

Toilet Procedure and Intimate Care POLICY

Prepared: May 2016

Adopted: June 2016

Reviewed: June 2017

Next Review: June 2018

**Ysgol Gymraeg Llundain/ London Welsh School**

**Toilet Policy and Guidance**

**Policy Audit.**

This audit will help staff and Governors to assess whether the basis of this Policy are in place.

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| This Policy will be reviewed in | Spring Term 2018 |
| The Policy was agreed by Governors in | Spring Term 2016 |
| The Policy is available for staff  | In policy folder  |
| The Policy is available for Parent /Guardians  | On the School Website From the School Office |

**Writing and Reviewing Toilet Policy and Guidance**.

The Toilet Policy and Guidance relate to other policies including:

* SEND Policy
* Safeguarding Policies
* Risk Assessments Policy
* Health and Safety Policy
* Whistle Blowing Policy

**Introduction.**

This guidance provides information about meeting children’s toileting needs for all staff. It is relevant for adults who are working with:

* All children between the ages 3-11 in our care.
* Young children who are acquiring toileting skills age appropriately
* Children who may have a development delay and who will achieve independence in toileting later than their peer group.
* Children who have a disability or who require special arrangements for toileting due to medical, emotional or social needs.

The guidance is based on good practice and is designed to support procedures already in place. It aims to:

* Provide advice and practical examples to staff
* Assure parents and carers that staff are knowledgeable about personal care, and that their individual concerns are taken into account.
* Safeguard the rights and well-being of the children.
* Reassure and protect the interests of staff working in a personal care capacity.
* Ensure that all children are included regardless of their toileting needs.

**Early Years**

It is important to view toilet training as a self-care skill that children should acquire before starting nursery, but we will provide care should any accident occur in school. Parents must ensure that children arrive at school with a clean change of clothes in case of an accident. Should a child be experiencing difficulty in gaining independence using the toilet, a personal care plan will be written for the individual child and their parents to ensure that toilet training is monitored effectively and that the child is successfully trained as soon as possible. The Early Years Foundation Stage Co-ordinators will be responsible for writing individual care plans and this will be monitored by the Lead Teacher.

**Inclusion**

Following the implementation of the Disability Discrimination Act 1995 (DDA) and the SEN and Disability Act 2001 (SENDA), an increasing number of children and young people with disabilities, development delay and medical needs are being included in local early years settings and mainstream school. A number of these children require assistance with toileting.

Regardless of age, these children fall within the terms of DDA/SENDA and the setting must make “reasonable adjustments” to support them.

These children have an educational entitlement irrespective of their difficulties with toileting.

No child is excluded from attending Ysgol Gymraeg Llundain/London Welsh School who may not yet be toilet trained. We work with parents towards toilet training unless there are medical or other developmental reasons why this may not be appropriate at that time.

**Procedures for toilet duties**

* At Ysgol Gymraeg Llundain/ London Welsh School we will endeavour to maintain each child’s privacy.
* A member of staff must assist and supervise the pupils to the toilets (at least two pupils present). Further adult supervision may be needed dependent on ratios.
* Staff must ensure they remain within sight or hearing of the children without compromising children’s privacy.
* Staff will ensure the toilets are in the sole use of the children during the time period. They must check toilet areas before allowing children to use, and ensure children are never alone in the toilet area with members of the public.
* Ensure that boys and girls aged 8 and over use the toilets at a separate time to each other.
* Staff must use separate toilet facilities to the children.
* All children will be encouraged to adopt good personal hygiene by washing their hands properly.
* Toilets and sinks will be checked regularly to make sure they are clean (refer to ‘Risk Assessment Policy’)
* Staff will remind children to use the toilet regularly.
* Activities and routines will also include reminders about the need for good personal hygiene.
* For new or nursery children, they will be shown the toilet area during pre-school visits to help promote confidence and familiarity in a new environment.
* Parents of children under 5 are requested to send a bag containing a clean change of clothes for their child in case of accidents. This will be kept on their peg and will only be used for that child.
* In the case of an accident, all staff are familiar with the hygiene procedures and carry these out at all times. **There must be two members of staff present in this occasion.** Protective gloves and aprons will be worn at all times. Staff will wash their hands with hot, soapy water and dry your hands immediately after completing task. (refer to Intimate Care Policy)
* If a child is upset or worried about any toileting issue, staff will reassure and comfort them verbally. They must pass on any issues or concerns to the Class Teacher and Designated Safeguarding Officer.

