LINCOLN ANGLICAN ACADEMY TRUST
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Intimate Care Policy

Weston St Mary
CE Primary School

Reviewed by:	Date:	Changes made:
SLT and LGB	22.4.25	1.4 - amended sharing details to include Teams and remove prospectus 12 - amended complaints procedure
AC	12.12.23	No amendments
Pupils & Provision	01.10.2019	Replacement Policy

1. Overview

1.1 Definition of intimate care

1.1.1 In this policy 'intimate care' is defined as:

"Intimate care can be defined as any care which involves washing or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as day-to-day tasks such as help with washing, toileting or dressing. It also includes supervision of pupils involved in intimate self-care."

Taken from Welsh Government,
'Supporting Learners with Healthcare Needs' (215/2017)'p16

1.1.2 Further examples include medical interventions such as catheterisation and colostomy bags. Guidance should be sought from relevant health professionals and included in the child's healthcare plan if necessary.

1.1.3 Intimate care (which includes toileting) can be undertaken on a regular basis or during a one-off incident.

1.2 Development of the policy

1.2.1. This policy was created to ensure all children's needs and welfare are adhered to.

1.2.2. The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Keeping Children Safe in Education' to safeguard and promote the welfare of pupils at this school

1.2.3 This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

1.2.4 The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects their ability to carry out day-to-day activities must not be discriminated against.

1.3 Related policies

This intimate care policy should be read in conjunction with the schools' policies as below:

- Safeguarding policy and child protection procedures
- Staff code of conduct and guidance on safer working practice
- Whistle-blowing' and allegations management policies
- Health and safety policy and procedures
- Special educational needs policy
- Policy for the administration of medicines

1.4 Promotion of policy

1.4.1 This policy will be shared with Governors, all staff members and parents: via the school website and Teams.

2. Legal perspective / context

2.1 Legislation

2.1.1 The legislation that this policy has been issued under is guided by the Equality Act 2010.

2.2 Context

2.2.1 Many pupils will have a short-term healthcare need at some point which may affect their participation in educational activities. Other pupils may have significant or long-term healthcare needs affecting their cognitive or physical abilities, their behaviour or emotional state. Some of these needs may require intimate care including toileting.

2.2.2 As with healthcare needs, intimate care requires a collaborative approach, placing the pupil at the centre of decision making. All children/young people have the right to be safe, to be treated with courtesy, dignity, and respect, and to be able to access all aspects of the education curriculum.

2.2.3 In addition, achieving continence is one of hundreds of developmental milestones usually reached within the context of learning in the home before a child transfers to learning in a nursery/school setting. For some children this milestone will not have been reached before they enter nursery/school. Some children and young people may experience difficulties with toileting for a variety of reasons. They may have a disability or a special educational need, or they may not have achieved the developmental milestone of continence by the time they start nursery or school.

2.2.4 The Equality Act 2010 provides protection for anyone who has a protected characteristic. One of these is disability. Under the Equality Act 2010 this is when a person has a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities. Anyone with a protected characteristic under the Equality Act 2010 that affects aspects of personal development must not be discriminated against. Delayed continence is not necessarily linked with learning difficulties, but children with global developmental delay which may not have been identified by the time they enter nursery or school are likely to be late achieving full continence. It follows that it is unacceptable to refuse admission to children and young people who are delayed in achieving continence.

2.2.5 Education providers have an obligation to meet the needs of children and young people with delayed personal development in the same way as they would meet the individual needs of those with delayed language, or any other kind of delayed development. Children and young people should not be excluded from normal activities solely because of incontinence, neither should they be sent home to change, or be required to wait for their parents or carers to attend to them at school (either is likely to be a direct contravention of the Equality Act 2010). The aim should always be to return children and young people to the classroom as quickly as possible. In rare circumstances there may be certain times when schools need to seek advice from the local authority and/or healthcare professionals where this is having a significant impact on the child's daily school life / wellbeing.

2.2.6 NOTE: in some circumstances schools may be required to contact parents/carers to come in to school to collect their child if there is an infection control risk (for example no facilities to shower a child that has badly soiled themselves).

3. Key policy statements

3.1.1 Pupils with a healthcare need will be supported by our managing healthcare needs policy and the development of an individual healthcare plan if required.

3.1.2 In some cases, pupils may require intimate care, if this is not covered through a pupil's individual healthcare plan, an intimate care plan will be developed (**appendix 1**).

3.1.3 **Our expectation is that all children on entering the reception class (EYFS) are toilet trained.** We recognise that some children and young people may experience difficulties with toileting due to a disability or medical need, or they may not have achieved the developmental milestone of continence. In such cases we will work with parents/carers, pupils and healthcare professionals (**appendix 4 - 8**).

3.1.4 We understand that toileting accidents sometimes occur and will have a procedure in place to safeguard staff and pupils.

4. Policy aims and principles

4.1 The aims of this policy are:

4.1.1 To safeguard the rights and dignity of pupils and promote their welfare.
4.1.2 To safeguard staff and provide guidance and reassurance to staff whose role includes providing intimate care.
4.1.3 To assure parents/carers that staff are knowledgeable about intimate care and that their individual concerns are taken into account.
4.1.4 To remove barriers to learning and participation, protect from discrimination, and ensure inclusion for all pupils.
4.1.5 To raise awareness of the duty of care of head teachers, staff and governors.

