


LAUNDE PRIMARY SCHOOL

Toileting and Intimate Care Policy

Written: June 2023

Review: June 2025

Signed  (By Chair of Launde Governing Body)

Date..... 

All children at Launde Primary School have the right to be safe and treated with dignity, respect and privacy at all times to enable them to access all aspects of the school and curriculum.

This policy sets out clear principles and guidelines on supporting intimate care with specific reference to toileting. It should be considered in line with our Safeguarding Policy, Health and Safety Policies and Administering of Medicines Policy.

This policy has due regard to the legislation and guidance of:

The Equality Act, Keeping Children Safe in Education and The Children and Families Act

Launde Primary School will ensure that:

- No child's physical, mental or sensory impairment will have an adverse effect on their ability to take part in day-to-day activities.
- No child with a named condition that affects personal development will be discriminated against
- No child who is delayed in achieving continence will be refused admission
- No child will be sent home or have to wait for their parents/carer due to incontinence
- Adjustments will be made for any child who has delayed incontinence

Intimate Care Tasks

This includes the following:

- dressing and undressing (underwear)
- washing including intimate parts
- helping someone to get on or off the toilet
- changing nappies
- carrying out a procedure that requires direct or indirect contact to an intimate personal area.

Partnership with Parents/Carers

Staff at Launde Primary School work in partnership with parents/carers to provide care appropriate to the needs of the child. The care plan will set out:

- What care is required
- Number of staff needed to carry out the task (if more than one person is required, reason will be documented)
- Appropriate training as required
- Additional equipment required
- Child's preferred means of communication (e.g. visual, verbal). Agree terminology for parts of the body and bodily functions
- Child's level of ability i.e. what tasks they are able to do by themselves
- acknowledge and respect for any cultural or religious sensitivities related to aspects of intimate care

- Be regularly monitored and reviewed in accordance with the child's development

Parents/Carers may be asked to supply the following:

- Additional nappies
- Wipes, creams, nappy sacks etc
- Additional set of clothes
- Spare underwear

Safeguarding

When considering toileting and intimate care, children will be encouraged to act as age appropriately and independently as possible and to undertake as much of their own personal care as is practically possible. Intimate or personal care procedures should not involve more than one member of staff unless the child's care plan specifies anything different.

Children who have varying levels of incontinence:

- Only require one member of staff to assist with changing / toileting with a second person in audible range.
- May require two members of staff to assist with changing / toileting (the Head Teacher will reserve the right to put two people in place; for example, for those vulnerable children and families where there have been previous allegations / accusation of inappropriate contact. In such circumstances the need for additional staff to assist should be recorded on the child's case file). This should be planned and rationalised with the child's parents and/or health care professionals.

Children are entitled to respect and privacy at all times and especially when in a state of undress, including, for example, when changing, toileting and showering. Therefore, all staff involved in intimate care of a child will:

- Explain to the child what is happening before a care procedure begins.
- Consult with colleagues where any variation from agreed procedure/care plan is necessary.
- Record the justification for any variations to the agreed procedure/care plan and share this information with the child and their parents/carers.
- Avoid any visually intrusive behaviour.
- Where there are changing rooms, announce their intention of entering.
- Always consider the supervision needs of the child and only remain in the room where their needs require this.
- Not change or toilet the child in the presence or sight of other children
- Not shower with children.
- Not assist with intimate or personal care tasks which the child is able to undertake independently.

Staff are trained on the signs and symptoms of child abuse which is in line with Government guidelines.

All staff working in our school have a DBS check. Particular staff members are identified to change a child with known needs and that they plan and record their work with that child.

If a member of staff is concerned about any physical or emotional changes, such as marks, bruises, soreness, distress etc they will inform the Safeguarding Designated Lead (DSL) immediately. The Safeguarding Policy will then be implemented.

Should a child become unhappy about being cared for by a particular member of staff, school staff will look into the situation and discuss with the child's parent/carers any findings in order for them to resolve the problem. Advice from other agencies will be sought when appropriate.

A signed record of all intimate and personal care tasks undertaken must be kept including: -

- In which room the tasks were carried out.
- Details of the task and care that was carried out.
- Time of entry to the room.
- Time the task was completed, and all parties left the room.
- Names of the staff members involved in carrying out the care.

Should a member of staff be concerned about a child's physical or psychological wellbeing they must discuss this immediately with the Designated Safeguarding Lead (DSL)

Personal Care/Contenance management Plans

When intimate care is required, the member of staff explains fully the task that is to be carried out and the reason for it as stated in the Care Plan. Staff will encourage children to do as much for themselves as they can. All staff maintain high standards of personal hygiene, and will take all practicable steps to prevent and control the spread of infection.

When intimate care necessitates staff coming into close proximity of a child then the following guidance should be followed: PPE (personal protective equipment) is only needed in a very small number of cases including:

- Children whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way.
- If contact with the child is necessary, then disposable gloves and a disposable apron should be worn by the member of staff.
- If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn.

