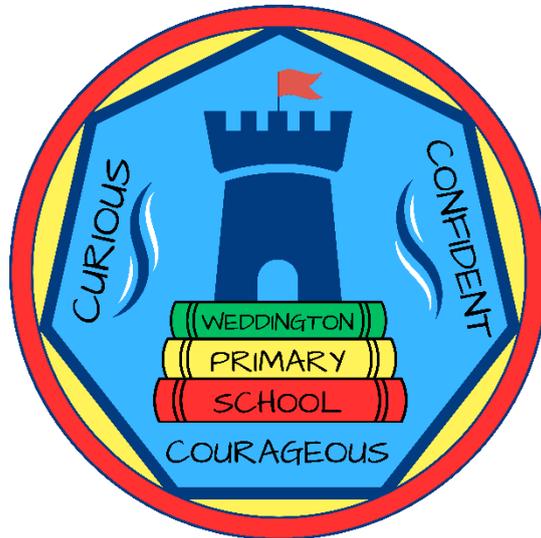


# Weddington Primary School



## **INTIMATE CARE AND TOILETING POLICY**

## **Introduction**

'Intimate care' covers any task that involves the washing, touching or carrying out a procedure to intimate personal areas and is associated with bodily functions and personal hygiene, including toileting, washing, dressing, and menstrual care.

## **Statement of intent**

When providing intimate care at Weddington Primary School, we will ensure that the child's safety, dignity and privacy are maintained at all times. All staff, and any extended services that provide intimate care, will do so in a professional manner. Staff are aware of safeguarding issues and will have had relevant training (e.g. health and safety, child protection, manual handling) before providing intimate care and no child should suffer distress or pain as a result of receiving intimate care.

Staff will work in partnership with parents or carers and external agencies to provide care appropriate to the needs of the individual child and, together, we will produce a care plan in liaison with the FSWCF. The care plan will set out:

- What care is required
- The number of staff needed to carry out the task and why
- Additional equipment required
- Child's preferred means of communication (e.g. verbal, visual)
- Child's level of ability – what tasks they are able to carry out by themselves

## **Best practice**

When intimate care is given, the member of staff will explain to the child each task that is carried out and the reasons for it. Staff will encourage children to do as much for themselves as they can.

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 with a second adult supporting. Parents/Carers' views on the number of staff providing personal care to their child must also be taken into consideration - some children may simply be unable to cope with more than one carer.

The school has policies and procedures in place to promote safe recruitment and child protection, as well as having sound staff supervision, safeguarding and intimate care procedures. Together these ensure that, should a child need consistent care from one member of staff, the child's safety and well-being will not be compromised.

## **Definition of Disability in the Disability Discrimination Act (DDA)**

The DDA provides protection for anyone who has a physical, sensory or mental impairment or medical condition that has an adverse effect on his/her ability to carry out normal day-to-day activities. The effect must be substantial and long-term. It is clear therefore that anyone with a named condition that affects aspects of personal development must not be discriminated against.

The Governing Body recognises its duties and responsibilities in relation to the Equality Act 2010 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.

It is also unacceptable to refuse admission to other children who are delayed in achieving continence. Delayed continence is not necessarily linked with learning difficulties. However, children with global developmental delay, which may not have been identified by the time they enter school, are likely to be late achieving independence with toileting; some may never achieve independence with toileting.

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 attends all appropriate training that is requested by a healthcare professional or parent/carer.

### **Starting school**

Children with toileting difficulties should be admitted into reception classes with their friends, in the same way as any other child. At this stage, it is not possible to assume that failure to achieve independence with toileting is in itself an indication of special educational needs. However, there are some children who enter nursery or reception with special educational needs and/or medical conditions which indicate the need for special toileting arrangements or toileting training. These children fall within the terms of the SEN and Disability Discrimination Acts and the school will take all reasonable steps to support them.

Before the child begins school we will:

- Gather information from parents, child and any professionals involved
- Establish effective partnership with parents/carers, child and any professionals involved
- Focus on health and safety implications and determine whether a risk assessment is required
- Decide, in consultation with parents/carers, whether you need further advice from Health or Children's Services
- Arrange for any specialist advice, training, resources to be in place before the child begins attendance
- Agree a plan with parents/carers and child and make a written note of the agreement
- Make sure that all staff are informed and clear about their responsibilities.

It is important for all parties to monitor and review the plan regularly to ensure it is still appropriate and meeting the changing needs of the child.

School staff will discuss the level of independence with toileting before a child starts school. However, school will not deny, delay or reduce attendance at school simply because a child has special toilet requirements. Instead, school and parents/carers will agree on a plan which will work towards maximum independence and support the child's attendance in the educational school.

\* If a toileting need becomes apparent once a child has been admitted to school, all of the above points will still apply. However, it may be necessary for additional parental support whilst the above points can be actioned.