4.2 The basic principles of the policy are:

4.2.1 Children and young people's intimate care needs cannot be seen in isolation or separated from other aspects of their lives. Encouraging them to participate in their own intimate care should therefore be part of a general approach towards facilitating participation in daily life.

4.2.2 Intimate care can take time but it is essential that every child is treated as an individual, and that care is given as gently and as sensitively as possible.

4.2.3 The following are the fundamental intimate care principles upon which this policy is based:

- Every child has the right to be safe
- Every child has the right to personal privacy
- Every child has the right to be valued as an individual
- Every child has the right to be treated with dignity and respect
- Every child has the right to be involved and consulted on their own intimate care to the best of their abilities
- Every child has the right to have levels of intimate care that are appropriate and consistent.

5. Roles and responsibilities (inc. training needs)

5.1 The Head of School and governing body are responsible for:

5.1.1 Ensuring that all adults assisting with intimate care are employees of the school or Trust. This aspect of their work will be reflected in their job descriptions. Visitors, volunteers or students must not undertake activities associated with intimate care or toileting.

5.1.2 Ensuring that staff (and candidates applying for a job) are made aware of this aspect of the post.

5.1.3 Ensuring that all staff are appropriately trained and supported and that it is part of the job description of the member of staff. The requirement for training will vary greatly between schools and will largely be influenced by the needs of the child. Consideration should be given, however, to the need for training on a whole school or setting basis and for individual staff who may be required to provide specific care for an individual child/young person or small number of children/young people; or providing toileting/changing on an ad-hoc basis.

5.1.4 Ensuring that the school has a managing healthcare needs policy, an intimate care and toileting policy and infection control procedures in place, and that staff are familiar with them, especially those involved with intimate care.

5.1.5 Providing Personal Protective Equipment (PPE) which should include: disposable gloves and aprons, and bin and liners to dispose of waste. Staff should always wear PPE when dealing with any child who is bleeding, wet or when changing a soiled nappy / clothing. Refer to **appendix 9 and 10.**

5.2 Staff:

5.2.1 It is likely that most intimate care within a school will be undertaken by teaching assistants.

5.2.2 Staff attitude to a pupil's intimate care is also important; keeping in mind the pupil's age and routine care, keeping it both efficient and relaxed.

5.2.3 It is the responsibility of all staff caring for a pupil to ensure that they are aware of the pupil's method and level of communication, and the healthcare/intimate care need. To ensure effective communication, staff should:

- Make eye contact at the child's level
- Use simple language and repeat if necessary
- Wait for response
- Continue to explain to the child what is happening even if there is no response
- Treat the child as an individual with dignity and respect.

5.2.4 Staff should encourage each pupil to do as much for themselves as they are able to. This may mean, for example, giving the child the responsibility for washing themselves. Intimate care plans and toileting plans can be established for identified pupils as appropriate – refer to **appendix 1 and 7.**

5.2.5 Where a situation renders a pupil fully dependent; the member of staff should talk about what is going to be done and provide choices where possible. The member of staff should ensure they are aware of any preferences for the intimate care from the pupil and/or parent/carer.

5.2.6 Young children and children with additional learning needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs.

5.2.7 Some procedures must only be carried out by members of staff who have been formally trained and assessed. There should be more than one member of staff assigned within a plan to allow for any illness absence or leave.

5.2.8 Only in the event of an emergency would staff undertake any aspect of intimate care that has not been agreed by parents/carers and school. Parents/carers would then be contacted immediately.

5.2.9 Staff should receive training in good working practices which comply with the health and safety policy and the safeguarding policy.

5.3 Parents/carers:

5.3.1 Parents/carers will be made aware of the school's intimate care and toileting policy and are encouraged to work with the school to ensure their child's needs are met.

5.3.2 Parents/carers have a responsibility to advise the school of any known intimate care or toileting needs relating to their child.

5.3.3 Where a child/young person has a recognised need with regards to intimate care or toileting, procedures need to be agreed between the school and the parents/carers so that there is clarity over expectations, roles and responsibilities.

5.3.4 Records should also reflect arrangements for ongoing and emergency communication between home and school or setting, monitoring and review.

5.3.5 Parents/carers have a responsibility to work in partnership with school staff and other professionals to share information and provide continuity of care.

5.3.6 It is also important that the procedure for dealing with concerns arising from intimate care processes is clearly stated and understood by parents/carers and all those involved.

5.3.7 It is the parents/carers responsibility to provide supplies such as nappies, wipes or continence pads. For children who regularly soil or wet parents/carers should ensure that spare clothing is kept in school.

6. Safeguarding

6.1.1 The governing body and head of school ensures that all staff are familiar with the safeguarding policy, and if there are any concerns, they should be recorded and discussed with the schools Designated Safeguarding Lead (DSL).

6.1.2 All staff (including students and volunteers) working within the school setting will be subject to the usual safer recruitment procedures, which includes a DBS check.

6.1.3 Visitors, volunteers or students must not undertake activities associated with intimate care or toileting.

6.1.4 A child's dignity must be maintained at all times.

6.2 Staff ratios:

6.2.1 The number of staff required to undertake procedures will depend upon individual pupil's circumstances and should be discussed with all concerned with the pupil's privacy and dignity at the forefront. The individual pupil's needs should be used to help assess the risk; a risk assessment should determine if one or two members of staff (or more) are required (see **appendix 8**).

