



CAVENDISH CLOSE JUNIOR SCHOOL

TOILETING AND CONTINENCE

Policy and Practical Guidance to Promote Personal Development in relation to Pupil Toileting and Continence

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Approved by the Full Governing Body on:

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Date: 21st January 2015

Date of Next Review: January 2018

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/SEN 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 for schools best practice and where support and advice can be obtained to achieve the full inclusion of such children.

These guidelines will ensure schools and other settings overcome these challenges and can be confident they are meeting the requirements of the Early Years Foundation Stage, the Disability Equality Duty (in the Disability Discrimination Act) and the Equality Act 2010 as they apply to children with toileting and continence needs.

Guidance on the following subjects is provided within this document

- Health and Safety
- Facilities
- Resources
- Job Descriptions
- Child Protection
- Partnership working
- Agreeing a Procedure for Personal Care in School
- Exemplars
- Training Available
- Local Information and Guidance
- National Information and Guidance
- The Disability Equality Duty and Equality Act 2010

Health and Safety

Schools should already have procedures in place for dealing with spillages of bodily fluids such as the process to be followed when a child accidentally wets or soils himself, or is sick while on the premises. The same precautions will apply for nappy changing. This could include:

- staff to wear fresh aprons and disposable gloves while changing a child
- soiled nappies securely wrapped and disposed of appropriately
- changing area/ toilet to be left clean. Caretaking/ cleaning staff to be informed
- hot water and soap available to wash hands as soon as changing is done
- paper towels to be available to dry hands.

The school will need to make enquiries about the disposal of nappies if they do not already have arrangements in place. Current guidance from Health and Safety is that for one child disposal can be in the usual bins. Any more than this and schools will need to make special arrangements.

Facilities

Schools and settings are now admitting younger children, some of whom, because of their young age, are likely to have occasional accidents, especially in the first few months after admission.

A suitable place for changing children, including providing the necessary resources (see Health and Safety section) should have a high priority in a school's Access Plan. The Department of Health recommends that one extended cubicle with a washbasin should be provided in each school for children with disabilities. 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 purpose built changing bed (these are available as portable or fixed and can be lowered and raised safely)
3. children in FS1 and FS2 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.
4. If facilities described above are not available, then children in FS1 and FS2 may be changed on a changing mat on the floor.

Children in year 1 and above should be changed either on a changing bed or in a toilet cubicle standing up. A 'Closimat Toilet' may be an alternative for older children who are physically able to use a toilet but do not have bladder and/ or bowel control.

Staff should consider the child's preference for changing and the outcome of any risk assessments.

For information on how to apply for Access Initiative Funding to improve facilities where this is required please contact Asset Management.

Resources

It could take around ten minutes to change an individual child. This is not dissimilar to the amount of time allocated to work with a child on an individual learning target. Changing time can be a positive learning time and an opportunity to promote independence and self-worth. The Head Teacher will need to ensure that, where necessary, additional resources from funding delegated to the school to support SEN are allocated so that children's individual toileting needs are met.

Schools will need to ensure that they have:

- 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 most of the personal care will be undertaken by one or more of the teaching assistants. Schools will need to ensure that this issue is addressed as appropriate within their overall staffing.

It is recommended that job descriptions include statements such as the following:

- To assist pupils with dressing/ changing for activities and personal hygiene to include nappy changing and toileting

and/ or

- To meet the care and welfare needs 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. CRB checks are rigorous and are carried out to ensure the safety of children with staff employed in schools and settings. All schools/ settings have a duty to ensure staff are not employed without a CRB check. This should be checked before allowing staff to change children.

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

Issues around toileting should be discussed at a meeting with the parents/ carers prior to admissions into the school. This will include admissions for children into FS1 and FS2. This meeting will also provide an opportunity to involve other agencies as appropriate, such as a Health Visitor or School Nurse.

If the school becomes aware that there is a disproportionate number of children arriving at school who are not yet toilet trained then they are advised to make contact with the Health Visiting Team in their area to discuss their concerns.

It is recommended that schools have an 'Intimate Care Policy'. This policy will make clear the schools position in relation to changing and toileting children. This could be summarised into an information booklet for parents.

Nursery Schools and Schools with Nursery classes will want to make clear how they work in partnership with parents when a child is coming to school in nappies or pull-ups. Such an agreement helps to avoid misunderstandings and also helps parents/ carers feel confident that the school will meet their child's needs.

Some schools may want to prepare a home/ school management agreement that defines the responsibilities that each partner has. This might include

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 Disability Equality Duty and Equality Act 2010, 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 staff 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 and
- 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 child protection co-ordinator about the appropriate action to take to safeguard the welfare of the child.