**Intimate Care Policy**

The pastoral care of our children is central to the aims, ethos and teaching and we are committed to developing positive and caring attitudes in our children. Our ‘Intimate Care Policy’ is part of our ‘Toilet Procedure Policy’, and it is our intention to develop independence in each child, however there will be occasions when help is required. The principles and procedures apply to everyone involved in the intimate care of children.

London Welsh School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all our children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain and adults and staff must be sensitive to each child’s individual needs.

Intimate care is any care which involves one of the following:

1. Assisting a child to change his/her clothes
2. Assisting a child who has soiled him/herself
3. Assisting a child who requires additional toileting support due to a medical or disability need.

# Principles of Intimate Care

The following are the fundamental principles of intimate care upon which our policy guidelines are based:

* Every child has a 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;
* All children have the right to be involved and consulted in their own intimate care to the best of their abilities;
* All children have the right to express their views on their own intimate care and to have their views taken into account; and
* Every child has the right to have levels of intimate care that are appropriate and consistent.

# Guidelines For Good Practice

All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children.

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

Members of staff also need to be aware that some adults may use intimate care, as an opportunity to abuse children. It is important to bear in mind that some forms of assistance can be open to misinterpretation. Adhering to the following guidelines of good practice should safeguard both children and staff.

1. **Involve the child in the intimate care.** Try to encourage a child’s independence as far as possible in his or her intimate care. Where a situation renders a child fully dependent, talk about what is going to be done and, where possible, give choices. Check your practice by asking the child or parent about any preferences while carrying out the intimate care.
2. **Treat every child with dignity and respect and ensure privacy appropriate to the child’s age and situation.** Care should not be carried out by a member of staff working alone with a child.

1. **Make sure practice in intimate care is consistent.** As a child may have multiple carers a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent.
2. **Be aware of your own limitations.** Only carry out activities you understand and feel competent with. If in doubt, ask. Some procedures must only be carried out by members of staff who have been formally trained and assessed.
3. **Promote positive self-esteem and body image.** Confident, self-assured children who feel their bodies belong to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child’s intimate care is important. Keeping in mind the child’s age, routine care can be both efficient and relaxed.
4. **If you have any concerns you must report them.** If you observe any unusual markings, discolouration or swelling report it immediately to the Nominated Safeguarding Officer

If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the designated teacher. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child’s personal file.

# Communication With Children

It is the responsibility of all staff caring for a child to ensure that they are aware of the child’s method and level of communication. Depending on their maturity and levels of stress children may communicate using different methods - words, signs, symbols, body movements, eye pointing, etc. To ensure effective communication:

* 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; and
* Treat the child as an individual with dignity and respect.

**Procedure for Instances of Intimate Care:**

# Assisting a child to change his / her clothes

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

* There will always be two members of staff present.
* 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.
* If staff are concerned in any way parents will be sent for and asked to assist their child and informed if the child becomes distressed.

# Changing a child who has soiled him/herself

If a child soils him/herselfin school a professional judgement has to be made whether it is appropriate tochange the child in school, or request the parent/carer to collect the child forchanging. In either circumstance the child’s needs are paramount and he/she should be comforted and reassured throughout. The following guidelines outline our procedures but we will also seek to make age-appropriate responses.