6.2.2 Where there are concerns around child protection, previous allegations, or moving and handling issues, a minimum of two adults would be required to provide care.

6.2.3 Consideration should be given to the management of staffing levels in the classroom when undertaking duties outlined in this document.

6.3 Location of intimate care / changing facilities:

6.3.1 Schools should identify a suitable changing area for pupils with intimate care/toileting/changing needs, to enable the privacy of pupils to be maintained, balanced with the need to safeguard the child and staff; and protection for the adult e.g. visible and/or audible. See 7.1.1.

6.4 Working with pupils of the opposite gender:

6.4.1 In certain circumstances it may be appropriate / necessary to have a person of the same gender as the child care for the pupil. For example, for cultural or family reasons. However, the current ratio of female to male staff in many schools, means that assistance will more often be given by a female. As stated in 'Supporting learners with healthcare Needs (2017):

'Certain medical procedures may require administration by an adult of the same gender as the learner, and may need to be witnessed by a second adult. The learner's thoughts and feelings regarding the number and gender of those assisting must be considered when providing intimate care. There is no requirement in law for there to be more than one person assisting. This should be agreed and reflected in the individual healthcare plan (IHP) and risk assessment'.

6.4.2 We will work to ensure the needs of the pupil and family are met. If this is not possible we will discuss with the pupil and family and other professionals.

6.5 ALL concerns/incidents must be reported immediately:

6.5.1 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unusual markings, discolouration's or swelling, including the genital area they must immediately report the concerns to the Designated Safeguarding Lead (DSL).

6.5.2 If a member of staff has any concerns about any unusual emotional and behavioural responses by the pupil; they must immediately report concerns to the DSL.

6.5.3 If a staff member has concerns about a colleague's intimate care practice, they must immediately report concerns to the DSL.

6.5.4 If a pupil or parent/carer makes an allegation against a member of staff, they must immediately report concerns to the DSL.

6.5.5 If a pupil is accidentally hurt during the intimate care or misunderstands or misinterprets something, staff should reassure the pupils safety and report the incident immediately to the DSL.

6.5.6 If a staff member is accidentally hurt, they should report the incident immediately, seek medical assistance if needed and ensure an accurate written record of what happened is made.

6.5.7 If a pupil becomes distressed or unhappy about being cared for by a particular member of staff, the parents/carers should be contacted at the earliest opportunity in order to reach a resolution and outcomes recorded. Staffing schedules could be altered until the issue(s) are resolved. Further advice can be taken from outside agencies if necessary.

6.5.8 **All concerns reported to the DSL will be immediately acted upon in line with the school Safeguarding Policy.**

6.5.9 A written record of concerns must be made available to parents/carers and kept in the pupil's personal file. Further advice will be taken from outside agencies as necessary. Unless this is of

child protection nature where there is no automatic right for parents/carers to be notified of this concern.

7. Health and safety, and facilities

7.1 Environment:

7.1.1 The school will identify a suitable area for pupils to receive intimate care, giving consideration to the needs of each individual pupil. Privacy for the pupil and safeguarding staff will be considered along with:

- Space
- Heating and ventilation to ensure staff and pupil comfort
- Running hot and cold water and liquid soap should be available
- Protective clothing (disposable apron and gloves) should be provided in an accessible location
- Supplies of nappies, wipes etc in an accessible location (provided by family)
- Nappy disposal bags
- Labelled bins for the disposal of nappies (soiled items should be double bagged)
- Special arrangements for the disposal of any contaminated or clinical materials including sharps and catheters
- Supplies of suitable cleaning materials – cloths, anti-bacterial sprays
- Appropriate clean clothing (preferably the child's own), should be to hand to avoid leaving the child unattended to maintain dignity
- Effective staff alert system for help in an emergency
- Arrangements for menstruation when working with adolescent girls

7.1.2 Infection control procedures should always be followed.

7.2 Waste:

7.2.1 The school is responsible for the disposal of all nappies/pads used by pupils on school premises. It is not appropriate for the school to send used nappies/continence pads home at the end of the school session.

7.2.2 Up to 7kg of nappies/pads can be disposed of per school in general waste collection. Contract Waste Disposal will be considered for larger quantities.

7.2.3 Disposal of soiled nappies/pads/clothing should be discussed during admission meetings and noted on the Individual Healthcare Plan/Intimate Care Plan/Toileting Plan.

7.2.4 Specialist provision / equipment i.e. catheterisation / diabetes / menstrual management / or any other intimate healthcare needs should be disposed of as agreed in the pupils IHP.

8. Provision of supplies

8.1.1 Personal protective equipment for staff will be provided by the school. See 5.1.5.

8.1.2 Items such as nappies, continence pads and wipes will be provided by parents/carers. See 5.3.8.

9. Agreeing a procedure for intimate care or toileting

9.1 Admissions and transition

9.1.1 The school will ensure that there is a strong transition system in place between settings/schools, and that parents/carers are given the opportunity to discuss any intimate care or toileting needs during planned admission's meeting.

