



Cherry Hinton C.of E. Primary School

EYFS Toileting Protocol and Whole School Intimate Care Policy

Policy draft SENCO/HT/EYFS	9/2/21
Policy approved Chair Curriculum Committee and HT	12/2/21 Kerry Calvo and Sally Haiselden
Policy to be reviewed	February 2024

INTRODUCTION

Intimate care is defined as any care which involves washing, touching or carrying out an invasive procedure that most children and young people carry out for themselves, but which some are unable to do.

The Equality Act 2010 states that delayed continence is not necessarily linked with learning difficulties, but 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. It follows that it is unacceptable to refuse admission to children and young people who are delayed in achieving continence.

Children with intimate care needs will be treated with respect at all times, their welfare and dignity along with an understanding of any cultural needs are of paramount importance. Staff will work in partnership with parents/carers to share information and provide continuity of care to children/young people wherever possible.

This policy comes in two sections; the first section covers EYFS Toileting Protocol. The second section covers personal care for children requiring an Intimate Care Plan. The aim is to safeguard children, parents, staff and the school by providing a consistent approach within a framework which recognises the rights and responsibilities of everyone involved.

All of our policies sit upon the bedrock of our Christian ethos and core school values. This school asks that all policies are followed in a spirit of 'Agape' love which seeks always to act in kindness, of Courage, which addresses difficulties and does not seek to sweep them under the carpet, and of Thankfulness, which endeavours to see and give thanks for all that is good in each person. Policies should be followed with these values, and the Church of England's Vision for Education document (2016) clearly in mind. In this way we as a school community will fully inhabit our distinctive ethos, at all times.

SECTION 1 – EYFS Toileting Protocol

It is expected that children will be toilet trained when they start Nursery/Reception unless they have developmental delay and/or a medical need. Prior to children starting in Nursery/Reception, staff will be very proactive in supporting parents/carers with advice and signposting them to helpful resources. However, it is possible that in spite of this support, a very small number may not be fully toilet trained when they start. If this is the case, staff will support parents/carers with the toilet training process, to ensure the child achieves independence as soon as is possible.

Should a child accidentally wet/soil himself/herself while on the premises, they will be encouraged to change and clean themselves as independently as possible. The following procedure will apply:

- The child will be encouraged to change and clean himself/herself with verbal support (*school have a supply of spare clothing for use when occasional accidents occur*)

- Hot water and anti-bacterial liquid soap will be available to wash hands as soon as the task is completed
- Paper towels available for drying hands
- Wet/soiled clothes will be bagged to be given to parents
- Staff to wear disposable gloves (and plastic aprons as required) while dealing with the incident and thoroughly wash hands after
- Changing area to be cleaned after use
- Toilets are cleaned at lunchtimes as well as at beginning/end of day by cleaning staff/caretaker.
- Staff to report any marks/injuries/rashes to parents/carers and Designated Safeguarding Lead (DSL) when necessary
- Staff to record the care in the Toileting Log and inform parents

N.B. Parents/carers will be contacted for support immediately if soiling is severe and/or may be linked to illness, e.g. sickness and diarrhoea, or if a child refuses to let a member of staff help them change their clothing.

If a child wet/soils himself/herself repeatedly, or there is a change to a child's needs and/or sudden onset of problems with toileting due to medical or other reasons, their parents/carers will be contacted to discuss how this can be managed in school. During the discussion, we will consider whether there is a need to involve external agencies to determine whether or not there is a reason for the delay in becoming fully toilet trained. We will also consider if an Intimate Care Plan needs to be written.

Keys to Success

We are aware that delayed continence may be linked with delays in other aspects of the child's development, and will benefit from a planned programme worked out in partnership with the child's parents.

There are other professionals who have expertise in this area and can support parents to implement toilet training programmes, e.g. Health Visitors, School Nursing Team. Health care professionals can also carry out a health assessment in order to rule out any medical cause of continence problems.

SECTION 2 - CHILDREN REQUIRING AN INTIMATE CARE PLAN

If it is deemed necessary, staff will work with parents/carers and health professionals (where relevant) to create an Intimate Care Plan (see appendix A). This may be because the child wet/soils himself/herself repeatedly, or there is a change to a child's needs and/or there is the sudden onset of problems with toileting due to medical or other reasons. The needs and wishes of the children and their parents will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation. The plan will include the following:

- The care required
- Who will provide the care
- Where it will take place
- What resources/equipment will be used
- Who will provide the resources/equipment
- Training requirements for staff (where necessary)
- What infection control measures are in place

- How things will be disposed of and how wet/soiled clothes will be kept until they can be returned to the parents/carers
- What will happen if the soiling is severe and/or may be linked to illness, e.g. sickness and diarrhoea, or if the child is unduly distressed/refuses to be changed
- Arrangements for school trips/outings
- Arrangements to review the plan

The plan will also define the responsibilities each partner has and the expectations each has for the other, this is the Intimate Care Plan Agreement and will include the following:

The school:

- Agrees to change the child as soon as possible should they soil themselves or become uncomfortably wet – following the steps set out in the Intimate Care Plan
- Agrees to record the care given on the child's individual Intimate Care Log
- Agrees to inform parents/carers of any intimate care given on the day it is given
- Agrees to monitor the number of times the child is changed in order to identify progress made
- Agrees to report to parents/carers and Designated Safeguarding Lead (when necessary) should the child be distressed, or if marks/injuries/rashes are seen
- Agrees to review arrangements should this be necessary

