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Child Protection : Intimate Care Policy (Nappy Changing and Toileting) in Settings and Schools

Department for Education
and Children

YSGOL GYMUNEDOL PENIEL

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carmarthenshire.gov.wales/education

Cyngor Sir Gâr
Carmarthenshire
County Council



CONTENTS

| | | |
|----|--|---------|
| 1. | Introduction | Page 3 |
| 2. | The normal development of independent toileting in young children | Page 3 |
| 3. | Guidance on working with parents/carers to achieve independent toileting | Page 4 |
| 4. | Guidance on minimising risk to children/young people: | Page 5 |
| | a. Guidelines | |
| | b. Job Descriptions and Human Resources Processes | |
| 5. | Minimising the likelihood of soiling | Page 6 |
| | a. Adequate access to clean toilets | |
| | b. Privacy | |
| 6. | Care and support for adults involved in intimate care | Page 7 |
| | <i>APPENDIX 1</i> Intimate Care Log | Page 8 |
| | <i>APPENDIX 2</i> Toileting Procedures | Page 9 |
| | <i>APPENDIX 3</i> Toileting Skills Checklist | Page 10 |

1. Introduction

The Disability Discrimination Act (DDA) 2001 requires education providers to re-examine all policies, consider their current practice and revise their arrangements if necessary. It is clear, therefore, that anyone with a named condition that affects aspects of their development must not be discriminated against.

Refusing to admit any child/young person (CYP), because of their incontinence or delayed personal development, is likely to be thought of as discriminatory and therefore illegal under the DDA.

Education providers have an obligation to meet the needs of a CYP with delayed personal development and incontinence in the same way as they would meet the individual needs of those with delayed language or any other kind of delayed development. These needs may persist over time where medical conditions or significant developmental delay and/or emotional needs impact on incontinence.

Having admitted a CYP, the setting needs to ensure that this individual is well cared for, including changing nappies, underwear and clothing when necessary. Asking parents/carers to come and change the CYP is likely to be a direct contravention of the DDA. Furthermore, leaving a CYP in a soiled nappy/clothes for any length of time, pending the return of the parent/carer, is a form of abuse.

The normal process of changing a nappy/underwear should not raise safeguarding concerns. There are no regulations that indicate that a second member of staff must be available to supervise the nappy/underwear changing process to ensure that abuse does not take place.

Few settings/schools will have the staffing resources to provide two members of staff for nappy/underwear changing. Enhanced DBS checks must be carried out to ensure the safety of a CYP when in the care of staff employed in childcare and education settings.

If there is known risk of false allegation by a CYP, then a single practitioner should not undertake any intimate care or changing. A student on placement should not change a nappy/underwear or be involved in intimate care.

Setting/school managers are encouraged to remain highly vigilant for any signs or symptoms of improper practice as is the case for all activities carried out on site.

It is advised that settings/schools take steps to minimise both risks associated with nappy changing and toileting and to reduce the likelihood of soiling. Individual care plans are needed for a CYP who is regularly changed due to soiling – see section 3.

2. The normal development of independent toileting in young children

Continence is the ability to consciously control the discharge of urine or a bowel movement. Children need to be both physically and emotionally ready to gain bladder and bowel control. Just as children learn in different ways or at different paces, they also develop continence at different ages.

Most children gain night-time and daytime bowel control, as well as night-time dryness, by 3-4 years of age. The majority of children are dry in the daytime by the age of 5 years, possibly with the occasional mishap. A CYP with additional needs may take longer to become continent and may need special provision to help with toileting.

One in twelve children/young people in the UK struggle with daytime wetting, constipation or soiling problems. It is likely that most educational staff will, at some time, have at least one CYP

in their class who has a wetting or soiling problem (ERIC - Education and Resources for Improving Childhood Continence). They should be identified by the class teacher and the ALNCo informed. Any child/young person experiencing mishaps when usually dry, should also be noted by the class teacher. This will allow adults to identify any established patterns which should be discussed with the ALNCo.