9.1.2 We will work with our e.g. School nursing team, SENCO, Early Help Team, Family Link Workers etc… to identify pupils that may require intimate care or toileting support.

9.1.3 **Appendix 4 - 6** provides an overview of what to do when a pupil presents with a toileting need before starting or on entering school; this includes a checklist that can be completed with the family.

9.2 Creating and agreeing a plan

9.2.1 When an intimate care need is identified, the school will complete an intimate care plan/agreement (**Appendix 1**) with the parent/carer and pupil, and if necessary a healthcare professional. In some cases, an Individual Healthcare Plan might be needed.

9.2.2 If there is a toileting need, an intimate care plan (**Appendix 1**) will be needed along with a toileting plan (**Appendix 7**).

9.2.3 The agreements will detail what care is to be provided and by whom. There should be more than one named member of staff.

9.2.4 A risk assessment (**Appendix 8**) will identify the support required for the plans, e.g. manual handling, risk of allegations.

9.2.5 It is vital that plans are prepared prior to admission, and where possible opportunities are made for the pupil and family to meet the staff who will be providing intimate care.

9.2.6 Whole school and classroom management considerations should be taken into account, for example:

- The importance of working towards independence
- Arrangements for home/school transport, sports days, school visits, swimming etc.
- Substitutes in case of staff absence
- Strategies for dealing with bullying/harassment (if the child has an odour for example)
- Seating arrangements in class (ease of exit)
- A system to leave class with minimum disruption
- Avoiding missing the same lesson for medical routines
- Awareness of discomfort that may disrupt learning
- Implications for PE (changing, discreet clothing etc.)

9.3 Toileting – occasional incidents:

9.3.1 School should ensure that they have arrangements in place for when a child occasionally wets or soils themselves.

9.3.2 Measures such as asking parents/carers to come in and change children are not good inclusive practice and can put unacceptable pressure on both the parent/carer and the child. It is also likely to be a direct contravention of the Equality Act 2010, and leaving a child in a soiled nappy or in wet or soiled clothing for any length of time pending the return of the parent/carer is not acceptable.

9.3.3 Parents/carers will be made aware of the procedures that the school should follow should their child need changing during school time. (**Appendix 2**).

9.3.4 **Appendix 10** provides an example changing procedure.

10. Sharing and recording information

10.1.1 Any plans or risk assessments created (**Appendix 1, 7, 8**) will be kept on the pupils file, given to the parent/carer, will be made available to the staff member(s) providing intimate care and the healthcare professional (if involved).

10.1.2 Each intervention of intimate care or toileting should be recorded, **Appendix 3**.

11. Reviewing intimate care and toileting arrangements

11.1.1 Intimate care agreements (**Appendix 1**) and toileting plans (**Appendix 7)** must be reviewed **yearly** or according to the developing needs of the child. This should be specified in the relevant plan and followed up by the named member of staff. The views of all relevant parties should be sought and considered to inform future arrangements. Staff members carrying out intimate care must be vigilant and ensure that they are following the current plan.

12. Complaints procedure

12.1.1 If a pupil or parent/carer is not satisfied with our health care arrangements, they are entitled to make a complaint using the school's complaints policy.

13. Reviewing the policy

13.1.1 We will review this policy alongside if any amendments occur in legislation, or in consideration of changes in working practices.

Appendix 1 – Intimate Care Plan: Agreement & Consent Form

The purpose of the Agreement and Consent form is to ensure that parents/carers and professionals are in agreement with what care is to be given and that staff have received any appropriate training that may be relevant.

Teaching of certain care procedures may be carried out by the parent/carer or by the professional experienced in that procedure.

When the parent/carer and/or professionals are agreed that the procedure has been learned or where routine intimate care is to be provided, the details will be recorded fully below and all parties must sign this record and be provided with a copy. An additional copy is to be retained on the pupils file in school and a copy is to be provided for the child's medical record (if appropriate).

Child's Name	**DOB**
Date agreed	**Agreed review date**

Reasons why intimate care is to be provided: (e.g. lack of training / development delay / medical need)			
Who will provide this care: (staff names and roles)			
Details of care to be provided (where, when, arrangements for privacy etc)**:**			
Consent provided by:			
Names of parents / carers			
Signatures		Date	
School:			
Names of Staff Members		Roles	
Signatures		Date	

Reviews:			
Review Date			
Outcome of Review			

Appendix 2 – Consent Form for Occasional Wetting or Soiling

Schools should ensure that they have arrangements in place for when a child **occasionally** wets or soils themselves.

Child's Name	**DOB**
Date agreed	

School:			
Agreed by Staff Members		Roles	
Signatures		Date	

If my child has the occasional wetting or soiling accident in school, I give consent for the school to provide emergency intimate care in line with our intimate care and toileting policy.

