



**St Gregory's Catholic Primary School**

**TOILETING POLICY**

**2017**

**Name of school:** St Gregory's Catholic Primary School

**Date of policy:** 23<sup>rd</sup> March 2017

**Review date:** 23<sup>rd</sup> March 2018

This Intimate Care Policy was evolved by consideration between staff and governors and was approved on .....

This policy will be reviewed on .....

**Introduction**

St Gregory's Catholic 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 pain.

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 can be defined as any care which involves washing, touching or carrying out an agreed procedure to intimate personal areas in order to care for another person. This may be due to their young age, physical difficulties or special needs. Examples include continence and menstrual management as well as washing, toileting or dressing. Intimate care tasks are associated with bodily functions, body products and personal hygiene that demands direct or indirect contact with, or exposure of the genitals. It also includes supervision of children and young people involved in intimate self-care.

### **Our Approach to Best Practice**

- All intimate care is provided in a manner so as to maintain the child's or young person's dignity and confidence.
- The child or young person is cared for in a way that avoids distress, embarrassment or pain.
- Staff are trained annually regarding child protection and health and safety, (which may include manual handling), and are fully aware of infection control, including the need to wear disposable aprons and gloves.
  - A member of the trained staff (who is ideally familiar to the child/young person) will work alongside a new or more inexperienced colleague when they are introduced to a child and their toileting routines.
  - Staff work in partnership with the child or young person's parents or carers, to discuss their needs, routines or preferences. Plans are signed and reviewed regularly.
  - Individual Health Care plans are written and agreed with parents/carers and where appropriate with the young person.
  - All children and young people are supported to achieve the highest level of autonomy that is possible, given their age and ability. Staff will always encourage the child or young person to do as much as possible for him/herself as possible.
  - As an additional safeguard, staff involved in meeting intimate care needs will not usually be involved in the delivery of sex education to the same children, wherever possible.
  - Where a child or young person's care plan does not include 'intimate care', parents/carers will be informed the same day if their child has needed help with meeting intimate care needs. (e.g. if soiled or passed urine).
  - Information regarding intimate care is treated as confidential and communicated in person, by telephone, or by sealed letter, not through the home/school diary, or by any other method which is not confidential.
  - Every child's right to privacy is respected.

- Careful consideration is given as to how many staff might need to be present when a child or young person needs help with intimate care. This is included in individual's care plans.
- Adults who assist a child or young person one-to-one are employees of the school and have DBS checks at the appropriate level.
  - If two members of staff are present to assist with intimate care procedures that they do not talk over the child or young person.
  - Staff inform another colleague when they are going to assist a child with intimate care.
- Cameras and mobile phones are never taken into bathroom areas.
- Whenever possible, staff should care for a child of the same gender.

This intimate care policy should be read in conjunction with the schools' policies as below (or similarly named):

- safeguarding policy and child protection procedures (including whistleblowing)
- staff code of conduct and guidance on safer working practice
- health and safety policy and procedures
- Special Educational Needs policy

### **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 (Niamh Rolph, Ann Brown, Nyree Annis, Emily Hayfield.)

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.

All staff will be required to confirm that they have read the Northamptonshire County Council 'Toileting guidelines for Early Years settings and schools' document.

### **Early Years Settings**

Toilet Training in Early Years settings must be recognised as intimate care. Intimate care tasks are associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with, or exposure of the genitals. Intimate care is defined as any care which involves washing, touching or carrying out an invasive procedure that most children and young people learn to carry out for themselves, but which some are unable to do because of their age, physical difficulties, special needs or ill health. All children must be supported and encouraged to achieve the highest level of autonomy that is possible, given their age and ability. All Staff must be DBS checked and regularly trained regarding child protection and health and safety, (which may include manual handling), to ensure that they are fully aware of infection control, including the need to wear disposable aprons and gloves.