3. Guidance on working with parents/carers to achieve independent toileting

Parents/carers are more likely to be open about their concerns relating to their CYP's learning and development and seek help, if they are confident that no judgement will be made regarding any delayed learning. To avoid misunderstandings and help parents/carers feel confident, it is important to be clear this could be drawn up into a Care Plan that identifies the responsibilities and expectations for the setting/school as well as for the parents/carers. Staff should work through the Care Plan, with parents/carers, immediately soiling or intimate care issues are brought to their attention. The ALNCo should then produce, if necessary, a draft Care Plan to be agreed and signed by the parents/carers.

For example, the parents/carers may:

- Agree to ensure that the CYP is changed at the latest possible time before being brought to the setting;
- Provide the setting with spare nappies and a change of clothing;
- Understand and agree the procedures that will be followed when their CYP is changed at the setting – including the use of any cleanser or the application of any cream;
- Agree to inform the setting should the CYP have any marks/rash;
- Agree to a 'minimum change' policy, that is, the setting would not undertake to change the CYP more frequently than if he/she were at home;
- Agree to review arrangements should this be necessary – this should be at least termly and may only involve a phone call, by the ALNCo, to the parents/carers to ask if any changes need to be made to the Care Plan. Care Plans should be stored ... *(please insert a location that is available to all staff but not visible to any CYP or visitors)*.

The setting/school staff may:

- Agree to change the CYP if soiling has occurred or the individual is uncomfortably wet;
- Agree how often the CYP will be changed;
- Agree to monitor the number of times the CYP is changed in order to identify progress made;
- Agree to note if the CYP is distressed and if any marks or rashes are seen and report these to the Safeguarding Officer;
- Agree to review arrangements termly or as necessary;
- Work with parents/carers on a toilet training programme when and if the time is right – see Appendix 3 for Toileting Skills Checklist.

It might be useful, with agreement from parents/carers, to share with Health Visitor and/or School Nurse to give support in the home environment and as well as in the setting/school.

4. Guidance on minimising risk to a CYP:

a. Written guidelines

Settings/schools should have clear written guidelines (policy) for staff to follow when changing/caring intimately for a CYP, to ensure correct procedures are adhered to and that individuals are not worried about false accusations of abuse.

Parents/carers should be aware of the procedures the school will follow should their CYP need changing/intimate care during the time spent in the educational setting. This policy should be shared with parents/carers whose CYP regularly soils, has clothing changed or is cared for in an intimate way. The specific guidance for an individual CYP will be in the form of a Care Plan.

The Care Plan will specify:

- Who will change the CYP;
- Where changing will take place;
- What resources will be used - cleansing agents or cream to be applied and who supplies the items;
- What infection control measures will be in place i.e. antibacterial wiping of furniture, aprons and gloves;
- What staff will do if the CYP is unduly distressed by the experience or if the staff member notices marks or injuries;
- What records will be kept when a CYP is changed and by which member of staff – see Appendix 1;
- A clear statement that **all staff** who change a CYP hold a valid, enhanced DBS check and that only these staff members will change a CYP or intimately care for them in the setting/school. It is expected that **ALL STAFF** will hold an enhanced DBS certificate as a matter of course.

Whilst it is not possible to account for all circumstances of intimate care in this policy, it is necessary to consider special circumstances that may arise should a CYP with complex continence be admitted to the setting/school. In such a case, the general procedures in Appendix 2 are to be always followed at all times but the appropriate health care professional may also need to be closely involved in forward planning.

*It will be the responsibility of the ALNCo to coordinate the writing of Care Plans for individuals, but parents/carers and **all** staff involved with the CYP will need to have input and be completely aware of the content of the plans.*

b. Job descriptions and human resources processes

It is likely that most of the personal care will be undertaken by teaching assistants or other support staff. There are some settings/schools where teachers also take a turn with this task, but we recognise that this does not often happen. Any new posts for teaching assistants or other support staff should have offering personal care to promote independent toileting and other self-care/intimate care skills as one of the tasks within the job description. Existing job descriptions should be amended to reflect this where necessary.

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

- To assist children/young people with dressing/changing for activities/personal hygiene including changing;
- The care and welfare of children/young people to include toileting, changing and feeding as required.

Training will be given to staff involved in these activities.