* If possible, school staff will attempt to contact the emergency contact to inform them of the situation.
* If the emergency contact is able to come to school within an appropriate time frame, the child will be accompanied and supported by a staff member until they arrive. This avoids any further distress and preserves dignity.
* If the emergency contact cannot attend, school will clarify or seek verbal permission for staff to support the child to change themselves.
* If the school cannot contact the emergency contact within the needed time frame, the school will make appropriate decisions as needed for the duty of care of the pupil.

Procedure:

* There will always be two members of staff present with CRB checks.
* 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. For pupils under 5 who are unable to assist themselves, staff can support the process with prior consent from parents/carers. The members of Staff who has assisted a pupil with intimate care will complete Appendix 4.
* School will have a supply of wipes, clean underwear and spare uniform for this purpose, should the child not have their own change of clothes.
* The staff will ensure the child is happy with who is changing him / her.
* The staff will be responsive to any distress shown.
* Staff will always wear protective disposable gloves and an apron.
* Staff will appropriately dispose of any resources used.

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

In the case of assisting a pupil with a medical need or disability, the pupil will have an Individual ‘Care Plan’. This Care Plan will be formulated by the relevant staff and parents. Refer to appendices 1, 2, 3 and 4.

**Appendicies.**

Appendix 1 – Conditions that may affect bladder or bowel control.

Appendix 2 – Toileting risk assessment.

Appendix 3 – Personal care plan

Appendix 4 – Record of Intimate Care

**Appendix 1**

 **Conditions that may affect bowel or bladder control**

Some of the conditions, which can have an effect on bowel or bladder control, include the following:

Autistic Spectrum Disorder : A lifelong, non-progressive neurological disorder characteristed by language and communication deficits, withdrawal from social contacts and extreme reactions to changes in the immediate environment.

Chrohn’s Disease: An inflammatory bowel disease characterised by severe chronic inflammation of the intestinal wall or any portion of the gastrointestinal tracts.

Hirschsprung’s Disease: A rare disorder of the bowel, the symptoms of which can include constipation, distenstion of the bowel and vomiting.

Imperforate Anus : A congenital abnormality in which the anus is not fully formed

Irritable Bowel Syndrome: A bowel condition characterised by abdominal pain and by wider variations in the frequency and predictability of bowel movements.

Spina Bifida: The incomplete development of the spinal column, which can cause difficulties with bladder and bowel control.

In all cases, where a condition is identified and for the incidence of incontinence, a planned programme of support will be implemented with the support of the child’s parents to ensure that the child’s needs are provided for.

**Appendix 2**

**Toilet Risk Assessment**

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| --- | --- |
| 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 a Personal Care Plan  |
| Signed by:  |  |
| Lead Teacher signature:  |  |

**Appendix 3**

**Personal Care Plan**

**For Pupils needing nappies/ pull ups/ regularly soiling in school**

|  |  |
| --- | --- |
| **Pupil Name:** |  |
| **Pupil Date of Birth:**  |  |
| **Date of Plan:** |  |
| **Date of Review:** |  |
| **What are the medical needs of the pupil?** |
| **Who will change the pupil?** |
| **How will the pupil be changed? (e.g. standing up in toilet cubicle, lying down on mat on the floor)** |
| **Who will provide the resources? E.g. wipes, nappies, disposable gloves**  |
| **How will the changing occasions be recorded and if/how will this be communicated to the parent/carer**  |
| **How will wet/soiled clothes be dealt with?**  |
| **What will the member of staff do if the child is unduly distressed or if any safeguarding issues or concerns are presented?** |
| **Any other comments:**  |
| **Parent/Carer Declaration:** **I agree that this plan has been discussed with me and I agree to the roles and responsibilities I hold with regard to the above plan.** **Signed :** **Dated:** |
| **School Declaration:** **We agree that this plan has been discussed with parents/carers and to the roles and responsibilities we hold with regard to the above plan.** **Signed :** **Signed by Lead Teacher/ Nominated Safeguarding Person:** **Dated:** |

Appendix 4

Record of Intimate Care

Pupil Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pupil Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date  | Time  | Comments  | Staff Involved  | Signature  |
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