### **Starting toilet training.**

- This should be planned and agreed in co-operation with the parents/carers. Independence plans are used to help parents to toilet train at home (See appendix 3).
- There should be a written plan, including timing of toilet visits (eg, after snack and lunch times), and who will be responsible for this in the setting (named key person and another adult well known to the child). See appendix 7 for toileting plan.
- There should be liaison with parents/carers to ensure continuity with routines at home (Does the boy stand or sit? Do you use a potty or insert seat? Does your child need help with their clothing?).
- If parents are using 'pull ups' there should be a consideration of individual needs discussion with parents about the reasons for phasing out of these, without causing the child confusion. Many children use pull ups in the same way as a nappy and they can prolong toilet training as a child does not feel that they are wet. They also mean that any accidents do not have to be dealt with straight away, so a child can become confused, especially if they are swapping between pull ups at nursery and pants at home. For individual children, pull ups may still be agreed as the most appropriate option.
- When a child has a specific medical or developmental conditions which could impact on toileting management, then advice from their Doctor should be sought either by the parent/carer or with permission, the designated adult e.g. teacher or SENCO. Children receiving chemotherapy – it is advisable to contact the child's Oncology Nurse for specific guidance. Contact details should be available from the parent/carer.
- To maintain the young person's dignity, appropriate facilities should be available e.g. adult visitors or disabled toilet, rather than pupil toilet. This should be clean, warm and safe and have a lockable cupboard for equipment.
- Parents/carers should be reassured that if their child has an accident, it is not a problem and children will not be made to feel that it is an issue.

### **Best Practice**

- All staff follow good hygiene practices, which should include: Disposable gloves should be worn. See risk assessment for medical gloves. Disposable plastic apron should be worn
- Systems are in place to deal with spillages appropriately and safely. Spillages must be cleaned according to the school's policy. Hot water and soap OR antibacterial spray or wipes are appropriate.
- Soiled disposable nappy are placed in plastic nappy bag and disposed of according to local arrangements. Reusable nappy to be placed in double plastic nappy bag and returned to parent.
- Soiled clothing is placed in double plastic bags and returned to parent/carer where facilities for sluicing are not available.
- Correct hand washing techniques are followed. a) For adults, use hot water and soap. Dry hands with disposable paper towels. Antibacterial gel can then also be used. b) For child, hand washing to be done by, or supervised by adult. See appendix 6 for hand washing techniques.

## **Setting**

Advance consideration should be given to arrangements for offsite activities. Every child's right to privacy must be respected. To maintain the child's dignity they should be changed only in a designated changing area. This area should be clean, warm and safe. Appropriate facilities must be available – such as changing mat, toilet seat or potty. Parents will be asked to provide all necessary consumables which could include: nappies, baby wipes, nappy sacks, and plastic bags for soiled clothing. Changes of clothing should be made available by parents/carers.

## **Reception and Key Stage 1 & 2 Changing Policy**

Toilet Training, and routine support with personal hygiene must be recognised as intimate care. Intimate care tasks are associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with, or exposure of the genitals. Intimate care is defined as any care which involves washing, touching or carrying out an invasive procedure that most children and young people learn to carry out for themselves, but which some are unable to do because of their age, physical difficulties, special needs or ill health. All children must be supported and encouraged to achieve the highest level of autonomy that is possible, given their age and ability.

All Staff must be DBS checked and regularly trained regarding child protection and health and safety, (which may include manual handling), to ensure that they are fully aware of infection control, including the need to wear disposable aprons and gloves.

## **Toileting and changing children**

- This should be planned and agreed in co-operation with the parents/carers.

- There should be a written plan, including timing of toilet visits (eg, after snack, lunchtimes and the end of the school day. lunch times), and who will be responsible for this in the setting (named key person and another adult well known to the child). Always consider the type of support required relevant to the child's level of independence.
- There should be liaison with parents/carers to ensure continuity with routines at home (Does the boy stand or sit? Do you use a potty or insert seat? Does your child need help with their clothing?).
- If parents are using 'pull ups' or pads there should be discussion with parents about the phasing out of these, without causing the child confusion. Many children use pull ups in the same way as a nappy and they can prolong toilet training as a child does not feel that they are wet. They also mean that any accidents do not have to be dealt with straight away, so a child can become confused, especially if they are swapping between pull ups at nursery and pants at home. For individual children, pull ups may still be agreed as the most appropriate option.
- When a child has a specific medical or developmental conditions which could impact on toileting management, then advice from the Paediatrician should be sought either by the parent/carer or with permission, the designated adult e.g. teacher or SENCO. Children receiving chemotherapy – it is advisable to contact the child's Oncology Nurse for specific guidance. Contact details should be available from the parent/carer.
- To maintain the young person's dignity, appropriate facilities should be available e.g. adult visitors or disabled toilet, rather than pupil toilet. This should be clean, warm and safe and have a lockable cupboard for equipment.
- Parents/carers and the child should be reassured that if the child has an accident, it is not a problem and children will not be made to feel that it is an issue.

