

Toileting and Continence Policy

	Documer	nt Status	·
Date of Next Review	July 2021	Responsibility	Governing Body
Success Criteria for review completion		Responsibility	Chair of Governors
Date of Policy Creation	Adopted NYCC written model	Responsibility	Headteacher
Date of Policy Adoption by G	overning Body		
November 2019		Signed <i>MRS M LUMLEY</i> Chair of Governing Body	
Method of Communication (e	.g Website,	Citali	or Governing Body
Noticeboard, etc)		Signed MR A BLACKWOOD_ Headteacher	
Website			

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Introduction

Starting school or nursery is an exciting and important stage for a child. It is a time for growth and very rapid development. As with all developmental milestones there is a wide variation in the time at which children will master certain skills. Toileting is a key skill contributing to independence and self belief.

Children present in many different ways with regards to their toileting independence as they begin to attend part or full time school.

- fully toilet trained across all settings
- fully toilet trained but regress for a little while in response to the stress and excitement of beginning school
- be fully toilet trained at home but prone to accidents in new settings
- be on the point of being toilet trained but require reminders and encouragement
- not toilet trained at all but likely to respond quickly to a well structured toilet training programme
- be fully toilet trained but have disabilities or learning difficulties
- have delayed onset of full toilet training in line with other development delays but will probably master these skills during the first few weeks
- have AEN/SEN that makes it unlikely that they will be toilet trained in the immediate future

Admitting children who have continence problems into Foundation Stage and Key Stage 1 provision can present a challenge to schools. The purpose of this policy and guidelines is to identify best practice to achieve the full inclusion of such children.

Child Protection

The normal process of assisting with personal care, such as. changing a nappy should not raise child protection concerns. There are no regulations that state that a second member of staff must be available to supervise the nappy changing process to ensure that abuse does not take place. DBS checks are rigorous and are carried out to ensure the safety of children with staff employed in our school.

Section 18 in the Government guidance 'Safe Practice in Education' states that:

'Staff should ensure that another appropriate adult is in the vicinity and is aware of the task to be undertaken.'

It is recommended that the adult who is going to change the child informs the teacher that they are going to do this. There is no written legal requirement that two adults must be present and schools will need to make their own judgement based on their knowledge of the child/family.

Location for changing

Whenever possible it is recommended that:

- 1. mobile children are changed standing up
- 2. if this is not possible the next best alternative is to change a child on a mat on a suitable surface.

Children in Year 2 and above should only be changed either on a changing bed or in a toilet cubicle standing up. Staff should consider the child's preference for changing and the outcome of any risk assessments.

Off Site Visits

During scheduled off-site visits all appropriate measures will be taken to ensure all pupils can participate. Physical resources will be taken from school / requested from parents. Standard procedure for changing will be followed with the exception of two members of staff being present throughout to further ensure safeguarding needs can be met.

Resources

Changing time can be a positive learning time and an opportunity to promote independence and self-worth. Cliffe School ensures involved pupils and adults:

- hot running water and soap
- paper towels
- aprons and gloves
- nappy bags
- cleaning equipment
- bin
- a supply of spare nappies and wipes (provided by the child's parent/ carer)
- spare clothes (provided by the child's parent/ carer)

Job Descriptions

It is likely that one or more of the teaching assistants will undertake most of the personal care. The Headteacher will ensure that this issue is addressed as appropriate within overall staffing.

Job descriptions include statements such as the following:

- Carry out tasks associated with pupils' personal hygiene, (including personal intimate care) and welfare, including physical and medical needs, whilst encouraging independence
- Be responsible for promoting and safeguarding the welfare of pupils in line with policy and legislation, raising concerns as appropriate

Teachers job descriptions state they are responsible for facilitating, supporting and releasing teaching assistants to fulfil this role.

Staff should note that asking or telling parents to come and change their child (unless the parents have expressed a preference for this) or wanting an older sibling to change their sister/ brother is likely to be a direct contravention of the DDA, as is leaving a child soiled, which could be considered to be a form of abuse since it places the child at risk of significant harm. Staff should take care (both verbally and in terms of their body language) to ensure that the child is never made to feel as if they are being a nuisance, as again doing so is likely to be a direct contravention of the DDA.

The process for the management of a child's personal care needs may need to be further clarified through a 'Personal Care Plan'. For example, where the school has concerns about parental support, for children transferring to KS2 or above who are not toilet trained and for children with SENs or disabilities.

Partnership Working

Cliffe Primary School works in partnership with parents when a child enters school in a nappy or pull-ups or with continence problems. When such issues are identified parents will be asked to agree to and sign a Home/school toileting management agreement (App.1) This agreement helps to avoid misunderstandings and also helps parents/ carers feel confident that the school will meet their child's needs.

The Disability Discrimination Act

The DDA requires all education providers to re-examine all policies, consider the implications of the Act for practice and revise their current arrangements. In the light of this all education providers need to satisfy themselves that their practices in admitting children who have continence problems are not discriminatory. In addition The Department of Health has issued clear guidance about the facilities that should be available in each school

Definition of Disability in DDA.