Consent provided by:			
Names of parents / carers			
Signatures		Date	

Appendix 3 – Record of Intimate Care / Intervention Provided *(all actions and conversations should be recorded)*

Name	DOB	Date intimate care agreed

Date	Time	Care Provided	Staff involved	Comments / Actions	Signature of staff	Print name

APPENDIX 4 - Development of Toileting Skills

1. Developmental Factors

Continence is achieved through the processes of socialisation and physiological / emotional / cognitive maturation. A child must know the difference between the feeling of wet and dry before training starts. The child also needs to be ready with regard to motor skills development. For example, she/he needs to be able to physically access the toilet area, sit on the toilet, remove garments, dress again, and flush the toilet. To be successful, the child also needs to be able to communicate toileting needs, to understand instructions and be willing to comply with adults. The child must also be emotionally ready. He/she must want to use the toilet and have the desire to move away from wearing nappies to doing something completely different with body waste. Some children experience fears around using the toilet. Emotional factors such as stress, anxiety, physical fatigue can lead to delay in achieving continence and, sometimes, regression. Young children can have accidents because they forget to pay attention to their own body signals when they are too busy or pre-occupied. Some children will have physiological reasons which explain a delay in toileting skills.

2. Toilet Training from the Child's Perspective

Toilet training is sometimes a difficult skill to master, even in typically developing children. The child may have good awareness and control but social factors also have an influence. Social motivation, such as wanting to please parents/carers by being a "big boy" or "big girl" is important. A child with developmental delay or learning disability may have additional difficulties:

- Difficulty understanding reciprocal relationships limits understanding of being a "big boy" or "big girl".
- Difficulty understanding language or imitating modelled behaviour.
- Difficulties with attention, organisation and sequencing information may cause problems in following all the steps in toileting and staying focused on the task.
- Difficulty accepting changes in routine, i.e. why does the child need to change the familiar routine of wearing and passing body waste into a nappy which is a strongly established routine.
- Difficulty with integrating sensory information and realising the relationship between body sensation and daily functional activity.
- Difficulty with sensory sensitivities e.g. loud flushing noises, echoes, rushing water, sitting on a "chair with a big hole with water in it", changes in temperatures and tactile sensations when clothes are removed.

3. Planning a Programme

Establish a positive routine around toileting and collect data (including information from parents/carers) about the child's readiness for training.

Complete the Toileting Skills Checklist. This breaks down the skills associated with achieving independent toileting into small steps. This can provide a baseline measure of the child's current skill level and can be used to plan achievable next-step targets.

If the answers to the first 4 statements in the Toileting Skills Checklist are "not achieved", then the child is probably not ready for a goal of independent toileting. However, a goal of establishing positive toileting routines may still be appropriate. Consideration should be given to who is involved and the environment in which training takes place.

Who: Identify the adults who are responsible for dealing with toileting issues. This should be shared with parents/carers. Staff will need to work closely with parents/carers to establish consistent routines and appropriate shared goals.

Where: Toilet areas in school should be comfortable and non-threatening so that children are happy to be there. There should be private areas for changing children to maintain an appropriate level of respect and discretion. Appropriate equipment such as changing mat, disposable gloves, sanitary disposal bin etc., should be readily available. A changing table may be necessary for bigger children with particular disabilities. There should be a consistent approach in all environments e.g. home and school. There should be a standard clean-up procedure, carried out in an emotionally neutral manner while directing the child through developmentally appropriate clean-up activities. Relaxed children will be more successful.

4. Problem Solving Strategies

- Establish the routine of the child going to the toilet with peers so that she/he has positive models to imitate.
- Some children may need distraction toys/books and sometimes music to help them relax when they go to the toilet.
- Encourage the child to help with the process by fetching appropriate items etc.
- It may be appropriate to establish a visual system as an additional teaching routine. At the most basic level, a transition object prompts the child to know that the toileting routine is starting. An object associated with toileting, e.g. a toilet roll may be shown to direct the child to the toilet. At a more abstract level a photograph or a line drawing of the toilet or the word on a card may be given to the child or put in a visual schedule. An object sequence, a picture/photograph/symbol sequence or written list can help a child to follow and complete the set routine.
- Have a role play activity available, with dolls that wet, use potties, changing equipment etc. Encourage the child to celebrate the dolls success with similar reinforces that you would use with the child, e.g., clapping, praising, stickers etc.
- Read picture story books about toilet training with the child and make them available for them to look at in the play area.
- Take the child to the toilet area on a regular and frequent basis. Use a timer set at regular, frequent intervals. Increase the amount of time in setting the timer as the child remains dry for longer periods of time.
- If the child is very fearful and resists sitting on the toilet:
    - Allow to sit without removing clothes
    - Allow to sit with toilet covered (cardboard under the seat, gradually cutting a larger hole in it)
    - If strategies are helpful for sitting in other places, use in this setting also e.g. “good sitting “ picture cue card
    - Take turns sitting, using a doll as a model
    - Help him/her to understand how long (sing a song in full, set timer to a minute)
    - As he/she begins to tolerate sitting, provide with entertainment and meaningful reinforces

- If the child is afraid of flushing:

    - Don’t flush until there is something to flush
    - Start flush with child away from toilet, perhaps standing at the door
    - Give advance warning of flush, such as “ready, set go!”
    - Allow child to flush

- If the child is overly interested in flushing or playing with toilet water:

    - Physically cover the toilet handle to remove from sight
    - Use a visual sequence to show when to flush

- Give something else of interest to hold and manipulate

- If the child is overly interested in playing with the toilet paper:
  - Remove it if it's a big problem
  - Roll out amount ahead of time
  - Give visual clue of how much, such as putting a line on the toilet paper
  - Try different materials
  - Take turns with a doll

- Bad aim:
  - Supply a "target" in the water e.g. ping pong ball
  - Add food colouring in water to draw attention

- Retaining when nappy is removed:
  - Cut out bottom of nappy gradually, while allowing child to wear altered nappy to sit on the toilet
  - Use doll to provide visual model

5. References

"Successful Potty Training" by Heather Welford: The National Childbirth Trust. This is a popular book. It provides useful tips and addresses the issue of disability in toilet training.