Settings/schools are advised to refer to the county's standard job descriptions for teaching assistants/support staff when drawing up or revising job descriptions. These should form the basis for any job description and then be tailored for the specific post. Copies of these job descriptions and their associated person specifications are available from the Human Resources Department.

Every member of staff who undertakes personal care with a CYP should have a valid, enhanced DBS check.

5. Minimising the likelihood of soiling

Notwithstanding the fact that some children/young people will have underlying problems that need to be addressed with the support of medical professionals, there are steps which settings/schools can take to reduce the likelihood of a children/young people wetting and soiling themselves.

Some children/young people may attempt to reduce their liquid intake to reduce the need to visit the toilet due to concerns surrounding a lack of privacy, unpleasant toilet conditions or not enough time to visit the toilet. These issues are dealt with in more detail below.

a. Adequate access to clean toilets

All children/young people need access, throughout the day, to clean toilets but it is also good practice to build toilet reminders into all activities e.g. at breaktime and lunchtime.

However, it is recognised that allowing a CYP access to toilets at all times can be disruptive. Furthermore, a CYP may abuse such a policy. Also, there are good reasons for encouraging all children/young people to go to the toilet before embarking on a visit. It is worthwhile, however, for settings/schools to consider how to maintain order and discipline in this area, whilst at the same time considering possible long-term health effects for a CYP. No CYP should be denied access to the toilet and some children/young people may require a 'Pass' to allow them to go the toilet at any point during the day without specifically requesting permission from an adult.

If the toilets are not clean, they will be a deterrent to children/young people who may 'hold on' until they get home in order to avoid using unpleasant facilities. This 'holding on' can lead to wetting and soiling during the day.

Apart from partial or total refurbishments, which may be a long-term solution, the best way of eradicating bad smells is the establishment of a programme of regular cleaning. Toilets deteriorate over time. The worse state they are in, the less carefully children/young people will look after them and so they deteriorate further. Toilets need to be well maintained, promptly repaired and cleaned adequately (which in most schools will mean at least twice a day) and then pupils/young people need to be encouraged to take responsibility for, and ownership of, them in order to keep them in a reasonable state.

b. Children under Enuretic Care

Children/young people under Enuretic Care are advised to drink plenty of fluids during the day and so, during school hours, may require more frequent visits to the toilet. They may also require a 'Pass' to allow them to go the toilet at any point during the day without specifically requesting permission from an adult.

**ON TRIPS ONLY SCHOOL STAFF (NOT PARENT VOLUNTEERS OR STUDENTS)
SHOULD ACCOMPANY CHILDREN/YOUNG PEOPLE TO THE TOILETS.**

c. Privacy

Privacy is a major issue for a CYP. Adequate locks, that are easy to operate and cannot be opened by pupils from the outside, are essential, as are doors/partitions that are high/low enough so that others cannot look over/under the door.

6. Care and support for adults involved in intimate care

Support staff and teaching assistants regularly involved in nappy changing or supporting pupils with self-care/hygiene will attend Manual Handling Courses or be given guidance from others who have been on the course until they are able to attend one. This is to ensure correct and safe procedures with the CYP when changing them and to ensure they are not putting undue stresses on their own body.

7. Consent

All intimate care plans should be developed in a person-centred way involving school, parents/carers, children/young people (where appropriate) and professionals if necessary. All plans should be agreed and signed by all relevant parties and reviewed and amended at regular intervals (minimum annually or following a change of circumstances). Should additional advice or guidance be required, schools are advised to contact the Local Authority Inclusion Team within Education Services.

APPENDIX 2 – a copy is to be displayed ...

Toileting Procedures

Privacy, dignity and safeguarding of children/young people and adults are at the heart of supporting toileting procedures.

