

Chirbury & Stiperstones CE Primary Federation
Early Years Foundation Stage

Toileting and Intimate Care Policy
(Safeguarding Children)

October 2017

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Updated: October 2017

To be reviewed: October 2018

Early Years Foundation Stage

Personal Care Policy (Safeguarding Children)

Policy Statement

All children at Chirbury & Stiperstones CE Primary Federation have the right to be safe and be treated with dignity, respect and privacy at all times so as to enable them to access all aspects of school life.

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

This policy supports the safeguarding and welfare requirements of Early Years Foundation Stage (EYFS) 2012 and the Disability Discrimination Act 2005.

The Chirbury & Stiperstones CE Primary Federation 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

We work with parents towards toilet training unless there is a medical or other developmental reason why this may not be appropriate at the time. We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgemental concern of adults. The school will share policy and procedures for dealing with children's general toileting needs with parents or carers. It is important that there is a positive dialogue between home and school about strategies in use with the child so that these can be reinforced as appropriate.

Principles

It is the right of the child to be treated with sensitivity and respect, and in such a way that their experience of personal care is a positive one. As far as possible the child should be allowed to exercise choice and should be encouraged to have a positive image of their body.

There should be recognition that toileting support can involve risks for both the child and any adults in attendance.

Intimate Care Tasks – cover any task that involves:

- ✓ Dressing and undressing
- ✓ Washing including intimate parts
- ✓ Helping someone use the toilet
- ✓ Changing nappies
- ✓ Carrying out a procedure that requires direct or indirect contact to an intimate personal area.

Procedures

In the Reception classes we have an expectation that children will:

- ✓ Know when they need to go to the toilet.
- ✓ Know how to use the toilet independently.
- ✓ Be reasonably effective at cleaning themselves after using the toilet.
- ✓ Children can access the toilets whenever they have the need to and are encouraged to be independent.
- ✓ Children are reminded at regular times to go to the toilet- e.g. before and after lunch or snack times, before assemblies, swimming or PE.
- ✓ Children are encouraged to wash their hands after each visit to the toilet and have soap and towels to hand.
- ✓ Children are not left in soiled or wet pants or clothes as the school has a 'duty of care' towards children's needs and this could be interpreted as neglect.
- ✓ All staff are familiar with the hygiene procedures and carry them out when changing children.

However, we recognise that children develop at different rates:

- ✓ Some children will be engaged in fully developing this aspect of their self-care when they start school.
- ✓ Some children will not have had the practice that they need to use the facilities available: this could include culturally different expectations of self-care.
- ✓ Some children may start wetting or soiling themselves after they start school during the settling-in period. In these circumstances, the child's teacher communicates sensitively with parents to determine if this is a temporary set-back (anxiety, arrival of new sibling, illness).

Some children will come to school with ongoing/specific physical or medical issues such as urinary tract infections or soiling difficulties. If the child requires a medical care plan, Local Authority policies on child protection and managing children's needs will be consulted.

Partnership with Parents/Carers – Staff/ Child's keyworker works in partnership with parents/carers to provide care appropriate to the needs of the individual child and together will produce a care plan. 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)
- ✓ 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 are asked to supply the following (delete as appropriate):-

- ✓ Spare nappies
- ✓ Wipes, creams, nappy sacks etc
- ✓ Spare Clothes
- ✓ Spare underwear

Best Practice – When intimate care is given, the member of staff explains fully each task that is carried out, and the reason for it. Staff encourage children to do as much for themselves as they can, lots of praise and encouragement will be given to the child when they achieve.

All staff working in early years setting has an enhanced DBS check.

Dealing with body fluids – Urine, faeces, blood and vomit will be cleaned up immediately and disposed of safely using the disposal bins provided. When dealing with body fluids staff wear protective clothing (disposal plastic gloves) wash themselves thoroughly afterward. Soiled children's clothing will be bagged to go home – staff will not rinse it. Children will be kept away from the affected area until the incident has been completely dealt with.

All staff maintains high standards of personal hygiene, and will take all practicable steps to prevent and control the spread of infection.

Sensitivity and Respect

- ✓ Each child will be spoken to by name and given explanations of what is happening.
- ✓ Privacy appropriate to the child's age and situation will be provided.
- ✓ The child will be encouraged to care for themselves as far as possible.
- ✓ Items of good quality, appropriately sized spare clothing will be readily available or provided by parents if the child has a medical condition which results in toileting accidents.
- ✓ Adults should be aware and responsive to the child's reactions.
- ✓ Some children refuse or are very reluctant for an adult outside of the family to care for them. In these circumstances special arrangements can be made for a family member to come in.
- ✓ The dignity of the child must be respected and so as much as can be kept confidential between child, school and parent is kept confidential.

Safeguarding Children and Adults

Anyone caring for children has a common law duty of care to act like any prudent parent. Staff ensure that children are healthy and safe at all times.

- ✓ Adults dealing with the toileting needs of children are employees of the school and have undergone enhanced DBS disclosure.
- ✓ All staff are aware of the school's protocol and procedures following an induction and are kept informed of updates via the school's designated safeguarding lead.
- ✓ All staff have received appropriate safeguarding training and will receive support where necessary.
- ✓ All toileting incidents to be recorded; the minimum information to be kept is the date and time, the name of the child, the adult(s) in attendance, the nature of the incident, the action taken and any concerns or issues.