### **Best Practice**

- Every child's right to privacy will be respected. Careful consideration will be given as to how many staff might need to be present when a pupil needs help with intimate care.
- Cameras and mobile phones should never be taken into bathroom areas by staff or children. Hygiene management
- All staff should follow good hygiene practices, which should include: Disposable gloves should be worn. See risk assessment for medical gloves. Disposable plastic apron should be worn
- Systems should be in place to deal with spillages appropriately and safely. Spillages must be cleaned according to local policy. Hot water and soap OR antibacterial spray or wipes are appropriate.
- Soiled disposable nappy to be placed in plastic nappy bag and disposed of according to local arrangements. Reusable nappy to be placed in double plastic nappy bag and returned to parent.
- Soiled clothing to be placed in double plastic bags and returned to parent/carer where facilities for sluicing are not available.

- Correct hand washing techniques should be followed. c) For adults, use hot water and soap. Dry hands with disposable paper towels. Antibacterial gel can then also be used. d) For child, hand washing to be done by, or supervised by adult.

### **Setting**

Advance consideration needs to be given to offsite / residential visits including swimming. Every child's right to privacy must be respected. To maintain the child's dignity they should be changed only in a designated changing area. This area should be clean, warm and safe. Appropriate facilities must be available – such as changing mat, toilet seat or potty. Parents will be asked to provide all necessary consumables which could include: nappies, baby wipes, nappy sacks, and plastic bags for soiled clothing. Changes of clothing should be made available by parents/carers.

### **Children and Young People with Autism Spectrum Disorders (ASD)**

We follow Northamptonshire County Council's guidance and each staff member has read the policy regarding children and young people with Autism Spectrum Disorders. Parents are to provide nappies/pull-ups/ pads, wipes, nappy sacks, plastic bags for soiled clothing, spare clothing.

### **Toilet training**

- This is done in cooperation with the parents/carers, young person, relevant keyworker/staff and professionals involved where appropriate.
- There is an agreed plan (a signed and reviewed document) which records timing of toilet visits (on arrival, after snack and lunch times, during double lessons, break times etc) , fluid intake, (some children with autism avoid drinks to avoid the toilet and it is also a good way to build up a holistic picture), how to handle soiled/wet clothing, named adults/support workers, sensory preferences, communication methods, interests/motivators, stands/sits, potty/toilet/insert seat, dressing skills.
  - The plan will be reviewed once a month to ensure the plan is being followed successfully. If necessary, the school may seek further advice from our school nurse.

### **Schedules**

Different types of schedules from objects, pictures and words, just words, flow charts or a written tick list to just plain lists can be useful to help with following the routine and understanding the different steps of a sequence (hand washing toilet or the whole routine).

### **Social stories**

A social story is a story appropriate for the child/young person's development that is a description of a particular situation, event or activity and includes specific information about what to expect in that situation and why. Social stories may help children to understand why they should wash their hands; flush the toilet, what happens when they go into the toilet area.



## **Contacts list**

### **Safeguarding:**

Niamh Rolph, Emily Hayfield, Ann Brown and Nyree Annis.

These teams may be able to provide support and signposting if required. Their local contact details should be available through the Local Offer ([www.northamptonshire.gov.uk/localoffer](http://www.northamptonshire.gov.uk/localoffer))

Children and Young Peoples Nursing Service (school nurses)

Childrens OT Service (can provide additional materials re toilet readiness and toilet training)

Community Paediatricians (school doctors)

Health Visitors Community Teams for People with Learning Disability (CTPLD)

Northamptonshire Continence and Advisory Service (NCAS)

Hospital and Outreach Education Autism Outreach Team (can provide additional materials related to toileting and toilet training)