Agreeing a Procedure for Personal Care in School

Schools should have clear, written guidelines for staff to follow when changing a child, to ensure that staff follow correct procedures and also are not worried about false accusations of abuse. A student on a 'placement' should not change a child without supervision. Parents should also be aware of the school's procedures and will need reassurance from school that staff changing their child are CRB checked.

Your written guidelines should specify ...

- Who will change the child (to include more than one person to cover for absence etc)
- Where changing will take place
- What resources will be used and who will provide them
- How a nappy will be disposed of
- How other wet or soiled clothes will be dealt with
- What infection control measures are in place
- What the member of staff will do if the child is unduly distressed or if marks or injuries are noticed
- How changing occasions will be recorded and how this will be communicated to parents.

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.

Keys to Success

- Be fully aware of the legislative framework
- Recognise that for most children, achieving continence is one of many developmental milestones
- Work in partnership with parents and carers prior to and after admissions into the school
- Agree a written procedure for personal care/ toileting
- Ensure clarity in job descriptions of the personnel involved in changing children
- View 'changing' time as a positive learning experience (aiming to gradually increase the child's independence and self-worth).

Related School Policies

Accessibility Policy
Admissions Policy
Child Protection and Safeguarding Policy
Health and Safety Policy
SEND Policy

Appendices

Appendix 1: Procedure for Changing a Nappy (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 personal assistant

Appendix 9: Permission for schools to provide intimate care

Local information and Guidance

For information about suitable changing beds, mats and other equipment/resources please ring the Advisory Teachers for the Physically Impaired (part of the Specialist Teaching and Psychology Service) on 641378.

To discuss the installation of equipment and physical adaptations to the school to accommodate children with toileting and changing needs please ring the Asset Management Team on 642733.

For training on Manual Handling and Risk Assessments contact the Specialist Support Teaching Service (part of the Specialist Teaching and Psychology Service) on 641378 or the Corporate Health and Safety Advisory Service on 642379.

Other sources of information

Enuresis Resource & Information Centre (ERIC) 34 Old School House, Britannia Road, Kingswood, Bristol, BS15 8BD. www.eric.org.uk

PromoCon Website: <http://www.promocon.co.uk/aboutpromocon.shtml>

See the Contact a family website on www.cafamily.org.uk

See the Scope website on www.scope.org.uk

The Disability Equality Duty and the Equality Act

From 1 October 2010, the Equality Act replaced most of the Disability Discrimination Act (DDA). However, the Disability Equality Duty in the DDA continues to apply.

The Equality Act 2010 aims to protect disabled people and prevent disability discrimination. It provides legal rights for disabled pupils. The Equality Act also provides rights for pupils not to be directly discriminated against or harassed because they have an association with a disabled person.

In the Act, a person has a disability if:

- they have a physical or mental impairment

- the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities

For the purposes of the Act, these words have the following meanings:

- 'substantial' means more than minor or trivial
- 'long-term' means that the effect of the impairment has lasted or is likely to last for at least twelve months (there are special rules covering recurring or fluctuating conditions)
- 'normal day-to-day activities' include everyday things like eating, washing, walking and going shopping

People who have had a disability in the past that meets this definition are also protected by the Act.

There are additional provisions relating to people with progressive conditions. People with HIV, cancer or multiple sclerosis are protected by the Act from the point of diagnosis. People with some visual impairments are automatically deemed to be disabled.

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.

Schools 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 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 schools are expected to make reasonable adjustments.

Finally schools must take note of 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.

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~~

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 <p style="text-align: right;">Copies of procedure for changing given to parent where available</p>
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 <p style="text-align: right;">Consider using the Record of Intimate Care Intervention Table</p>
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: _____

Appendix 3

Intimate Care Policy Derby City Example

Name of school:

Date of policy:

Member of staff responsible:

Review date:

Introduction

..... 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 carers 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.

LINKS TO OTHER POLICIES

This policy should be read in conjunction with the following policies:

- Child Protection and Safeguarding;
- Anti-Bullying;
- Complaints;
- Pupil Restraint Policy;
- SEND.

Appendix 4**Risk Assessment**

Child's Name:

Name of School:

Date of Risk Assessment:

	Yes	Notes
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:****Name:**

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 Grp _____

Name of Support Staff Involved _____

Date of Record _____ Review Date _____

Area of Need	
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 personal assistant

Child's Name _____ Class/ Year Grp _____

Name of Support Staff Involved _____

Date _____

Review Date _____

Support Staff

As the personal 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 headteacher of any medical complaint my child may have which affects issues of intimate care

Signed _____

Full Name _____

Relationship to Child _____

Date _____