APPENDIX 5 - Toileting Skills in SCHOOL, flowchart and checklist

With many three year olds now in school settings, the problem of children in schools who have not been toilet trained is becoming a significant issue.

1. Pre - Nursery Admission Procedures:

- Wherever possible, get as much information about the child from the parent/carer.
- During formal induction sessions held during the summer term before entry, do stress the importance of children being able to use the toilet independently and encourage parents/carers to tackle this over the summer holidays, if it is still an issue.
- Make the offer of separate appointments to discuss confidential issues regarding individual pupil's needs.
- Wherever possible, liaise with feeder playgroups, private nurseries or childminders or the Family Link Worker to gather information about toileting issues for particular children.
- Request a bag with changes of clothes/wipes/nappies.

Note: Health Visitors still have responsibility for nursery aged pupils – School Nurses take over when the child enters Reception.

2. After Nursery Admission – significant toileting concerns emerge:

If a pupil is wetting/soiling above what would normally be acceptable, schools should:-

- Keep a diary of when & how often wetting/soiling occurs.
- Discuss the matter informally with parents/carers and clarify who the Heath Visitor is.

- Hold a meeting with parents/carers and the Health Visitor present to determine what is causing the delay in becoming independent in using the toilet e.g. **lack of training / developmental delay or an underlying medical need.**

Toileting Pathway

On starting in nursery class, schools should have consent from parents/carers for the school to change their child in the case of **occasional** wetting or soiling **Appendix 2.**

If after nursery admission toileting concerns emerge, **Appendix 6** can be completed in partnership with the family.

Following on from this:

Lack of Training / Developmental Delay	**Medical Need**
↓	↓
Initial meeting with parents to discuss concerns about the child.	School to check that the child has already been referred to GP/Health Visitor or School Nurse.
↓	↓
Health Visitor / School Nurse provides support into home to establish toilet training programme. Health Visitor / School Nurse acts as liaison between home and school. **Appendix 1, 7 and 8.**	If not, school to make a referral for medical assessment via Health Visitor/School Nurse.
↓	↓
Programme implemented over half a term – reviewed by Health Visitor /School Nurse, school and parents.	Outcome of the assessment will determine next steps in intervention/treatment for the child. Where a healthcare need has been identified, an Individual Healthcare Plan (IHP) should be developed for the pupil in line with the school's policy. **IHP, appendix 1, 7 and 8.**
↓	↓
If no improvement, Health Visitor / School Nurse refers child to Continence Service to determine next step.	If the medical needs are significant and long term in nature that require a very high level of additional staff assistance; school should consult with the local authority.

APPENDIX 6 - Toileting Skills Checklist

This form is to be used for pre-school children that are not toilet trained prior to starting in nursery class, e.g. for example by the family or key worker.

Child's Name:	
Please state if child is wearing nappies or pull-ups:	

	Skills	Achieved	Partly Achieved
1.	Awareness of toileting needs?		
2.	Has periods of being dry?		
3.	Some regularity in wetting / soiling?		
4.	Pauses while wetting / soiling?		
5.	Shows some indication of awareness of soiling?		
6.	Shows some indication of awareness of wetting?		
7.	Understands signs / words given for communicating toileting needs e.g. toilet, potty, wet, dry, wee, poo etc.?		
8.	Can express some appropriate signs / words to communicate toileting needs?		
9.	Needs physical aids / support to access the toilet area?		
10.	Can access the toilet area with prompts?		
11.	Can access the toilet area independently?		
12.	Feels comfortable and relaxed in the toilet area?		
13.	Needs physical assistance to follow toilet routines e.g. lining up to go there, hand washing etc?		
14.	Needs some prompting to follow toilet routines?		
15.	Follows some toilet routines independently?		
16.	Will fetch & pass required changing items e.g. nappy, wipes?		
17.	Cooperates with having clothes removed / pulled down by appointed adult, for changing purposes?		
18.	Cooperates with having nappy changed?		
19.	Cooperates with cleaning up procedures?		

20.	Will sit on the potty with nappy on, with physical support?		
21.	Will sit on the potty with nappy on, unaided?		
22.	Will sit on the potty with nappy off, with physical support?		
23.	Will sit on the potty with nappy off, unaided?		
24.	Needs physical aids/special supports to enable sitting on the toilet?		
25.	Will sit on the toilet with nappy on, with physical support?		
26.	Will sit on the toilet with nappy on, unaided?		
27.	Will sit on the toilet with nappy off, with physical support?		
28.	Will sit on the toilet with nappy off, unaided?		
29.	Has passed urine into potty?		
30.	Has had bowel movement on potty?		
31.	Has passed urine on toilet?		
32.	Has had bowel movement on toilet?		
33.	*Can independently complete pulling down trousers from:*		
	Calves		
	Knees		
	Thighs		
	Hips		
	Waist		
34.	*Can independently complete pulling down underwear from:*		
	Calves		
	Knees		
	Thighs		
	Hips		
	Waist		
35.	**Girls:** Can lift skirt & pull down all necessary clothing independently		
36.	**Boys:** Can pull down all necessary clothing independently		
37.	Will put toilet lid/seat in appropriate position		