The DDA provides protection for anyone who has a physical, sensory or mental impairment that has an adverse effect on his or her ability to carry out normal day-to-day activities. The effect must be substantial and long-term. It is clear that anyone with a named condition that affects aspects of personal development must not be discriminated against. However, children with global developmental delay, which may not have been identified by the time they enter nursery or school, are likely to be late coming out of nappies.

Education providers have an obligation to meet the needs of children with delayed personal development in the same way as they would meet the individual needs of children with delayed language, or any other kind of delayed development. Children should not be excluded from normal pre-school activities solely because of incontinence. Any admissions practice that sets a blanket standard of continence, or any other aspect of development, for all children is discriminatory and therefore unlawful under the Act. All such issues have to be dealt with on an individual basis, and settings or schools are expected to make reasonable adjustments. In addition excluding children from normal pre-school or school activities, including out of school trips by virtue of incontinence is classed as less favourable treatment under the DDA and would therefore be regarded as discriminatory.

Finally school notes the fact that knowingly leaving a child in a wet or soiled nappy for prolonged periods of time places that child at risk of significant harm (through the increased risk of infections such as bladder infections) and may therefore be construed as child abuse.

This policy is reviewed bi-annually by the governing body in the Summer Term

Signed: MR A BLACKWOOD Date: 21.11.2019

(on behalf of the staff)

Signed: MRS M LUMLEY_ Date: 21.11.2019

(on behalf of the governors)





Home/school toileting management agreement – KS1 / SEND Pupils

Cliffe Primary School works in partnership with parents when a child enters school in a nappy or pull-ups or with continence problems. When such issues are identified parents/carers are asked to agree to and sign this Home/school toileting management agreement . This agreement helps to avoid misunderstandings and also helps parents/ carers feel confident that the school will meet their child's needs.

Parents/ Carers:

- agree to encourage the child's participation in toileting procedures wherever possible and work to encourage independence if medical needs do not prevent this.
- agree to seek medical assistance from appropriate sources should the matter appear to call for it. To share the results of this support with school.
- agree to change/toilet their child at the latest possible time before coming to school
- provide spare nappies, wet wipes and a change of clothes as appropriate
- understand and agree the procedures to be followed during changing at school (see attached details)
- agree to inform school should the child have any marks/rash
- agree to review the arrangements, in discussion with the school, should this be necessary

The school:

- agree to encourage the child's participation in toileting procedures wherever possible
- · agree to change the child should they soil themselves or become wet
- agree to report to the Head Teacher should the child be distressed or if marks/ rashes are seen
- agree to maintain the child's dignity at all times
- discuss and take the appropriate action to respect the cultural practices of the family.
- agree to review arrangements, in discussion with parents/ carers, should this be necessary

Please note -

When:

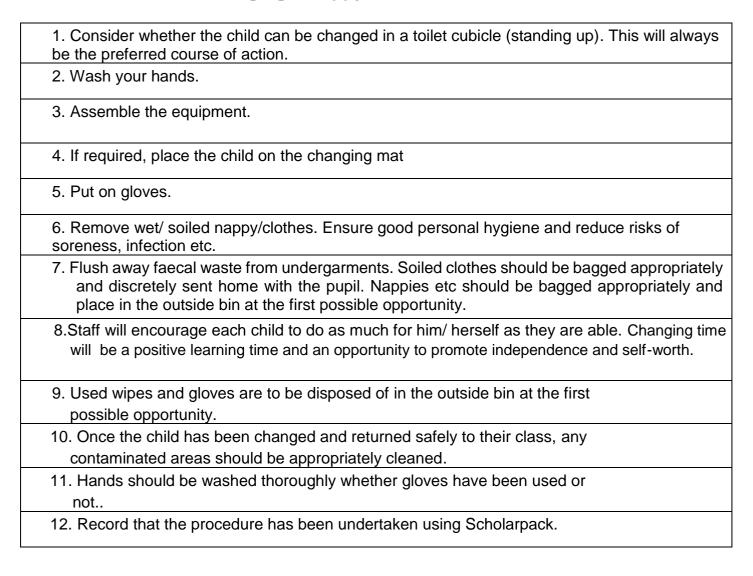
- parents do not fulfil the points of this agreement
- there are concerns that the child is regularly coming to school in very wet or very soiled nappies/clothes
- there is evidence of excessive soreness that is not being treated
- parents are not seeking or following professional advice to support continence

there will be discussions between school and parents about the appropriate action to take to safeguard the welfare of the child. This may include a referral being made to appropriate third parties.

