing gloves. If the child is unable to administer his own cleansing, then an adult should do so. The privacy and dignity of the child should be of paramount importance.

Where a child is unable to stand, advice needs to be sought from medical professionals and specialist equipment may be needed such as a height-adjustable plinth, hoist or molded toilet chair. Advice and training re equipment and moving and handling must be sought.

Consideration is to be taken when disposing of children's/young person's soiled clothing. Prior agreement with parents/carers is to be sought wherever possible. Soiled clothing should be placed in a plastic laundry bag for the parent/carer to take home to wash. Machine wash is recommended. No soaking of soiled clothing should take place. Any faecal matter should be disposed of down the toilet before placing clothing in a plastic bag.

Soiled nappies are to be double-wrapped or placed in a hygienic disposal unit if the number produced each week exceeds that allowed by the Health and Safety Executive's limit.

Used catheters and colostomy bags need to be placed in yellow clinical waste bags and an arrangement set up for disposal.

Good hygiene practice is essential when dealing with soiling incidents. See Procedure Number NP28 for further advice on hygiene practice (Appendix G).

NB. Asking parents/carers of a child to come and change a child is likely to be a direct contravention of the Equalities Act, and leaving a child in a soiled nappy for any length of time pending the return of the parent is a form of abuse.

13. Facilities

More and more children with complex health needs are attending mainstream schools. A suitable place for changing children therefore should have a high priority in any setting's/school's Access Plan.

The Department of Health recommends that one extended cubicle with a wash basin should be provided in each school for children with disabilities. This is a minimum, schools and settings may well wish to plan for better provision.

Facilities are to be easily accessed by the child and designed with the appropriate advice from relevant professionals where necessary, for example, Occupational Therapist, Physiotherapist, School Nurse, or appropriately trained professionals.

Hand washing facilities are to be provided within the room for the child/young person and staff. Liquid soap and paper hand towels are to be available.

Toilet facilities should be separate from bathrooms/showers. This is particularly important for disabled facilities with a shower tray, as water may spread over the whole floor area and become contaminated from around the shower.

All waste bins are to be fitted with a lid to be foot operated.

A secure area for clinical waste awaiting collection must be available.

The importance of privacy is maintained by ensuring the room can be seen to be in use (a Do Not Enter sign) and be secured from intrusion.

All equipment is to be stored safely but easily accessible to the child where this is necessary. It is important to take into consideration the privacy of the individual children/young people and the safety of others.

Facilities must be regularly inspected and maintained. All notices must be laminated.
Alarm cord for pupil / staff to summon assistance if required.
Spare clothing must be stored.

14. Equipment

The list of equipment detailed below is not exhaustive but gives examples of types of equipment available for use.

- Rise and fall bed/bench, with suitable sides.
- Changing mat, suitable for younger child, covered with intact waterproof material.
- Moving and handling equipment for non-mobile pupils.
- Gloves – if direct contact with blood or body fluids is anticipated, staff should wear seamless, non-sterile gloves (e.g. latex and non-latex which are

powder-free).

- Aprons – disposable plastic aprons. The use of cotton is not recommended.
- Disposable paper towels.
- Disposable wipes – the product as agreed in the Care Plan.
- Cleansing agent – appropriate for use and as agreed in the Care Plan.
- Continence care products.
- Clinical Waste Bags.

15. Further Information and Guidance

Enuresis Resource & Information Centre (ERIC), 34, Old School House, Britannia Road, Kinswood, Bristol, BS15 8BD. Tel: 0117 960 3060
www.eric.org.uk

Good Practice in Continence Services, 2000. Available free from Department of
Health, PO Box 777, London SE1 6XH or
www.doh.gov.uk/continenceservices.htm

Toilet Training for individuals with Autism & Related Disorders: A Comprehensive Guide for Parents & Teachers, 2004, by Maria Wheeler, M.Ed. ISBN 1885477457.

Managing Medicines in Schools and Early Years Settings, 2005. Available from dfes@prolog.uk.com Ref: 1448-2005DCL-EN.

References

1. **Northamptonshire County Council Toileting Guidance. September 2012.**
2. **Service Children's Education Intimate Care Policy. March 2013.**

Appendices

Appendix A – Draft intimate care and toileting policy
Appendix B – Individual Health Care Plan (IHCP)
Appendix C – Intimate Care Plan
Appendix D – Changing Record
Appendix E – Picture Sequence for the Toileting Routine
Appendix F – Using the Toilet Social Story
Appendix G – Procedure Number NP26
Appendix H – Procedure Number NP28
Appendix I – Hand washing Technique
Appendix J – Things to consider when a child presents at school

Appendix A

DRAFT INTIMATE CARE AND TOILETING POLICY

Insert name of organisation is committed to safeguarding and promoting the welfare of children and young people. We are committed to ensuring that all staff responsible for intimate care of children and young people will undertake their duties in a professional manner at all times.

