



Trinity CE Primary School

To excel, to value, to enjoy, together

TOILETING & INTIMATE CARE POLICY

Signed	Date	Review Date

Contents

Toileting Guidance: Aims, Ethos, Definition and Practicalities.

Intimate Care: Role of Trinity CE Primary School staff.

Children and Young People with Autism Spectrum Disorders (ASD).

Risk assessment for medical gloves used in toileting procedures.

Assessing the risks of facilities.

Handwashing Technique.

Appendices:

Appendix 1: Example Toileting plan for use in early years settings.

Appendix 2: Antecedent Behaviour Consequence Chart

Appendix 3: Social Story Using the toilet

Appendix 4: Toilet flow chart

Appendix 5: Toilet schedule.

Toileting Guidance

At Trinity CE Primary School Aims:

We are 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 and young people will undertake their duties in a professional manner at all times.

We are committed to ensuring that children are treated with sensitivity and respect.

While general principles apply it is expected that a toileting plan for each child will be personalised to meet their individual needs.

Our Ethos and Principles

Toileting issues should not prevent any child from accessing education and should a child have toileting needs it is the expectation that schools will address this as part of their holistic education and development.

Policies that should be read in conjunction with this policy are

- Safeguarding-including Child Protection
- Equalities
- Supporting pupils at school with medical conditions
- Health and safety
- Hazardous waste disposal
- Personal protective equipment provision
- Manual handling arrangements
- Code of Conduct

What is 'Intimate care'

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 too young to or are unable to do because of their special educational needs.

Intimate care tasks are associated with bodily functions, body products and personal hygiene that demands direct or indirect contact with, or contact with intimate personal areas. Examples include support with dressing and undressing (underwear), changing incontinence pads and nappies, helping someone use the toilet or washing intimate parts of the body, cleaning a pupil who has soiled him/herself or vomited. It is also associated with other accidents that may require a child to remove their clothes. These include changes required as a result of water play, messy play, sickness and weather. Very young or disabled pupils may be unable to meet their own care needs for a variety of reasons and will require regular support.

Practicalities

It is generally expected that most children will be toilet trained and out of nappies before they begin at school or nursery. However, we recognise that children will join Trinity CE Primary school, having reached differing levels of independence and development in toileting and self-care. Therefore, it is inevitable that from time to time some children will have accidents and need to be attended to. In addition to this, an increasing number of children and young people with disabilities and medical conditions are being included in mainstream settings. A significant number of these pupils require adult assistance for their personal and intimate care needs.

In order to help the children to become aware of their bodily needs and respond to them in time, those who wish to go to the toilet are always allowed to go. Although they are encouraged as they progress through the school to use the toilet during break times.

Children in the EYFS and children with special educational needs have access to the toilet whenever they need to and are **encouraged to be as independent as is age and developmentally appropriate.**

They are reminded at regular times to go to the toilet and are also encouraged to wash their hands after the toilet.

Intimate Care: Role of Trinity CE Primary School staff

If a child soils him/herself during school time, one member of the EYFS staff who has been designated by the phase leader will

- help the child:
- Remove their soiled clothes
- Encourage the child to clean to clean themselves.(If the child struggles and cannot clean themselves, parents should be called in if the member of staff feels they cannot do this easily or if the child is distressed.
- Dress in the child's own clothes or those provided by the school
- Wrap soiled clothes in plastic bags and give to parents to take home.

At all times the member of staff pays attention to the level of distress and comfort of the child. If the child is ill the member of staff will telephone the parent/carer.

In the event a child is distressed, reluctant and finally refuses, the parent/carer will be contacted immediately.

Our intention is that the child will never be left in soiled clothing, but as soon as a member of staff is aware of the situation, she/he will make every effort to clean the child.

It is intended that the child will not experience any negative disciplining, but only positive encouragement and praise for his/her endeavours to master this necessary skill. It is always our intention to avoid drawing attention to such events and positively to encourage the child in his/her efforts to gain these skills.

Guidance for intimate care needs over and above accidents.