Permission to provide intimate care is sought as children enter the Early Years Foundation Stage (EYFS). Permission is recorded on the home visit form. All EY staff are informed of those children where no permission is given. Where a child has continuing incontinence problems (ie into Key Stage 1 and beyond), parents are expected to continue to provide a complete set of spare clothes, baby-wipes and nappies/pads where appropriate. The school also keeps a limited stock of spare clothes in various sizes.

We have separate Reception toilets with a toilet and hand basins to access to warm water. We also have a larger, disabled toilet in Key Stage 1 and Key Stage 2 with nappy bins provided. There is also a stock of baby wipes, plastic bags and disposable protective gloves for staff to use. If a child soils him/herself during school time, an identified member of staff (with a second member of staff supporting) will take them to the nearest toilet and, on the other side of the door, talk them through the process of:

- removing their soiled clothes
- cleaning their skin (which may include their bottom, legs, feet and may include genitalia if appropriate)
- dressing into clean clothes (preferably their own but, in an emergency, those provided by the school)

The member of staff will then double wrap the soiled clothes in a plastic bag and send home with the child.

It is the responsibility of parents/carers to deal with wet/soiled clothing. Staff will liaise accordingly and make the necessary arrangements

At all times, the member of staff dealing with intimate care will pay attention to the level of distress and comfort of the child. If the child is ill, the member of staff will telephone the parent/carer. In the event that a child is reluctant to be changed and refuses, the parent/carer will be contacted immediately. If the child is heavily soiled and/or cannot clean themselves effectively, parent/carers will be contacted.

Our intention is that the child will never be left in soiled clothing and that, as soon as the member of staff responsible for him/her is aware of the situation, a member of staff will help support to clean the child. If a child has an accident as they are leaving school, or in the playground after school, parents can use the adult toilets to change their child.

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 to positively encourage the child in his/her efforts to gain these skills.

Where a care plan is not in place and a child has needed help with intimate care (in the case of a toileting 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.

**Our approach to best practice for intimate care needs over and above accidents where a pupil requires regular intimate care .**

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

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

There will be 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.

In such cases, school will always:

- Organise that a member of staff, familiar with the child, is given the responsibility of taking the child to the toilet at fixed, appropriate intervals throughout the morning/day. Careful observations and discussions with the child may identify when the child "needs to go".
- Ensure that the routine established in school is strictly maintained from the start and try hard to prevent accidents. If necessary, shorten the time between visits to the toilet so that the child gets into the habit of being dry.
- Be mindful that children may be anxious and pre-occupied by toilet difficulties but usually respond to praise, encouragement and confidence building. It is important to promote self-esteem in other areas.
- Make drinking water easily accessible for all children and encourage them to have "little and often" rather than in huge amounts at a time.
- Discreetly remind pupils regularly to use the toilet and consider using signs, pictures or code words.
- Make little fuss over accidents that do occur and ensure that they are dealt with swiftly, appropriately, sympathetically and in a calm, low-key way. Give extra attention when they have made the effort to go to the toilet independently.
- Anticipate toileting needs for these pupils before planning off site activities. Children should not be excluded from off-site activities because of their toileting needs.

## **Children with special educational needs and disabilities**

In addition to the good practice described above the following considerations may apply:

- In consultation with parents, Health service staff will provide any relevant medical information, training and advice
- It may be appropriate to consult additional services for children with Physical Disabilities who can provide guidance and assistance with risk assessments

## **Dealing with blood and body fluids on surfaces**

Blood, vomit, urine and faeces will be cleaned up immediately and disposed of safely by double bagging the waste and removing it from the premises. When dealing with body fluids, staff will wear personal protective clothing (disposable plastic gloves and aprons) and will wash themselves thoroughly afterwards. Soiled children's clothing will be bagged to go home – staff will not rinse them. Children will be kept away from the affected area until the incident has been dealt with fully.

Staff at Weddington Primary, and extended services, will maintain high standards of personal hygiene and will take all practicable steps to prevent and control the spread of infection.

Only staff employed by Weddington Primary, and the extended services, who hold an up-to-date DBS check, will be allowed to provide intimate care. Parent-helpers and volunteers are NOT permitted to do this.

## **Protecting children**

Staff are familiar with guidance from the Warwickshire Safeguarding Children's Board. The School's and the extended services procedures reflect the guidance in "Working Together to Safeguard Children" (DfE) and staff are familiar with the 'What To Do If You're Worried A Child Is Being Abused' flowchart from this document.

If a member of staff is concerned about any physical changes to a child, such as marks, bruises, soreness etc, they will inform the designated safeguarding lead immediately. The procedures set out in the 'Child Protection and Safeguarding Policy' will be implemented. Should a child become unhappy about being cared for by a particular member of staff, the headteacher will investigate and record any findings. These will be discussed with the child's parents or carers in order to resolve the issue. If necessary, the headteacher will seek advice from outside agencies. If a child makes an allegation against a member of staff, the procedure set out in the Child Protection and Safeguarding Policy will be followed.

*\*The normal process of changing a nappy/pad should not raise child protection concerns, and there are no regulations that indicate that a second member of staff must be available. However, it is strongly recommended that two members of staff should be present to supervise personal care procedures if staffing resources permit.*

