

Normanby Primary School
Ironstone Academy Trust

Toileting and Contenance Policy

and

Practical Guidance to Promote Personal
Development in relation to Pupil
Toileting and Contenance

September 2016

Introduction

Starting School or Nursery has always been an important and potentially challenging time for both children and the schools that admit them. It is also a time of growth and very rapid developmental change for all children. As with all developmental milestones in the Foundation Stage, there is wide variation in the time at which children master the skills involved in being fully toilet trained.

Children in the Foundation Stage may:

- be fully toilet trained across all settings
- have been fully toilet trained but regress for a little while in response to the stress and excitement of beginning the Foundation Stage
- 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 be toilet trained at all but likely to respond quickly to a well-structured toilet training programme
- be fully toilet trained but have serious 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 Foundation Stage
- have AEN/SEND that make it unlikely that they will be toilet trained during the Foundation Stage

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.

Whenever possible it is recommended that:

1. Mobile children are changed standing up, if this is not possible the next best alternative is to change a child on a purpose built changing bed (these are available as portable or fixed and can be lowered and raised safely).
2. Children in the Foundation Stage may be changed on a mat on a suitable surface if it is not possible for them to change standing up or on a changing bed.
3. If facilities described above are not available, then children will be changed on a changing mat on the floor.

Children in year 1 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.

Resources

Changing time can be a positive learning time and an opportunity to promote independence and self-worth.

School ensures:

- 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

Job Descriptions

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

Job descriptions include statements such as the following:

- To assist pupils with dress/ changing for activities/ personal hygiene including changing
- The care and welfare of pupils to include toileting, changing and feeding as required.

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

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.

Partnership Working

Normanby Primary School works in partnership with parents when a child enters school in a nappy or pull-ups or with continence problems. This agreement helps to avoid misunderstandings and also helps parents/ carers feel confident that the school will meet their child's needs.

Home/school management agreement

Parents/ Carers:

- agreeing to change the child at the latest possible time before coming to school
- providing spare nappies, wet wipes and a change of clothes
- understanding and agreeing the procedures to be followed during changing at school
- agreeing to inform school should the child have any marks/rash
- agreeing how often the child should be routinely changed if the child is in school for the day and who will do the changing
- agreeing to review the arrangements, in discussion with the school, should this be necessary
- agreeing to encourage the child's participation in toileting procedures wherever possible.

The school:

- agreeing to change the child should they soil themselves or become wet

- agreeing how often the child should be routinely changed if the child is in school for the full day and who would be changing them
- agreeing a minimum number of changes
- agreeing to report to the Head Teacher or SENCO should the child be distressed or if marks/rashes are seen
- agreeing to review arrangements, in discussion with parents/ carers, should this be necessary
- agreeing to encourage the child's participation in toileting procedures wherever possible
- discussing and taking the appropriate action to respect the cultural practices of the family.

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. 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 FS2 or above who are not toilet trained and for children with SENs or disabilities.

Where appropriate, parents and school will need to agree a toilet training programme.

In the very small number of cases where parents do not co-operate or where there are concerns that

- the child is regularly coming to school/nursery in very wet or very soiled nappies/clothes
- there is evidence of excessive soreness that is not being treated
- the parents are not seeking or following advice

There should be discussions with the School's Safeguarding Lead about the appropriate action to take to safeguard the welfare of the child.

Note: 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.

Should a child with complex continence needs be admitted, the child's medical practitioners will need to be closely involved and a separate, individual toilet-management plan may be required.

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

Appendices

Appendix 1: Procedure for Changing a Nappy/Soiled or Wet Pants (child lying down)

Appendix 2: Personal Care Plan

Appendix 3: Intimate Care Policy

Appendix 4: Risk Assessment Template

Appendix 5: Record of Intimate Care Intervention

Appendix 6: Working Towards Independence Record

Appendix 7: Toilet Management Plan

Appendix 8: Agreement between child and teaching assistant

Appendix 9: Permission for schools to provide intimate care.

Appendix 1

Procedure for Changing a Nappy/Soiled or Wet Pants (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 infant/ child upon the changing mat/ table.
5. Put on gloves.
6. Remove wet/ soiled nappy/clothes.
7. Flush away faecal waste from undergarments and fold the nappy/clothes inwards to cover faecal material and place into designated covered bin.
(Any clothes to be recovered at the end of the day and handed to the parent.)
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 their class, 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.

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 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 if/ 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: _____

Parent/ Carer's Full Name: _____

Appendix 3

Intimate Care Policy: Normanby Primary School, Ironstone Academy Trust

Introduction

Normanby 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 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 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.

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

Signed: _____ (on behalf of the staff)

Signed: _____ (on behalf of the governors)

Date:

Appendix 4 Risk Assessment

Child's Name:

Name of School:

Date of Risk Assessment:

1. Does weight /size/ shape of pupil present a risk?
2. Does communication present a risk?
3. Does comprehension present a risk?
4. Is there a history of child protection concerns?
5. Are there any medical considerations? Including pain / discomfort?
6. Has there ever been allegations made by the child or family?
7. Does moving and handling present a risk?
8. Does behaviour present a risk?
9. 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?

Heat/ Cold

If yes to any of the above complete a detailed personal care plan.

Date:

Signed:

Appendix 5

Record of Intimate Care Intervention; details to be recorded on SIMS

Child's Name

Class/ Year

Name of Staff Involved

Date:

Time:

Procedure:

Appendix 6

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

Signed _____ Child (if appropriate)

Appendix 7

Toilet Management Plan

Child's Name _____

Class/ Year _____

Name of Support Staff Involved _____

Date of Record _____

Review Date _____

Equipment required _____

Location of suitable toilet facilities _____

Support required Frequency of support _____

Working towards Independence _____

Child will try to Personal Assistant will Target achieved _____

(date) _____

Signed _____ Parents/ Carers

Signed _____ Member of Staff

Signed _____ Second Member of Staff

Signed _____ Child (if appropriate) Appendix 8

Agreement between child and teaching assistant

Child's Name _____ Class/ Year _____

Name of Support Staff Involved _____

Date _____ Review Date _____

Support 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

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 _____ Member of Staff

Signed _____ Child (if appropriate)

Appendix 9

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 head teacher of any medical complaint my child may have which affects issues of intimate care

Signed _____

Full Name _____

Relationship to Child _____

Date _____