This agreement has been discussed wit	h me and I/we will accept responsibility for the points noted within it.
Signed:	Parent/ Carer's Full Name:
Signed:	Teacher:

Appendix 2

Staff Procedure for Changing a Nappy/Soiled or Wet Pants





Appendix 3

Personal Care Plan for KS2 children (wearing nappies/ pull-ups / regularly soiling in school)

Personal Care Plan	
Child's name Date of birth	
Completed by:(member of staff)	
Date of Plan:Date to review Plan:	
Who will change the child?	
How will be the child be changed? STANDING in a toilet cubicle/ LYING DOWN on a	a mat
Copies of procedure for changing given to parent?	
Who will provide the resources? e.g. wipes, nappies, disposable gloves	
How will the changing occasions be recorded and if/ how this will be communicated parent/ carer	to child's
How will wet/ soiled clothes be dealt with?	
What the member of staff will do if the child is unduly distressed or if marks or injurie	s are noticed
Consider referring to the schools child protection policy and procedures	
Agree a minimum number of changes	
How will the child be encouraged to participate in the procedure?	
Any other comments/ important information: e.g. medical information	

Appendix 4



Intimate Care Policy:

Introduction

Cliffe Primary 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 children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or discomfort. Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff that provide intimate care to children have a high awareness of child protection issues. Staff will work in partnership with parents/carers to provide continuity of care.

Definition

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of associated equipment as part of the staff member's duty of care. In the case of specific procedures only the staff suitably trained and assessed as competent should undertake the procedure (e.g. the administration of rectal diazepam).

Our Approach to Best Practice

The management of all children with intimate care needs will be carefully planned. The child who requires care will be treated with respect at all times; the child's welfare and dignity is of paramount importance. Staff who provide intimate care are trained to do so (including Child Protection and Moving and Handling) and are fully aware of best practice. Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from physiotherapist/ occupational therapist.

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 or menstruation. Wherever possible staff involved in intimate care will not be involved in the delivery of sex education to the children in their care as an extra safeguard to both staff and children involved. The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/ herself as they are able. Individual intimate care plans will be drawn up for children as appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many staff members will need to be present when the child is toileted. Wherever possible the child should be cared for by an adult of the same sex. However, in certain circumstances this principle may need to be waived where the failure to provide appropriate care would result in negligence for example, female staff supporting boys in our school, as no male TA staff are available.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's personal care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

The Protection of Children

Child Protection Procedures and Multi-Agency Protection procedures will be adhered to. If any member of staff has concerns about physical changes to a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate designated person for child protection.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of the process in order to reach a resolution; staffing schedules will be altered until the issue(s) are resolved.

Monitoring and review

This policy is monitored on a day-to-day basis by the head teacher, who reports to governors on request about the effectiveness of the policy.



Appendix 5

Risk Assessment (to be completed for all pupils frequently requiring changing – typically if more than once a week)
Child's Name: Date of Birth:
Date:
Does weight /size/ shape of pupil present a risk?
Does communication present a risk?
Does comprehension present a risk?
Is there a history of safeguarding concerns?
Are there any medical considerations? Including pain / discomfort?
Has there ever been allegations made by the child or family?
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 individual capability (Pupil)
General Fragility
Fragile bones
Head control
• Epilepsy
• Other
Are there any environmental risks? Eg Heat/ Cold
If an answer of yes to any of the above – does the case require the writing of a personal care plan ?
Date:
Signed .
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Appendix 6

Record of Intimate Care Intervention for KS2 children subject to a Personal Care Plan
Child's Name: Date of Birth:
Date: Time:
Name of staff involved:
Procedure:
Signed:



Appendix 7

Working Towards Independence Record – Key Stage 2 Pupils
Child's Name: Date of Birth: Date:
Name of Support Staff Involved
Date of RecordReview Date
I can already
I will try to
Toilet Management Plan Equipment required Location of toilet facilities Support required Frequency of support Working towards Independence
STAFE: As the teaching assistant helping you in the toilet you can expect me to do the following:

STAFF: As the teaching assistant helping you in the toilet you can expect me to do the following:

- When I am the identified person I will stop what I am doing to help you in the toilet. I will avoid all unnecessary delays.
- When you use our agreed emergency signal, I will stop what I am doing and come and help.
- I will treat you with respect and ensure privacy and dignity at all times.
- I will ask permission before touching you or your clothing
- I will check that you are as comfortable as possible, both physically and emotionally
- If I am working with a colleague to help you, I will ensure that we talk in a way that does not embarrass you.
- I will look and listen carefully if there is something you would like to change about your Toilet Management Plan

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CHILD: As the child who requires help in the toilet you can expect me to do the following:

- I will try, whenever possible to let you know a few minutes in advance, that I am going to need the toilet so that you can make yourself available and be prepared to help me I will try to use the toilet at break time or at the agreed times I will only use the agreed emergency signal for real emergencies.
- I will tell you if I want you to stay in the room or stay with me in the toilet
- I will tell you straight away if you are doing anything that makes me feel uncomfortable or embarrassed.
- I may talk to other trusted people about how you help me. They too will let you know what I would like to change

Signed	Parents/
Carers Signed	_Member of
Staff	
Signed	_Second Member of Staff
Signed	_Child (if appropriate)

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Appendix 8

Intimate Care Consent
Child's name Date of birth Male/ female
Parent/ Carer's
name Address
I understand that:
I give permission to the school to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting. I will advise the head teacher of any medical complaint my child may have which affects issues of intimate care
Signed
Relationship to Child
Date