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.**

There is careful communication with any pupil who requires intimate care in line with their preferred means of communication to discuss needs and preferences. 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 and menstruation.

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

Best practice includes ensuring that:

- Information regarding intimate care is treated as confidential and communicated in person, by telephone, or by sealed letter, not through the home/school diary, or by any other method which is not confidential.
- Every child's right to privacy is respected.
- Careful consideration is given as to how many staff might need to be present when a child or young person needs help with intimate care.
- Adults who assist a child or young person one-to-one are employees of the school and have DBS checks at the appropriate level.
- If two members of staff are present to assist with intimate care procedures that they do not talk over the child or young person.

- **Staff inform another colleague when they are going to assist a child with intimate care.**
- Cameras and mobile phones are never taken into bathroom areas.
- Whenever possible, staff should care for a child of the same gender.

Individual care plans will be drawn up for any pupil requiring regular intimate care.

Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. Where possible, one pupil will be cared for by one adult unless there is a sound reason for having more adults present. In such a case, the reasons will be documented. Intimate care arrangements will be discussed with parents/carers and recorded on the 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.

Child Protection

Child Protection and Multi-Agency Child Protection procedures will be adhered to at all times. All members of staff carrying out intimate care procedures have enhanced DBS. Students should only do so under the supervision of a trained member of staff. It is not appropriate for volunteers to carry out intimate care procedures.

If a child makes an allegation about a member of staff, this will be investigated in accordance with agreed procedures.

Disabilities

The Governing Body recognises its duties and responsibilities in relation to the Disability Discrimination Act which requires that any child with an impairment that affects his/her ability to carry out normal day-to-day activities must not be discriminated against.

Role of parents/carers

Parents/carers should give permission for intimate care as children enter Early Years Foundation Stage (EYFS). The permission slips are kept on record. All staff are informed of those children where no permission is given. Where a child has continuing incontinence problems (including children beyond EYFS), parents are expected to provide a complete set of spare clothes and babywipes.

All staff should follow good hygiene practices, which should include:

- Disposable gloves should be worn. See risk assessment for medical gloves.
- Disposable plastic apron should be worn
- Systems should be in place to deal with spillages appropriately and safely.
- Spillages must be cleaned according to local policy. Hot water and soap OR antibacterial spray or wipes are appropriate.
- Soiled disposable nappy to be placed in plastic nappy bag and disposed of according to local arrangements. Reusable nappy to be placed in double plastic nappy bag and returned to parent.
- Soiled clothing to be placed in double plastic bags and returned to parent/carer.

Correct hand washing techniques should be followed.

- For adults, use hot water and soap. Dry hands with disposable paper towels. Antibacterial gel can then also be used.

- For child, hand washing to be done by, or supervised by adult.

Children and Young People with Autism Spectrum Disorders (ASD)

Parents are to provide nappies/pull-ups/ pads, wipes, nappy sacks, plastic bags for soiled clothing, spare clothing.

Toilet training

This should be done in cooperation with the parents/carers, young person, relevant keyworker/staff and professionals involved where appropriate.

- There should be an agreed plan (a signed and reviewed document & parent questionnaire would be best practice) which records timing of toilet visits (on arrival, after snack and lunch times, during double lessons, break times etc) ,
- fluid intake, (some children with autism avoid drinks to avoid the toilet and it is also a good way to build up a holistic picture),
- how to handle soiled/wet clothing, named adults/support workers, sensory preferences, communication methods, interests/motivators, stands/sits, potty/toilet/insert seat, dressing skills .

The three main areas of difficulty which all people with autism share are sometimes known as the 'triad of impairments'. They are:

- difficulty with social communication
- difficulty with social interaction
- difficulty with social imagination

Social Communication

Children and young people with autism may have difficulties with both verbal and non-verbal language. Many have a very literal understanding of language, and think people always mean exactly what they say (wee on the toilet may mean the actually wee on the toilet seat rather than in the toilet). Think about the language you use. Do they understand "potty", "nappy", "dry pants", "toilet", "bathroom" or "toilet? Can the child express the urge or need to use the toilet? It will be important to be able to read their cues and/or teach a way to express the need or urge to use the toilet (PECS, IT communicative equipment, signing). Children with autism may have difficulty understanding what being asked of them or what they need to do. It helps if other people speak in a clear, consistent way and give people with autism time to process what has been said to them.