Intimate care is defined as any care which involves washing, touching or carrying out an invasive procedure that most children and young people carry out for themselves, but which some are unable to do.

Intimate care tasks are associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with, or exposure of the genitals. Examples include support with dressing and undressing (underwear), changing incontinence pads and nappies, helping someone use the toilet or washing intimate parts of the body. Disabled pupils may be unable to meet their own care needs for a variety of reasons and will require regular support.

The Governing Body recognises its duties and responsibilities in relation to the Disability Discrimination Act which requires that any child with an impairment that affects his/her ability to carry out normal day-to-day activities must not be discriminated against.

We recognise that there is a need for children and young people to be treated with respect when intimate care is given.

No child shall be attended to in a way that causes distress, embarrassment or pain.
Staff will work in close partnership with parents and carers to share information and provide continuity of care.

It is generally expected that most children will be toilet trained and out of nappies before they begin at school or nursery. However it is inevitable that from time to time some children will have accidents and need to be attended to. In addition to this an increasing number of children and young people
with disabilities and medical conditions are being included in mainstream

settings. A significant number of these pupils require adult assistance for their personal and intimate care needs.

In order to help the children to become aware of their bodily needs and respond to them in time, those who wish to go to the toilet are always allowed to go, although they are encouraged as they progress through the school to use the toilet during break times. The school undertakes to attempt
any support any training programme requested by a child‟s GP and/or the school doctor or parent.

Permission is sought as children enter Early Years Foundation Stage (EYFS) and slips are kept on record. All FS staff are informed of those children where no permission is given. Where a child has continuing incontinence problems (i.e. past EYFS) parents are expected to continue to provide a complete set of spare clothes and „baby-wipes‟. The school also keeps a stock of spare clothes in various sizes.

EYFS staff have access to a private bathroom area (ARTSPACE) with a toilet and hand basin with access to warm water. There is also a stock of baby wipes, plastic bags and disposable protective gloves for staff to use, which they must do. If a child soils him/herself during school time, one member of the FS staff (teacher, NNEB, practitioner, meals supervisor) will help the child:

To remove their soiled clothes

Clean skin (this usually includes bottom, genitalia, legs, feet) Dress in the child‟s own clothes or those provided by the school Double wrap soiled clothes in plastic bags and give to parents
to take home.

At all times the member of staff pays attention to the level of distress and comfort of the child. If the child is ill the member of staff telephones the parent/carer. In the event a child is reluctant and finally refuses, the parent/carer will be contacted immediately.

Our intention is that the child will never be left in soiled clothing, but as soon as the member of staff responsible for him/her is aware of the situation, she/he will clean the child. The member of staff responsible will

check the child regularly and to ensure that he/she is clean before leaving to go home.

The latter is because the school washing facilities are not accessible to parents.

It is intended that the child will not experience any negative disciplining, but only positive encouragement and praise for his/her endeavours to master this necessary skill. It is always our intention to avoid drawing attention to such events and positively to encourage the child in his/her efforts to gain these skills.

Our approach to best practice for ultimate care needs over and above accidents.

The management of all children with intimate care needs will be carefully planned.

Where specialist equipment and facilities above that currently available in the school are required, every effort will be made to provide appropriate facilities in a timely fashion, following assessment by a Physiotherapist and/or Occupational Therapist.

There is careful communication with any pupil who requires intimate care in line with their preferred means of communication to discuss needs and preferences.

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 and menstruation.

Pupils will be supported to achieve the highest level of independence possible, according to their individual condition and abilities

Individual care plans will be drawn up for any pupil requiring regular intimate care

Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. Where possible one pupil will be cared for by

one adult unless there is a sound reason for having more adults present. In such a case, the reasons will be documented.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the 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

Where a care plan is not in place and a child has needed help with intimate care (in the case of a toilet „accident‟) then parents/carers will be informed the same day.

This information should be treated as confidential and communicated in person, via telephone or by sealed letter

Child Protection

The Governors and staff of ***Insert name of organisation*** recognise that disabled children are particularly vulnerable to all forms of abuse.

Child Protection and Multi-Agency Child Protection procedures will be adhered to at all times.

