

## **Broadmeadow Infant and Nursery School**

### **INTIMATE CARE AND TOILETING POLICY**

#### **1. Introduction**

Broadmeadow Infant and Nursery School is committed to safeguarding and promoting the welfare of children and young people. We are committed to ensuring that all staff responsible for intimate care of children will undertake their duties in a professional manner at all times. The Intimate Care Policy and Guidelines regarding children have been developed to safeguard children and staff. They apply to everyone involved in the intimate care of children.

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up after a child has soiled him/herself), that most children can carry out for themselves, but with which some are unable to do due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.

#### **2. Aims and Objectives**

This policy aims:

- To provide guidance and reassurance to staff and parent/s.
- To safeguard the dignity, rights and well being of children
- To assure parents that staff are knowledgeable about intimate care and that their individual needs and concerns are taken into account

#### **3. Toileting and the Foundation Stage Profile**

Curriculum guidance for the Foundation Stage is clear that the role of the adult involves supporting the child's whole development, particularly their Personal, Social and Emotional development including supporting the transition between settings. One of the Early Learning Goals for children to achieve by the end of the Foundation Stage is to "manage their own basic hygiene and personal needs successfully, including dressing and undressing and going to the toilet independently". \*

#### **4. Intimate Care in Key Stage 1**

Key Stage 1 - We will inform all parents of Reception children prior to them starting school of the current toileting policy highlighting that we will change children for odd 'accidents' but not routinely as part of day to day personal care. This will be applicable for the time a child is in Infants (unless a parent informs us differently in writing.) \*

\* There will be individual arrangements for pupils with an intimate care plan (see section 8)

## 5. Parental responsibility

Partnership with parents is an important principle in any educational setting and is particularly necessary in relation to children needing intimate care. Much of the information required to make the process of intimate care as comfortable as possible is available from parents. Prior permission must be obtained from parents before Intimate care procedures are carried out. Parents should be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met. This will include involvement with Individual Target Plans (I.T.Ps), Health Care plans, Pupil Profiles and any other plans which identify the support of intimate care where appropriate. Exchanging information with parents is essential through personal contact, telephone or correspondence.

What the school expects of parents:

- Parents/carers will endeavor to ensure that their child is continent before admission to school (unless the child has additional needs).
- Parents/carers will discuss any specific concerns with staff about their child's toileting needs.
- Parents/carers must inform the school if a child is not fully toilet trained before starting school, after which a meeting will then be arranged to discuss the child's needs.
- Parents accept that on occasions their child may need to be collected from school.

## 6. Staff responsibilities

Anyone caring for children, including teachers and other school staff, has a duty to care and act like any reasonably prudent parents. Intimate care routines should always take place in an area which protects the child's privacy and dignity. Children's intimate care routines should always be carried out by an assigned member of staff. Appropriate support and training should be provided when necessary.

The following steps will be taken to ensure health and safety of both staff and children:

1. Alert another member of staff
2. Escort the child to a changing area i.e. designated toilet areas
3. Collect equipment and clothes
4. Adult to wear gloves
6. Child to undress as appropriate and clean themselves as much as possible under the verbal guidance of an adult.
7. Soiled clothes to be placed inside carrier bags (double wrapped) and to be given to parents at the end of the day. Plastic aprons and gloves should be disposed of in the designated bin.
8. Children are expected to dress themselves in clean clothing, wash their hands and return to class

9. Adult should wash their hands thoroughly after the procedure.

10. Area to be cleaned and disinfected by adult before returning to class.

Pull ups, not nappies should be used for those children who need them. (This should be after discussion with school staff). Toileting should be age appropriate i.e. standing or sitting not lying down.

Where it is not possible to follow this procedure, i.e. because the need for cleaning up after the incident is too great or because a medical concern has been raised then parents/carers should be contacted so that the child can be collected or changed with support from parents.

Intimate care incidents must be recorded (in the child's class) including date, time, name of child, adult(s) in attendance, nature of the incident, action taken and concerns or issues. This will also monitor progress made. Parents/Carers are to be informed as soon as possible in person or by telephone.

In the interests of Health & Safety, it is unreasonable for staff to be expected to change a child who regularly soils unless the child has a medical condition as an underlying cause. School does not have staffing levels to accommodate support staff regularly leaving the class to attend to an individual's hygiene.

8. Special educational needs and child protection issues

The school recognises that some children with SEND and other children's home circumstances may result in children arriving at school with under developed toilet training skills. If a child is not toilet trained because of a disability his/her rights to inclusion are additionally supported by the SEN & Disability Act 2001 & Part 1V of the disability Discrimination Act 1995.

If a child's intimate care needs are substantially different than those expected of a child his/her age, then the child's needs may be managed through an Individual Health Care Plan. An intimate care program would be agreed with parents as advised by a Health Professional. Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the intimate care plan. If there is no progress over a long period of time, e.g. half a term, the SEN Co-ordinator, teaching staff and parents would seek further support, e.g. G.P's referral of child for specialist assessment.

Some children may have a statement of special educational needs before entering school. The statement will outline the child's needs and objectives and the educational provision to meet these needs and objectives. The statement will identify delayed self help skills and recommend a program to develop these skills. The management of all children with intimate care needs will be carefully planned. Where specialist equipment and facilities above that currently available in the school are required, every effort will be made to provide appropriate facilities in a timely fashion, following assessment by a Physiotherapist and/or Occupational Therapist.

9. Child Protection

Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. If an intimate care plan has been agreed and signed by

parents, children and staff involved, it is acceptable for only one member of staff to assist unless there is an implication for safe moving and handling of the child. The needs and wishes of children and parents will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation.

If a member of staff has any concerns about physical changes in a child's presentation (unexplained marks, bruises or soreness for example) the recognised child protection procedures should be followed. If a member of staff notices any changes to a child either physically or emotionally following an episode of intimate care, the matter will be investigated at an appropriate level and outcomes recorded. Parents/carers will be contacted at the earliest opportunity. Local Child Protection procedures will be adhered to at all times.

## Intimate Care Record

**Class** \_\_\_\_\_

Intimate care incidents must be recorded including date, time, name of child, adult(s) in attendance, nature of the incident, action taken and concerns or issues.

Parents/Carers are to be informed as soon as possible in person or by telephone.

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