



Intimate care & toileting Policy

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Date adopted by Governors:
Review Date: October 2018

Policy Amendments:

Date	Detail
October 2018	Not changing in isolation. Safeguarding leads

Intimate care and toileting

All children we work with have the right to be safe, to be treated with courtesy, dignity and respect and to be able to access all aspects of the curriculum.

An increasing number of children and young people with disabilities and medical needs are attending Sunnyside Academy. A number of these children require assistance with intimate care tasks, especially toileting. Other children may also experience difficulties with toileting for a variety of reasons.

Delayed continence is not necessarily linked with learning difficulties, but children with global development delay which may not have been identified by the time they enter nursery are likely to late coming out of nappies.

Aims

The aims of this policy and guidance are:

To safeguard the rights and promote the welfare of children and young people

To provide guidance and reassurance to staff whose role includes intimate care.

To assure parents and carers that staff are knowledgeable about personal care and that their individual concerns are taken into account.

To work towards as much personal independence as is possible.

To remove barriers to learning and participation, protect from discrimination, and ensure inclusion for all children and young people as pupils and students.

Definition of intimate care

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with or exposure of the sexual parts of the body.

Intimate care tasks include;

- Dressing and undressing (underwear)
- Helping someone use the toilet
- Changing nappies/continence pads
- Bathing /showering
- Washing/Cleaning intimate parts of the body
- Changing sanitary ware

When staff are involved in carrying out any intimate care they will follow the procedures set out below:

Staff procedures.

- Staff to wear disposable gloves and aprons while dealing with the incident
- Soiled continence product used to be double wrapped (nappy sacks) or placed in a hygienic disposal unit if the number produced each week exceeds that allowed by Health and Safety Executive's limit. Parents may send in equipment from home for school to use, this will also be part of the continence/care plan.
- Changing area to be cleaned after use
- Hot water, liquid soap and hand sanitizer available to clean hands as soon as the task is completed
- Hot air dryer or paper towels available for drying hands.
- Wet or soiled clothes will be kept until they can be returned to the parent/carer

To ensure that a child receives the appropriate care throughout their time at Sunnyside the following timetable should be followed as a guideline:

Time table for events through school

Year Group	School	Parents	School Nurse
Nursery	Named person working on toilet training in agreement with parents	Meet with named person and agree toilet training regime – termly	Only involved if a medical issue is identified
Reception	Named person working on toilet training in agreement with parents	Meet with named person and agree toilet training regime – half termly	Alerted to children not making progress with toilet training
Year 1 - 2	Named person to help with changing and toileting issues – toilet log kept	Agree to provide resources and meet with named person and school nurse	Meet with parents and help with routines and training
Year 3 -6	Named person to help with changing and toileting issues – toilet log kept	Annual meetings to agree and sign to agreed procedure for changing	Referred to specialist services if additional support needed
Y6+	Work on transition into secondary	Meet with secondary school to agree procedure	

Asking parents of a child to come and change a child is likely to be a direct contravention of the DDA, and leaving a child in a soiled wet clothes or product for any length of time pending the return of the parent is a form of abuse.

Child Protection

Due to the nature of some of the children it is recommended that 2 adults are in attendance during toileting/cleaning sessions. This will be clarified by the completion of a continence care plan (see below).

Wherever possible, the same member of staff should be allowed to change named children. This reduces the risk to the child and promotes their dignity. Changing should not be completed in isolation.

Changing will take place in disabled toilets if they are available, if not then in usual toilet facilities. All instances of toileting will be recorded using the school's toileting record sheet. If the child is unduly distressed by the experience or if the staff member notices marks or injuries this will be recorded on CPOMS under Record Of Concern (ROC) as well as informing Safeguarding Leads in person.

Collaborative working

In all instances of long term continence issues parents/guardians will be asked to agree to and sign a continence agreement.

The parent:

- Agreeing to ensure that the child is changed at the latest possible time before being brought to the setting
- Providing the setting with spare continence products, if used and a change of clothing
- Understanding and agreeing the procedures that will be followed when their child is changed at school - including the use of any cleanser or the application of any cream
- Agreeing to inform the setting should the child have any marks/rash
- Agreeing to a 'minimum change' policy i.e. the setting would not undertake to change the child more frequently than if she/he was at home.
- Agreeing to review arrangements should this be necessary

The setting agrees:

- to provide support as required for the child to manage to be changed during a single session should the child soil themselves or become uncomfortably wet
- how often the child would be changed based on an assessment of their continence needs, should the child be staying for the full day
- to monitor the number of times the child is changed in order to identify progress made
- to report should the child be distressed, or if marks/rashes are seen
- to review arrangements as necessary.

This kind of agreement should help to avoid misunderstandings that might otherwise arise, and help parents feel confident that the setting is taking a holistic view of the child's needs.

CONTINENCE MANAGEMENT

Individual Care Plan for use in

Sunnyside Academy

Problem area	Action to be taken
Medication	Side Effects

Name of Child..... Date of Birth

Class teacher

Does the child require any special equipment to be kept in school?

Detail:

Does the child require a change of clothing to be kept in school?

YES / NO

Does the child require separate towels to be kept in school?

YES / NO

GP.....

Contact Number.....

Consultant

Contact Number

Paediatric Continence Nurse/ Nursery Nurse / Health Visitor.....

Contact Number

Any Additional Issues for Educational Visits

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Parent/carer comments:

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Date plan completed Review date.....

Completed by

Signed Date.....

Head Teacher/Teacher Date.....

Paediatric Continence Nurse/Nursery Nurse/Health Visitor..... Date.....

Parent/Carer..... Date.....

Toilet Log

Child _____

W/c _____

	10am	11am	12pm	1pm	2pm	3pm
Mon						
Initials						
Tue						
Initials						
Wed						
Initials						
Thur						
Initials						
Fri						
Initials						