If a member of staff has any concerns about physical changes in a child‟s presentation (unexplained marks, bruises or soreness for example) s/he will immediately report concerns to the Designated Person for Child Protection.

If a child becomes distressed or unhappy about being cared for a particular member of staff, the matter will be investigated at an appropriate level and outcomes recorded.

Parents/carers will be contacted at the earliest opportunity as part of the process of reaching a resolution. Further advice will be taken from partner agencies.

If a child makes an allegation about a member of staff this will be investigated in accordance with agreed procedures.

This policy was adopted by the Governing Body on ***insert date***

It will be reviewed by ***insert date***

Appendix B

Individual Healthcare Plan

(Taken from 'Managing Medicines in Schools and Early Years Settings')

Name of School/Setting _____

Child's name _____

Group/Class/Form _____

Date of Birth _____

Child's Address _____

Medical Diagnosis or Condition _____

Date _____

Review date _____

CONTACT INFORMATION

Family contact 1		**Family contact 2**	
Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	

Clinic/Hospital contact

Name _____

Phone No. _____

GP

Name _____

Phone No. _____

Describe medical needs and give details of child's symptoms:

Daily care requirements: (e.g. before sport/at lunchtime)

Describe what constitutes an emergency for the child, and the action to take if this occurs:

Follow up care:

Who is responsible in an Emergency: (State if different for off-site activities?)

Form copied to:

Appendix C

INTIMATE CARE
PLAN

Name	
Date	
Date of Birth	
Assessor	
Relevant Background Information	
Setting	Hygiene Suite Toilet
Consent given	
Identified need – specific individual requirement e.g. cream applied	
Communication	Use of symbols? Signs? Verbal prompts? Object of reference etc.?
Self-care skills	Fully dependent/aided Supported/independent
Mobility	Independent/steady/grab rail Unsteady/wheelchair user
Fine motor skills	Can do – tapes/zips/buttons/taps/towels/adjust own clothing
Moving and handling Assessment Step by step guide to what happens	Tracking/mobile hoist or S, M, L or own sling in chair transfer using Mobile hoist. Walking frame/support to table/physical turntable
Facilities	Environment to provide dignity safety Curtain Hand washing
Equipment	Gloves, wipes, aprons, waste bins foot operated Rise and fall bed. Changing mat/moving and handling equipment. Continence produce/nappy size/paper towels/liquid soap/spray cleaner
The disposal of soiled articles of clothing as agreed with parents/carers	Solid waste into the toilet. Clothes sent home in tied plastic bag. Indicate in bag or in diary contents of bag.
Frequency of procedure required	On arrival/mid-morning/lunchtime/midafternoon/ whenever necessary/on request
Review date	Whenever needs change

ADVICE ONLY

If your child needs cleaning, plain water will be used with a few drops of liquid cleanser added to the water. Name of liquid cleanser –
Please advise if this is not suitable for your child and send in an alternative.

I/we have read, understood and agree to the plan for Intimate Care

Signed ……

Name……

Relation to child ……

Date ……

Appendix D

CHANGING RECORD

PUPIL _____

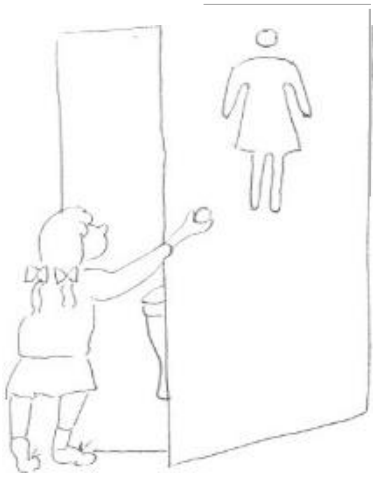
WEEK BEGINNING _____

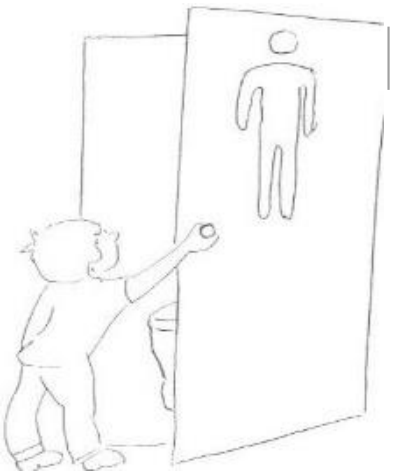
W (wet), D (dry), B (bowels open), M (menstruation), U (urinated), S (soiled)