- Children/young people are only accompanied to the toilet, **if** needed, and by an adult who has undertaken an enhanced DBS.
- An adult only assists children/young people when necessary and appropriate.
- It may be appropriate for an adult to remain in the vicinity of the toilets.
- Children/young people are encouraged to use toilet paper to wipe themselves.
- Children/young people are encouraged to flush the toilet themselves.
- Children/young people are directed to wash their hands and use soap appropriately.
- Children/young people who have soiled are taken to the designated changing area by an adult who has an enhanced DBS and are changed in the pre-agreed, appropriate, and safe manner. An additional adult may accompany the children/young people and adult who is to do the changing if appropriate.
- The adult must wear a disposable apron and gloves.
- Changing beds/mats are used and wiped with antibacterial cleaner each time.
- Nappies should be double bagged and disposed of in normal, non-recyclable waste; some schools may have access to a nappy bin which should be emptied weekly by the nappy bin company.
- Any wet/soiled clothes are to be given to parents/carers in a plastic bag tied tightly at the top.

The adult should:

- Support the children/young people to gain access to the changing bed and ask them to lie on their side with knees drawn up. (There are times when children/young people may be required to lie on their back however the adult must consider whether a shower may be a better alternative).
- Wipe legs, back and cheeks of the buttocks before cleaning more intimate areas. At no point should the adult wipe invasively or deeply. At no point should the vagina or anus be wiped to an extent where the children/young people feel vulnerable, or these orifices are felt to have been violated in any way.
- If in doubt ring the parents/carers or seek advice from a senior member of staff.

APPENDIX 3 – to be used as and when appropriate

TOILETING SKILLS CHECKLIST

| NAME: | Year: | DOB: | Achieved |
|--|-------|------|----------|
| Awareness of toileting needs | | | |
| In nappies / pull-ups | | | |
| Has periods of being dry | | | |
| Some regularity in wetting / soiling | | | |
| Pauses while wetting / soiling | | | |
| Shows some indication of awareness of soiling | | | |
| Shows some indication of awareness of wetting | | | |
| Understands signs / words given for communicating toileting needs e.g. toilet, potty, wet, dry, wee, | | | |
| Can express some appropriate signs / words to communicate toileting needs | | | |
| Needs physical aids / support to access the toilet area | | | |
| Can access the toilet area with prompts | | | |
| Can access the toilet area independently | | | |
| Feels comfortable and relaxed in the toilet area | | | |
| Needs physical assistance to follow toilet routines e.g. lining up to go there, hand washing etc. | | | |
| Needs some prompting to follow toilet routines | | | |
| Follows some toilet routines independently | | | |
| Will fetch and pass required changing items e.g. nappy, wipes etc. | | | |
| Cooperates with having clothes removed / pulled down by appointed adult, for changing purposes | | | |
| Cooperates with having nappy changed | | | |
| Cooperates with cleaning up procedures | | | |
| Will sit on the potty with nappy on, with physical support | | | |
| Will sit on the potty with nappy on, unaided | | | |
| Will sit on the potty with nappy off, with physical support | | | |
| Will sit on the potty with nappy off, unaided | | | |
| Needs physical aids / special supports to enable sitting on the toilet | | | |
| Will sit on the toilet with nappy on, with physical support | | | |
| Will sit on the toilet with nappy on, unaided | | | |
| Will sit on the toilet with nappy off, with physical support | | | |
| Will sit on the toilet with nappy off, unaided | | | |
| Has passed urine into potty | | | |
| Has had bowel movement on potty | | | |
| Has passed urine on toilet | | | |
| Has had bowel movement on toilet | | | |
| Can independently complete pulling down trousers from: | | | |
| Calves | | | |
| Knees | | | |
| Thighs | | | |
| Hips | | | |
| Waist | | | |