The parents are informed as soon as possible and staff should have the opportunity to raise any concerns or issues.

- ✓ Leaving a child in soiled or wet clothing for any length of time, even if waiting for the arrival of a parent or carer, could be interpreted as a form of abuse.
- ✓ The normal process of cleaning a child should not raise child protection concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the process to ensure that abuse does not take place. DRB checks are carried out to ensure the safety of the children with staff employed by the school. If there is known risk of false allegation by a child or parent then a single member of staff should not clean a child unsupervised.
- ✓ Members of staff must ensure that they do not change or clean a child in a room with the door closed.

Health and Safety

In the case of a child accidentally wetting, soiling or being sick whilst on the premises:

- ✓ Staff should wear disposable gloves to deal with the incident
- ✓ We provide flushable wipes and encourage the child to use them and to wash the private parts of their body.
- ✓ Put soiled clothing is double bagged and tied.
- ✓ Hot water and soap is available to wash hands as soon as the task is completed.

Roles and Responsibilities

Parents and carers are made aware of policies and procedures related to intimate care and all specific instances related to their child. If it becomes evident that a child has an ongoing problem that requires regular intimate care intervention, the school will make arrangements with the parent/carer for the long term resolution of the problem. This is likely to include a care plan that involves the parent/carer directly as well as external reference to a Health Care professional.

Advice and Support

There are other professionals who can help with advice and support. Family Health Visitors and Community Nursery Nurses have expertise in this area and can support adults to implement toilet training programmes in the home. Health Care Professionals can also carry out a full health assessment in order to rule out any medical cause of continence problem. Parents are more likely to be open about their concerns for their child's learning and development and seek help if they are confident that they and their child are not going to be judged for their delayed development.

APPENDIX 1

GOOD PRACTICE –TOILET TRAINING

Introducing Toilet Training

We look out for signs that a child is ready for potty/toilet training and we work with parents to implement an agreed programme. Some children will be late in achieving milestones and toilet training will be delayed accordingly. Incontinence can be part of a medical condition or part of global delay. A few children may never be totally continent and so the emphasis will be on management of the condition.

A child will pass through these 3 stages as they develop bowel/bladder control:

1. The child becomes aware of having wet or dirty pants.
2. They know that urination/defecation is taking place and may indicate this.
3. The child realises that they need to urinate/defecate and may say so in advance. Toilet training will be more successful if the child is at the last stage.

Assess the child over a period of 2 weeks to determine:

- If there is a pattern to when the child is soiled/wet.
- The indicators that the child is giving that they need the toilet (actions, facial expressions).
- Hourly visits to the toilet and monitoring of wet, soiled or dirty pants help to determine toileting behaviour and show an emerging pattern.

Some strategies to support the process:

- Familiarise the child with the toilets, use other children as good role-models (being sensitive to their privacy), flush toilets, wash hands etc.
- Encourage the child to use the toilet when they are indicating in some way that there is a need, but do not force the issue.
- Take the child to the toilet at a time when monitoring has indicated that they usually opens their bowels.
- Ensure that they are able to reach and are comfortable on the toilet. Training seats may be provided by parents.
- Stay with the child and talk to them to make the experience more relaxed.
- Accept that the child may not use the toilet – it may take time to develop the idea of what is expected. Don't become anxious, praise the child when the toilet is used.
- There may be some setbacks (possibly an emotional reason), patiently continue.
- Accidents will occur, deal with them discreetly and without fuss.
- The process may take time – be patient and the reward will be very satisfying.

It is important to develop a home/school approach in order for the process to succeed.

Good practice in supporting children with SEN:

The child's statement will outline their needs and objectives and the educational provision to meet those needs and objectives. Funding is provided to meet the child's needs.

When a child's independence and self-help skills are delayed these will be identified in the statement and programmes will be recommended to develop these skills.

APPENDIX 2

HOME/ SCHOOL PARTNERSHIP

In some circumstances it may be appropriate for the school to set up a home/school agreement that defines the responsibilities that each party has, and the expectations that each has for the other. This might include:

The parent:

- Agreeing to ensure that the child is toileted at the latest possible time before being brought to school.
- Providing the school with a change of clothing, wipes etc.
- Understanding and agreeing the procedures that will be followed when their child is changed at school.
- Agreeing to inform the school should the child have any rashes or marks.
- Agreeing to a minimum change policy i.e. the school would not undertake to change a child more frequently than if they were at home.
- Agreeing to review arrangements should this be necessary.

The school:

- Agreeing to a minimum change policy i.e. the school would not undertake to change a child more frequently than if they were at home.
- Agreeing to monitor the number of times the child is changed in order to identify progress made.
- Agreeing to report should the child be distressed or if rashes or marks are seen.
- Agreeing to review arrangements should this be necessary.

Procedure for Personal Care of an individual Pupil

The guidelines will specify:

- Who will change the child (Teacher or Teaching Assistant).
- Where changing will take place.
- What resources will be used (cleansing agents or cream to be applied in accordance with parent's wishes).
- How the soiled clothing will be disposed of.
- What infection control measures are in place.
- What the staff member will do if a child is unduly distressed by the experience or if a staff member notices marks or injuries.