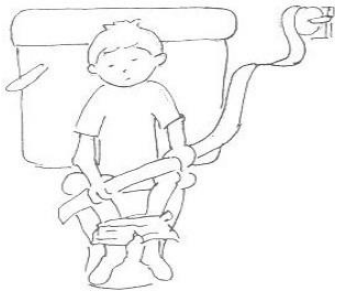
DAY/ DATE	TIME	SIGNATURES	W, D B, M U, S	COMMENTS/OBSERVATIONS Eg – skin impairment – changed bowel or urinary pattern

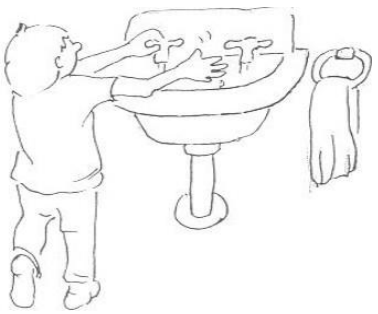
Please remember – if you have any concerns, then please discuss immediately with a senior member of staff or child protection coordinator

Appendix E









Appendix F

Using the Toilet Social Story

Sometimes I have to wee.
I go to the toilet when I have to wee.

Sometimes I have to poo.
I go to the toilet when I have to poo.

When I go in the toilet, I pull my pants down. I sit on the toilet.

Sometimes I wee in the toilet.
Sometimes I poo in the toilet.

When I am finished going wee and poo, I wipe my bottom with toilet paper. Sometimes I have to wipe again. I wipe to make my bottom clean and dry.

After I wipe, I drop the dirty toilet paper in the toilet. I flush the toilet. I go to the sink and wash my hands with soap and water. I dry my hands.

Appendix G

PROCEDURE TITLE:	**NAPPY CHANGING**
PROCEDURE NUMBER:	**NP26**
PROCESS OWNER: APPROVED BY:	
DATE REVISED:	**NOVEMBER 2006**
REVISION LEVEL:	

1.0 SCOPE

The primary purpose of this procedure is to provide guidance to staff on the procedure to be followed when changing a child.
This procedure is mandatory throughout the nursery service.

2.0 REFERENCE DOCUMENTS

The following documents should be referred to in connection with this procedure:
NP1 Nursery Admissions
NP6 Maintaining Childs Records
Full Day Care: National Standards 4, 7, 10,12, 13

3.0 RECORDS

The following records will need to be maintained by staff in relation to the operation of this procedure:

Children's Information

Nappy Changing Chart

Procedure Title:	**Nappy Changing**
Procedure Number:	**NP26**

Step:	Action:	Who:	Activity:
1.	Nappy Changing	**Keyworker**	Shall place child on changing surface only when all the items are in place relating to changing a child.
2.	Soiled Items	**Keyworker**	Shall place open bag ready to put soiled items inside.
3.	Protective Clothing	**Keyworker**	Shall put on gloves and apron. Then place child on the mat or changing table.
4.	Changing Child	**Keyworker**	Shall remove soiled nappy and clean child using baby wipes. Put clean nappy on child.
5.	Cleansing The Surface	**Keyworker**	Shall remove child from the surface. Spray changing mat with a mild disinfectant and wipe over.
6.	Disposal Of Soiled Items	**Keyworker**	Shall place soiled nappies in bags
7.	Clinical Waste Bag	**Keyworker**	Shall place the bag containing the soiled items in the yellow clinical waste bag.
8.	Handwashing	**Keyworker**	Shall wash hands using anti-bacterial soap.
9.	Recording	**Keyworker**	Shall record details on nappy changing sheet.
10.	Reporting	**Keyworker**	Shall report any abnormal stools to the Parent/carer and Manager.

END

Appendix H

PROCEDURE TITLE:	Hygiene Practice
PROCEDURE NUMBER:	**NP28**
PROCESS OWNER:	
APPROVED BY:	**1**
DATE REVISED:	

1.0 SCOPE

The primary purpose of this procedure is to provide guidance to staff on how to prevent the spread of infections and ensure that nursery staff observe good hygiene practice. This procedure is mandatory throughout the nursery service.