# St Gregory's Catholic Primary School

## Appendix 1

### **Procedure for Changing a Nappy (child lying down)**

1. Consider whether the child can be changed in a toilet cubicle (standing up)
  2. Wash your hands
  3. Assemble the equipment
  4. Place the child on the changing mat/ table
  5. Put on gloves
  6. Remove wet/ soiled nappy
  7. Fold the nappy inwards to cover faecal material and place into designated covered bin
  8. Used wipes and gloves are to be disposed of in a bin with a disposable liner
  9. The bin should be emptied at least once a day and the liner replaced
  10. Once the child has been changed and returned safely to the, e.g. nursery area, clean the changing area with a detergent spray or soap and water
  11. Hands should be washed thoroughly whether gloves have been used or not
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# St Gregory's Catholic Primary School

Appendix 2

## Personal Care Plan for children wearing nappies/ pull-ups in school

Child's Name:	DOB:
Name of School:	

Completed by: \_\_\_\_\_ (member of staff)

Date of Plan: \_\_\_\_\_ Date to review Plan: \_\_\_\_\_

Who will change the child?
How will be the child be changed? e.g. standing up in a toilet cubicle, lying down on a mat on the floor

Copies of procedure for changing given to parent where available

Who will provide the resources? e.g. wipes, nappies, disposable gloves

How will the changing occasions be recorded and how this will be communicated to child's parent/ carer

Consider using the Record of Intimate Care Intervention Table

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 injuries 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

This plan has been discussed with me and I agree to change my child at the last possible moment before he/ she comes to school, provide the resources indicated above and encourage my child's participation in toileting procedures at home as appropriate and where possible.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Parent/ Carer's

Full Name: \_\_\_\_\_



# St Gregory's Catholic Primary School

Appendix 3

## Working Towards Independence Record

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Name of Support Staff Involved \_\_\_\_\_

Date of Record \_\_\_\_\_ Review Date \_\_\_\_\_

I can already

Aim:  
I will try to

Signed \_\_\_\_\_ Parents/ Carers

Signed \_\_\_\_\_ Member of Staff

Signed \_\_\_\_\_ Second Member of Staff





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# St Gregory's Catholic Primary School

Appendix 5

## **Permission for school to provide intimate care**

Dear Parents/Carers,

There are times when your child may have an accident and needs to be changed. Please ensure you provide the following in a named bag for your child:

- Spare pair of pants
- Change of clothing
- Nappy/pull up with baby wipes and nappy sacks if applicable to your child.

We also ask that you complete the below and return back to Nursery by Thursday 30<sup>th</sup> March 2017.

## **Permission for school to provide intimate care**

Child's Full Name	
Male/ Female	
Date of Birth	
Parent/ Carer's Full 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 Headteacher of any medical complaint my child may have which affects issues of intimate care

Signed \_\_\_\_\_

Full Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Date \_\_\_\_\_

Thank you for your support.

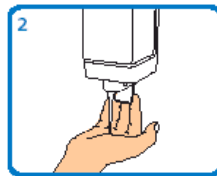
Yours sincerely,



## Hand-washing technique with soap and water



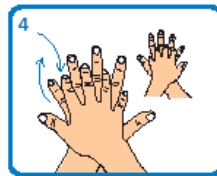
Wet hands with water



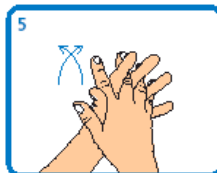
Apply enough soap to cover all hand surfaces



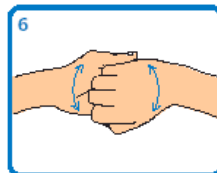
Rub hands palm to palm



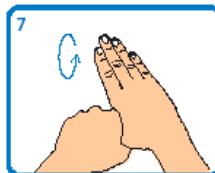
Rub back of each hand with palm of other hand with fingers interlaced



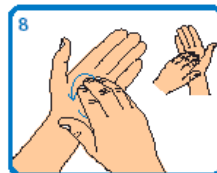
Rub palm to palm with fingers interlaced



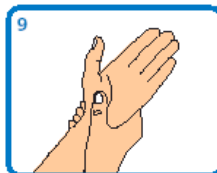
Rub with back of fingers to opposing palms with fingers interlocked



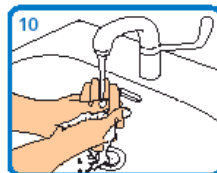
Rub each thumb clasped in opposite hand using a rotational movement



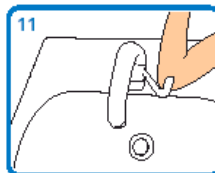
Rub tips of fingers in opposite palm in a circular motion