A care plan, or any less formal document should follow the child from year to year, and setting to setting, to ensure their cares are anticipated, acknowledged, and provided for wherever they

go. This document must be regularly reviewed until no longer required. Supply staff should be made aware of any such care plan for any child in their class for the day, to prevent failure in the support and progress of the child.

The school will consider the possibility of special circumstances arising should a child with complex continence needs be admitted to the school. In such circumstances the appropriate health care professional will need to be closely involved in forward planning.

Written guidelines will specify:

- Who will carry out the care, if possible, this should be a person of the child's choice or the child's key person, and what, if any training / assessment they might require.
- What equipment / resources will be required to undertake personal care.
- What resources will be used (Cleansing agents used or cream to be applied)
- How equipment / waste will be disposed of e.g., double bagged / use of nappy disposable unit.
- How the child's clothes, if soiled, will be returned to the parents. Spare clothes may be required.
- What Infection Prevention measures are in place?
- What the staff member will do if the child is unduly distressed by the experience or if the staff member notices marks or injuries.
- Arrangements for care during school trips and residential visits.

Health, safety and hygiene

All staff in our school must adhere to the school's Hygiene or Infection Prevention policies when dealing with a child who has accidentally wet or soiled themselves or is sick whilst on the premises. Staff must also apply these principles when dealing with children and young people who wear pads or nappies or use catheters for bladder management.

Employees assisting with children who have incontinence needs should:

- Wear disposable gloves and aprons while assisting the child.
- Dispose of soiled pads, nappies, and catheters in hygienic disposal units, or double wrap such items before placing in the waste collection.
- Clean the changing area after every use with appropriate anti-bacterial products which must then be stored correctly.
- Have access to hot water and liquid soap to wash hands before and after the task.
- Wash their hands in accordance with the recommended methods.
- Have access to a hot air dryer or paper towels to dry their hands.
- Urine, faeces, blood and vomit will be cleaned up immediately and disposed of safely by depositing in the appropriate bins provided.
- When dealing with body fluids, staff will use appropriate PPE: disposal plastic gloves,

- aprons, face mask and if required face shield/goggles.
- Soiled children's clothing will be double bagged to go home and be given to the parent/carer– staff will not rinse it.
 - Children will be kept away from the affected area until the incident has been completely dealt with.
 - The used PPE will be double bagged in two bags and disposed of in specified bin in an isolation room then in normal waste after 72 hours. Bags should be dated using permanent marker.

It is not part of my job description to change nappies or pants. Do I still have to do this?

All settings have a duty of care to their children. Attending to personal needs falls into this category.

While there is no duty on teachers and school support staff to change nappies or pants, staff can volunteer. However, where some staff are willing to provide personal care and others not, the organisation would need to discuss the issue, so that children, parents, and staff continue to feel valued.

However, settings/schools do have a duty of care to support the child in the same way that parents/carers do at home. Where no volunteers come forward the setting/school will need to employ staff appropriately.

It is highly recommended that when job descriptions are reviewed, personal care and the promotion of independent self-care skills should be considered.

Who provides the nappies?

The child's parent/carer should provide the nappies and any creams/lotions and nappy sacks. However, if you have a nappy disposal unit, nappy sacks will not be required.

Wipes for cleaning the child can be provided by parents or the setting. It will need to be made clear on your policy who will provide these. Alternatively, water and wipes can be made available by the setting.

The setting should provide disposable gloves and aprons for the staff.

Anti-bacterial spray for cleaning the area afterwards is required and should be provided by the setting.

If you do not have a purpose-built changing area, the toilet area can be used. The dignity and privacy of the child is paramount. It is not appropriate to carry out tasks on the floor.

How do we dispose of the nappies?

A risk assessment should be carried out.

Nappies and wipes can be double bagged and placed in the domestic waste bins. If a nappy disposal unit is used, the contents should be put into a sealed bag (if not double bagged already) and placed in the main bin.

Soiled nappies should not be given to parents at the end of the session as this is unhygienic and demeaning.

Do we need more than one person to change a child?

No, all staff are DBS checked. Recruitment and selection procedures and ongoing suitability checks, such as supervisions and appraisals provide evidence that staff are suitable.

Your safeguarding policy should also state what staff should do if they have concerns and linked to your person care policy.

Most children are out of nappies by the time they are 3 years old, why is this an issue?

All children are unique and have a right to be seen as an individual. Personal circumstances, health or development have to be viewed holistically with the child's right to access services. Children should not be discriminated against due to individual needs. Around 10% of children are unable to achieve this milestone for a variety of reasons and will require support throughout school years.

How do we manage changing older children?

All children vary considerably in their needs and wishes around personal care. The setting should talk to the children and liaise with the parents so needs can be understood and met. Dignity and privacy are paramount.

How do we manage children becoming upset when they have 'accidents' or need changing?

It is important all staff, following a clear management lead, are positive in their attitude to personal care. As with all emotional experiences children benefit from acknowledgement and acceptance of their feelings and an empathic and solution focused response. '...and should be encouraged to have a positive image of her/his body' [Lenehan et al., 2004 p23]

It is vital that the child has a key person, who is familiar with and respected by the child. It is important that contingency plans are in place in the event of staff absence, and that the child is comfortable with the alternative staff member.