2.0 REFERENCE DOCUMENTS

The following documents should be referred to in connection with this procedure: Health and Safety Manual
Full Day Care: National Standards 6, 7

4.0 RECORDS

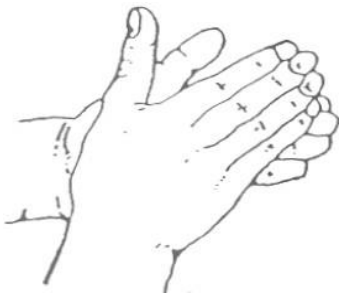
The following records will need to be maintained by staff in relation to the operation of this procedure: Official Orders
Approved Suppliers List

Procedure Title:	Hygiene Practice
Procedure Number:	NP28

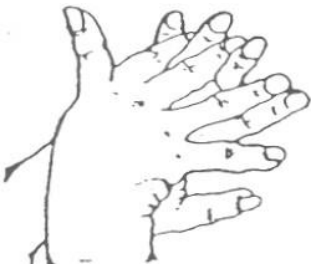
Step:	Action:	Who:	Activity:
1.	Personal Hygiene	**All Staff**	Shall wash hands after using the toilet and before handling food.
2.	Prevention	**The Key worker**	Shall ensure that children with pierced ears are not allowed to try on, or share, each other's ear-rings.
3.	**Cross Prevention Infection**	**The Keyworker**	Shall encourage children to cover their mouths when he/she sneezes or coughs.
4.	Encourage Hygiene	**The Key Worker**	Shall encourage children to blow and wipe his/her nose when necessary and dispose of soiled tissues hygienically.
5.	Disposal of Paper Towels	**All Staff**	Shall use paper towels and dispose of appropriately.
6.	Wiping Spills	**The Keyworker**	Shall wipe up any spills of blood, vomit or excrement and flush away down the toilet / sluice.
7.	Protective Clothing	**The Keyworker**	Shall always wear an apron and use disposable gloves when cleaning spills of body fluids.
8.	Cleaning	**The Keyworker / Domestic**	Shall clean floors and other affected surfaces with appropriate cleaner.
9.	Washing	**Domestic**	Shall thoroughly wash in hot water any fabrics contaminated with body fluids.
10.	Spare Clothing	**The Keyworker**	Shall provide spare laundered clothing in case of accidents.
11.	Cleaning	**Domestic**	Shall clean daily all surface with appropriate cleaner.

Appendix I

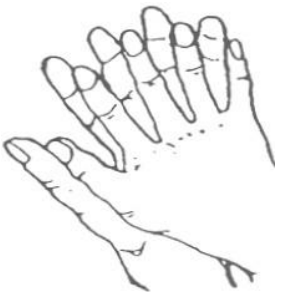
Hand washing technique



1 Palm to Palm

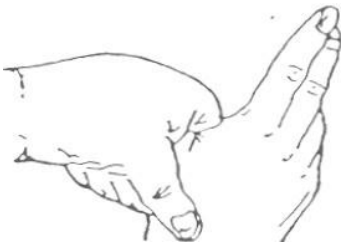


2 Right palm over left dorsum and left palm over right dorsum

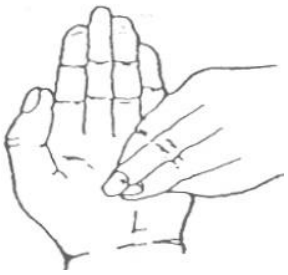


3. Palm to palm fingers interlaced

4 Right palm over left dorsum and left palm over right dorsum



5. Rotational rubbing of right thumb clasped in left palm and vice versa



6. Rotational rubbing. backwards and forwards with clasped fingers of right hand in left palm and vice versa

All staff must use and teach children the following technique;

- Hands must be wet under warm running water before applying soap.
- Hands should be washed vigorously for 30 seconds.
- Particular attention should be paid to thumbs, fingertips and in between the fingers.
- Hands should be thoroughly rinsed under running water.
- Hands should be dried thoroughly after washing.

Hand protection

All staff should always ensure that cuts or abrasions are covered with waterproof dressings, to provide protection from the blood and body fluids of others Such dressings (without visible air holes) should be available in first aid boxes.

Appendix J

Things to consider when a child presents at a school/setting.

No medical condition	Medical condition
1. Recruitment 2. Changing area identified 3. Hygienic equipment available to use 4. Arrangements for disposal of soiled nappies.	1. What is the medical history of the child? 2. Recruitment 3. Changing area identified 4. Hygienic equipment available to use 5. Arrangements for disposal of soiled nappies. 6. Written record of incidences 7. Healthcare Plan for child

Gov.uk Guidance

1. Health and Safety Procedure.
2. Facilities – *E.g.hygienic area for changing.*
3. Resources – *Ensure adequate time to spent and children's individual toileting needs are met.*
4. Job description – *Staff available to manage person care and child protection checks carried out.*
6. Partnership working –*Regular consultation and discussed with parent/carers.*
7. Agreeing a procedure for personal care in school – *Schools should have clear written guidelines for staff when changing a child.*