The parent/carer:

- Agrees to ensure that the child is changed at the latest possible time before being brought to the setting/school
- Agrees to provide the setting/school with spare named nappies, wet wipes, changing mats, nappy sacs, plastic bags, spare clothes. *(If there is a lack of supplies and the child has an accident, the parent will be contacted to provide them).*
- Understands and agrees the procedures that will be followed when their child is changed at school
- Agrees to inform the setting/school should the child have any marks/rash
- Agrees to a 'minimum change' policy, i.e. the school will not undertake to change the child more frequently than if he/she were at home
- Agrees to review arrangements should this be necessary

This kind of agreement should help to avoid misunderstandings that might otherwise arise, and help parents feel confident that the setting/school is taking a holistic view of the child's needs.

Should a child with complex continence needs be admitted and specialist equipment and/or 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. All professionals involved will help to create the child's Intimate Care Plan.

Pupils will be supported to achieve the highest level of independence possible, according to their individual condition and abilities.

When dealing with intimate care, staff will follow the health and safety procedures outlined below (further detail will be written into the Intimate Care Plan):

- Staff will wear disposable gloves (and plastic aprons as required) while dealing with the incident
- Hot water and liquid anti-bacterial soap will be used to wash hands (staff and child) as soon as the task is completed
- Paper towels available for drying hands
- The nappy will be double wrapped and disposed of
- Wet/soiled clothes will be bagged and be given to parents
- The area will be temporarily cleaned by a member of staff using disposable gloves and using toilet area cleaning agent. It will later be cleaned thoroughly by the caretaker (in addition to cleaning every lunch time and end/beginning of day.)

Any staff required to provide intimate care will receive appropriate training as required.

Child Protection

Cambridgeshire and Peterborough Safeguarding Children Partnership Board procedures will be adhered to, alongside the school’s safeguarding and child protection policy and procedures. Staff are aware of best practise, have attended training and read the relevant documents, including the Department for Education (DfE) guidance documents – ‘Working Together to Safeguard Children’ and ‘Keeping Children Safe in Education’.

Enhanced DBS checks are carried out on all members of staff to ensure the safety of children with staff employed in our school. All adults carrying out toileting or intimate care tasks will be employees of the school. Students on placement or voluntary staff will not be permitted to attend to toileting or intimate care tasks. If there is known risk of false allegation by a child or parent, then a single practitioner will not undertake nappy changing. Setting/school managers are encouraged to remain highly vigilant for any signs of improper practice, as they do for all activities carried out on site.

If staff have any concerns they will report them to the Designated Safeguarding Lead following the usual procedures.

SECTION 3: EYFS TOILETING AND WHOLE SCHOOL INTIMATE CARE DURING COVID19 LOCKDOWN

During Covid19 lockdown, where increased R rates could lead to an increased risk of transmission of COVID-19, we will discuss with parents of children with toileting/intimate care needs how their needs can be met.

APPENDIX A:

Cherry Hinton C of E Primary - Intimate Care Plan

Name of child:		Date of birth:	
Year Group:		Date plan created:	
Care required during the day:			
Who will provide the care:*			

Where care will take place:	
What resources/equipment will be used:	
Who will provide the resources/equipment:	
Training requirements for staff:	
Infection control measures:	
How things will be disposed of and how wet/soiled clothes will be kept until they can be returned to the parents/carers	
Special arrangements for trips/outings:	
Any other relevant information:	
When will plan be reviewed:	
<p>*If the above named member of staff is not available, then another person familiar to the child will attend to the child's needs</p> <p>Parents/carers will be contacted immediately if soiling is severe and/or may be linked to illness, e.g. sickness and diarrhoea, or if a child refuses to let a member of staff help them change their clothing.</p>	
<p>Signed:.....(School staff)</p> <p>Signed:.....(Parent/carer)</p>	

Intimate Care Plan Agreement

The school:

- Agrees to change the child as soon as possible should they soil themselves or become uncomfortably wet – following the steps set out in the Intimate Care Plan
- Agrees to record the care given on the child's individual Intimate Care Log
- Agrees to inform parents/carers of any intimate care given on the day it is given
- Agrees to monitor the number of times the child is changed in order to identify progress made

- Agrees to report to parents/carers and Designated Safeguarding Lead (when necessary) should the child be distressed, or if marks/injuries/rashes are seen
- Agrees to review arrangements should this be necessary

The parent/carer:

- I agree to ensure that the child is changed at the latest possible time before being brought to the setting/school
- I agree to provide the setting/school with spare named nappies, wet wipes, changing mats, nappy sacs, plastic bags, spare clothes. *(If there is a lack of supplies and the child has an accident, the parent will be contacted to provide them).*
- I understand and agree the procedures that will be followed when their child is changed at school
- I agree to inform the setting/school should the child have any marks/rash
- I agree to a 'minimum change' policy, i.e. the school will not undertake to change the child more frequently than if he/she were at home
- I agree to review arrangements should this be necessary

Signed:.....(Parent/carer)

Signed:.....(School staff)

Date:.....

APPENDIX B: Toileting Log

Child's name	Date	Time	Type of care carried out (toileting, nappy change)	Carried out by	Signature