| Can independently complete pulling underwear from: | Achieved |
|--|----------|
| Calves | |
| Knees | |
| Hips | |
| Waist | |
| Girls: Can lift skirt and pull down all necessary clothing independently | |
| Boys: Can pull down all necessary clothing independently | |
| Will put toilet lid/seat in appropriate position | |
| Will sit on the toilet and pass urine on a regular basis | |
| Will stand at urinal/toilet to pass urine | |
| Will sit on the toilet for a bowel movement on a regular basis | |
| Needs assistance to get off the toilet | |
| Will get off the toilet without assistance | |
| Will get toilet tissue appropriately | |
| Will wipe themselves with tissue | |
| Will throw tissue in the toilet | |
| Will flush the toilet | |
| Will replace toilet seat / lid appropriately | |
| Willing to independently complete pulling underwear from: | |
| Hips | |
| Thighs | |
| Knees | |
| Calves | |
| Will independently complete pulling trousers from: | |
| Hips | |
| Thighs | |
| Knees | |
| Calves | |
| Can manage fastenings independently | |
| Girls: Can rearrange skirt appropriately | |
| Needs prompting to wash hands | |
| Needs help to roll up sleeves | |
| Can roll up sleeves independently | |
| Needs help to operate taps | |
| Will operate taps independently | |
| Will hold hands under water for appropriate length of time | |
| Will put soap on hands with help | |
| Will put soap on hands independently | |
| Rinses off soap | |
| Needs assistance to dry hands on towel | |
| Dries hands independently and appropriately | |
| Puts used towel in bin with prompting | |
| Puts used towel in bin without prompting | |
| Will follow all toilet routines regularly with prompts and reminders | |
| Has frequent accidents | |
| Has occasional accidents | |
| Will follow all toilet routines independently | |
| Needs prompting to return to class | |
| Returns to class independently | |

| Further comments on Toileting Skills: | Signed & dated: |
|---------------------------------------|-----------------|
| | |
| | |
| | |



Setting Logo Sefydliad



CYNLLUN GOFAL IECHYD UNIGOL / INDIVIDUAL HEALTHCARE PLAN

Enw / Name:

Dyddiad Geni / Date of Birth:

Prif gyflwr (cyflyrau) / Main condition(s):

Enw ysgol / Name of School:

Dosbarth / Class:

Dyddiad cynllun / Date of plan:

Dyddiad Adolygu / Review Date:

Rhesymau dros adolygu'n gynnar / Reasons to review early:

Manylion Cyswllt / Contact Information

Cyswllt Teulu / Family Contact 1:

Cyswllt Teulu / Family Contact 2:

Cyswllt Ysbyty / Hospital Contact:

Cyswllt Meddyg / G.P:

**Disgrifiad o'r cyflwr a manylion symptomau'r unigolyn /
Description of condition and details of pupil's individual symptoms**

Datganiad Effaith (creu'r ar y cyd gan arbenigwyr iechyd ac addysg yn amlinellu'r effaith ar y dysgu ac fel gellir cadw hyn i'r isafswm).
Impact Statement (jointly produced by health and education professionals outlining effect on learning and how this can be kept to a minimum).

Anghenion Gofal Dyddiol (Gweithredoedd sydd angen – Pwy? Beth? Pryd?)
Daily Care Requirements (Actions Required - Who? What? When?)

Plentyn i / *Pupil to:*

(Ble mae'n bosib dylai annog annibyniaeth hyd yn oed os oes angen goruchwyliaeth. Os yw'n gwrthod nid yw gorfodi ond i gysylltu gyda rhieni yn syth er mwyn gwneud trefniadau gwahanol / *Where possible independence should be encouraged even if supervision is required. If refusal, not to be forced but parents to be informed for alternative arrangements to be made.*)

Ysgol i / *School to:*

Rhieni i / *Parent to:*

Disgrifiad o beth yw argyfwng a pa weithred sydd angen os bydd angen
Describe what constitutes an Emergency for the person, and the action to take if this occurs

Gofal dilyn lan (Pwy? Beth? Pryd?) / Follow up care (Who? What? When?)

Pwy sy'n gyfrifol? / Persons Responsible:

Cymorthyddion Cyntaf / First Aiders:

Hyfforddiant / Training:

Pwy sydd i dderbyn? / Form copied to:

Ble cedwir y cofnodion? Where will records be kept?

Disgybl / Pupil _____ **Dyddiad /**
Date: _____

Rhiant / Gofalwr / Parent / Carer: _____ **Dyddiad /**
Date: _____

Addysg / Education: _____ **Dyddiad /**
Date: _____

Iechyd / Health: _____ **Dyddiad /**
Date: _____

Os oes gan ddisgybl ADY dylai'r CGI cysylltu gyda'r CAU, P1T+, CGU neu Datganiad /

If a learner has ALN the IHP should link with the IEP, IPP+, IDP or Statement.