38.	Will sit on the toilet and pass urine on a regular basis		
39.	Will stand at urinal/toilet to pass urine		
40.	Will sit on the toilet for a bowel movement on a regular basis		
41.	Needs assistance to get off the toilet		
42.	Will get off the toilet without assistance		
43.	Will get toilet tissue appropriately		
44.	Will wipe themselves with tissue		
45.	Will throw tissue in the toilet		
46.	Will flush the toilet		
47.	Will replace toilet seat / lid appropriately		
48.	*Will independently complete pulling up underwear from:*		
	Hips		
	Thighs		
	Knees		
	Calves		
49.	*Will independently complete pulling up trousers from:*		
	Hips		
	Thighs		
	Knees		
	Calves		
50.	Can manage fastenings independently		
51.	Girls: Can rearrange skirt appropriately		
52.	Needs prompting to wash hands		
53.	Needs help to roll up sleeves		
54.	Can roll up sleeves independently		
55.	Needs help to operate taps		
56.	Will operate taps independently		
57.	Will hold hands under water for appropriate length of time		

58.	Will put soap on hands with help		
59.	Will put soap on hands independently		
60.	Rinses off soap		
61.	Needs assistance to dry hands on towel		
62.	Dries hands independently and appropriately		
63.	Puts used towel in bin with prompting		
64.	Puts used towel in bin without prompting		
65.	Will follow all toilet routines regularly with prompts & reminders		
66.	Has frequent accidents		
67.	Has occasional accidents		
68.	Will follow all toilet routines independently		
69.	Needs prompting to return to class		
70.	Returns to class independently		

APPENDIX 7 – Toileting Plan Template – ***Use this table to also record any further actions taken or agreed. Initial and date any record added.***

Child's Name		**Date of birth**		**Agreed Review Date**	
Health Visitor / School Nurse		**Date Agreed**			

	Details	**Further action**	**Further action**	**Further action**
1. Working Towards Independence: e.g. taking pupil to toilet at timed intervals, using sign or symbols, any rewards used				
2. Arrangements for changing of nappy / pad / clothing: e.g. who, where, when, arrangements for privacy				
3. Staffing Requirements: e.g. how many, who(there should be more than one named person)				
4. Level of Assistance Needed: e.g. undressing, dressing, hand washing, talking/signing to pupil				
5. Infection Control: e.g. wearing disposable gloves, arrangements for nappy/pad disposal				
6. Resources Needed: e.g. special seat, nappies/pull ups/pads, creams, disposable sacks, change of clothes, toilet step etc				
7. Sharing Information: e.g. if pupil has nappy rash or any marks, cultural or family customs, birthmarks etc				
8. Cleaning e.g. on rare occasions the use of shower facilities may be required / procedure for this scenario to be confirmed				

Parents/carers names (print)		**Names of School Staff (print)**	
Signatures		**Signatures**	

Review Date	
Outcome of Review	

APPENDIX 8 – Intimate Care / Toileting Risk Assessment Template

Pupil Name:			
Pupil Date of Birth			
Date of Risk Assessment			
	Yes	**No**	**Notes**
Does the pupil's weight / size / shape present a risk?			
Does communication present a risk?			
Does comprehension present a risk?			
Is there a history of child protection concerns?			
Are there any medical considerations (including pain and discomfort)?			
Does moving and handling present a risk?			
Does behaviour present a risk?			
Is staff capability a risk (back injury/pregnancy)?			
Are there any risks concerning pupil capacity? • General Fragility • Fragile Bones • Epilepsy • Head control • Other			
Are there any environmental concerns?			
If 'yes' to any of the above please complete an Individual Healthcare Plan might be required, see the Managing Healthcare Needs Policy, Appendix 3.			
Signed by:			

I can do all things through him who strengthens me ~ Philippians 4:13

Lead Teacher Signature:	

APPENDIX 9 – Continence Pad / Nappy Changing Procedure

Continence Pad / Nappy Change Procedure

Equipment required

- Hand Wash basin hot and cold running water, liquid soap, disposable paper towels
- Waterproof change mat/changing area that is able to be decontaminated
- Disposable sheets for change mat/changing area
- Disposable plastic apron and disposable gloves
- Individuals own personal creams/pads/wipes
- Bags for soiled pads lidded
- Foot operated, lidded waste bin
- Disposable cloth
- Detergent
- Disinfectant (1000 parts per million available chlorine)
- Combined detergent and disinfectant acceptable in place of separate detergent and disinfectant

Method

1. Wash hands and put on disposable plastic apron and disposable gloves
2. Place a clean disposable sheet over the change mat/area
3. Remove the soiled continence pad and clean the skin
4. Place soiled pad and wipes into plastic bag
5. Apply cream if needed – change disposable gloves or use a clean spatula to dispense the cream
6. Place plastic bag into waste bin
7. Change pad
8. Remove disposable sheet, place into waste bin
9. **Clean** and **disinfect** change mat and any other areas that may have been touched during the procedure:

   a) Clean - use hand hot water and detergent
   b) Disinfect – use disinfectant solution of 1000 parts per million available chlorine (if using a combined detergent and disinfectant this additional stage is not required)