Rub each wrist with opposite hand



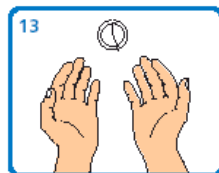
Rinse hands with water



Use elbow to turn off tap



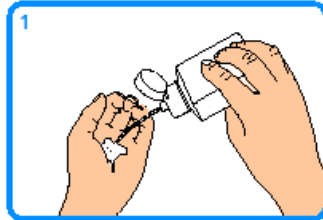
Dry thoroughly with a single-use towel



Hand washing should take 15–30 seconds



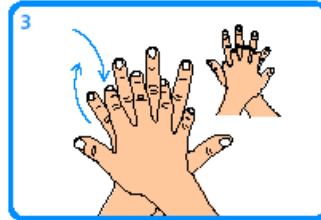
# Alcohol handrub hand hygiene technique – for visibly clean hands



1 Apply a small amount (about 3 ml) of the product in a cupped hand



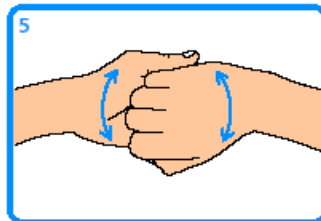
2 Rub hands together palm to palm, spreading the handrub over the hands



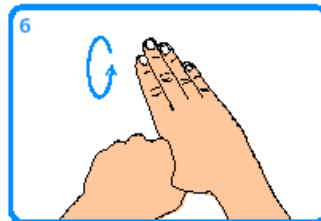
3 Rub back of each hand with palm of other hand with interlaced fingers



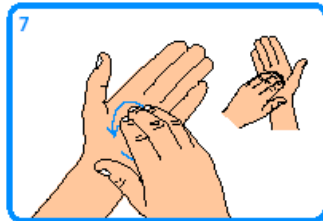
4 Rub palm to palm with fingers interlaced



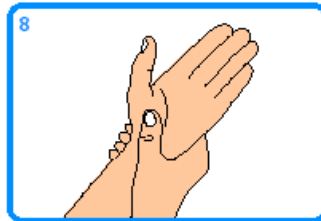
5 Rub back of fingers to opposing palms with fingers interlocked



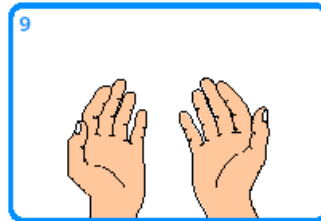
6 Rub each thumb clasped in opposite hand using a rotational movement



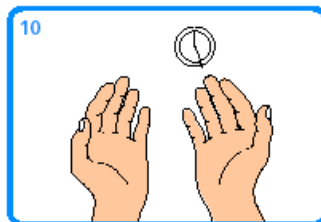
7 Rub tips of fingers in opposite palm in a circular motion



8 Rub each wrist in opposite hand



9 Wait until product has evaporated and hands are dry (do not use paper towels)



10 The process should take 15–30 seconds



# St Gregory's Catholic Primary School

Appendix 7

## Toileting Plan

Toileting Plan for:

Date:

\_\_\_\_\_ is currently in nappies/pull ups and is not yet showing any awareness of being wet/soiled OR is currently in nappies/pull ups and is showing some awareness by (eg: going to changing area/verbally saying)

\_\_\_\_\_ will mainly be responsible for changing  
\_\_\_\_\_ whilst at St Gregory's Nursery to ensure continuity of care.  
However \_\_\_\_\_ will also be aware of his/her needs and will be available to change him/her when required.

St Gregory's Nursery will provide a changing mat, gloves and disposable aprons.  
Parent/carer will provide consumables which could include nappies/pull ups, wipes, nappy sacks and spare clothes.

\_\_\_\_\_ will be changed in the Nursery toilets.

To comply with our child protection procedures, two members of staff will be present and the door will be kept ajar.

Used disposable nappies will be (placed in a nappy sack and disposed of in a nappy bin and reusable nappies will be doubled bagged for return to the parent/carer.

Staff will record date and time of changing and whether child was wet/dry/soiled.  
This information will be shared with parent/carer. This plan will be reviewed as the child's needs change.

Signed

Parent/carer

Signed

Key person