10. Thoroughly dry change mat and surrounding area/change area with disposable paper towels
11. Dispose of personal protective equipment (PPE) and wash hands thoroughly
12. Clean and disinfect after each pad change even if there is no visible contamination

Addaswyd o: Canllawiau ar Atal a Rheoli Heintiau Cymru Gyfan ar gyfer Lleoliadau Addysg, 2017
Adapted from All Wales Infection Prevention and Control Guidance for Education Settings, Public Health Wales, 2017

APPENDIX 10 – changing procedure

Assisting a learner to change his / her clothes:

On occasions an individual child may require some assistance with changing if, for example, he/she has an accident at the toilet, gets wet outside, or has vomit on his / her clothes etc. This is more common in Foundation Phase classes.

- A Risk Assessment should determine if one or two members of staff (or more) are required (**Appendix 7**). This should be included in the Toileting Plan (**Appendix 6**).
- Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given (e.g. to take off their socks, pull shirt over their head).
- Staff will always ensure that the child has the opportunity to change in private, unless the child is in such distress that it is not possible to do so.
- Parents will be informed if the child becomes distressed.

Changing a learner who has soiled him/herself:

- Staff will always wear PPE.
- The staff will ensure the child is happy with who is changing him / her.
- The child will be given the opportunity to change his / her underwear in private and carry out this process themselves.
- Staff will not assist in the wiping or intimate procedures, only provide support, reassurance and resources to the child.
- There will have a supply of wipes, clean underwear and spare uniform at the school should the child not have their own change of clothes.
- Staff who have assisted a pupil with intimate care will complete **Appendix 2**.
- The staff will be responsive to any distress shown.
- Staff will seal any soiled clothing in a plastic bag ready for collection by parents / carers.

Assisting a child who requires additional support due to medical or disability need

Learners with healthcare/disability needs may require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in their individual health care plan or PSP (Personal Support Plan) and will only be carried out by staff who have been trained to do so. It is particularly important that staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

Equipment required

- Hand wash basin, hot and cold running water, liquid soap, disposable paper towels
- Waterproof change mat
- Disposable sheet (paper blue roll) for change mat / changing area
- Disposable apron and gloves (PPE)
- Child's own personal cream / nappies / pull ups / wipes
- Nappy bags for soiled nappies / pullups / Sealed plastic bags for soiled clothing
- Lidded foot operated waste bin

- Disposable cloths
- Detergent
- Disinfectant (1000 parts per million available chlorine) [Combined detergent and disinfectant acceptable in place of separate detergent and disinfectant]

Procedure

1. Wash hands and put on disposable apron and gloves (PPE)
2. If change mat is required, place a clean disposable sheet over the change mat (e.g. paper blue roll)
3. Remove the soiled nappy / pull up / clothing and clean the child with wet wipes or equivalent (preferred method to be clarified in IHP or Intimate Care Agreement)
4. Place soiled nappy / pull up and used baby wipes into nappy bag / or place soiled clothing in sealed plastic bag and used wet wipes into separate nappy bag for disposal in agreed bin
5. Apply cream (if agreed in Intimate care Agreement / IHP) – change gloves or use a clean spatula to dispense the cream
6. Place nappy sack containing soiled nappy or pullup in agreed bin **OR**
   place nappy sack containing soiled clothing in designated sealed lidded container / tub (you may need to label the clothing if there is more than one item)
7. Replace with clean nappy / pull up / clothing
8. Remove disposable sheet, place into agreed bin
9. **Clean** and **disinfect** change mat and any other areas that may have been touched during the change:

    - Clean - use warm water and detergent
    - Disinfect – use disinfectant solution of 1000 parts per million available chlorine (if using a combined detergent and disinfectant this additional stage is not required)

10. Thoroughly dry the change mat and surrounding area with disposable paper towels

11. Dispose of PPE and wash hands thoroughly

Adapted from:-Public Health Wales: Infection Prevention and Control for Childcare Settings (0-5 years) (2014)

APPENDIX 11 – useful websites

ERIC: https://www.eric.org.uk/

ERIC is the only charity dedicated to the bowel and bladder health of all children and teenagers in the UK.

They offer the following services:

- A helpline service for families to talk to an expertly trained childhood continence advisor
- A website with information on childhood bowel and bladder problems and downloadable resources
- An online shop supplying a comprehensive range of life-transforming continence products
- Campaigns to raise awareness of the causes and treatment of children's bowel and bladder problems, to improve national paediatric continence services and the support available to children in education settings and the NHS.

Individual Healthcare Plan for pupils with continence conditions: https://www.eric.org.uk/Handlers/Download.ashx?IDMF=66bd000a-ff98-4abb-903c-1541a216ea9e

An Individual Healthcare Plan (IHP) is essential to ensure a child's needs are sensitively and effectively met in education settings and that all people responsible for the child understand their needs. ERIC has produced a template IHP.

Bladder and Bowel UK: http://www.bladderandboweluk.co.uk/

The Bladder and Bowel UK is a national website and confidential helpline managed by a team of Specialist Nurses and Continence Product Information staff, who can be contacted for advice on specialist services, product information and general advice on continence promotion.