Social imagination

Social imagination allows people to comprehend other people's behaviour, make sense of the facts, and to imagine different situations that are not the same as our daily routine. Difficulties with social imagination may mean that children and young people with autism may find it hard to cope with new situations such as toilet training. Predicting what will happen next and understand change such as going from using nappies to sitting on a toilet or wearing pants.

Social interaction

Children and young people with autism may have difficulty recognising or understanding other people's emotions and feelings, and also how to express their own. They may not understand social rules and what is expected of them when being toilet trained. They may behave inappropriately or may want to be left to do their own thing rather than joining others or being taken alone to go to the toilet.

Sensory profile/preferences

Think about the seven senses:

Ask parents to fill out a sensory profile as part of the toilet plan detailing the child/young person's sensory likes/dislikes. People with an ASD can be over- or under-sensitive in any or all of these areas. You may hear this referred to as being 'hypersensitive' or 'hyposensitive'

Examples you may need to think plan and support for:- SIGHT

Hypo (under-sensitive) Problems with focusing on a particular item, objects appear quite dark, or lose some of the features.

- Poor depth perception; problems with aiming or sitting on the toilet, may appear clumsy.
- Difficulty judging spatial relationships may bump into objects/people or miss steps on stairs or steps up the changing table.

Hyper (over-sensitive)

- Sensitive to bright lights; may squint, cover eyes, cry and/or get headaches from the light
- Has difficulty keeping eyes focused on task for an appropriate amount of time due to bright lights or colours/patterns
- Easily distracted by other visual stimuli in the room; i.e., movement, decorations, toys, windows, doorways etc.
- May prefer the lights off/natural day light

Examples you may need to think plan and support for:- Sound

Hypo

- May only hear sounds in one ear, the other ear having only partial hearing or none at all.
- May not acknowledge particular sounds.
- Might enjoy crowded, noisy places or bang doors and objects.

Hyper

- Particularly sensitive to sound. Inability to cut out sounds, difficulties concentrating, cover ears with hands, avoid hand dryers, sound of the flushing, crowded toilets, humming of lights or heaters, or clocks ticking bothered/distracted by background sounds out in corridor, windows, room next door
- Frequently asks people to be quiet; i.e., stop making noise, talking, or singing
- Runs away, cries
- May refuse to go to the toilet
- May decide whether they like certain people by the sound of their voice

Examples you may need to think plan and support for:- Touch

Hypo

- Holds others tightly -likes cuddles.
- Has a high pain threshold.
- May self-harm; pinching, biting, or banging his own head
- Enjoys heavy objects/touch (eg, weighted blankets, neck wraps)
- May crave touch, needs to touch everything and everyone in the toilet-may smear/play with their faeces.
- May not be aware that hands or bottom are dirty and need wiping
- May mouth objects excessively-faeces, soap, wipes, toilet paper

- Thoroughly enjoys and seeks out messy play (faeces, soap, water), craves vibrating or strong sensory input-constantly pulling flush

Hyper

- May not like to be touched.
- Dislikes having certain clothes on or putting clothes back on, may not wear spare clothes that are not theirs.
- Difficulties washing hands or wiping with toilet paper/wipes as skin may be sensitive.
- Only likes certain types of clothing or textures
- Becomes fearful, anxious or aggressive with light or unexpected touch
- Gets distressed when diaper is being, or needs to be changed, appears fearful of, or avoids standing in close proximity to other people or peers (in lines or groups in the toilet area)
- May be very picky about using a particular brand of wipes, toilet paper, hand soap, towel or paper towels
- Water from running the tap on the skin may feel painful
- May overreact to change in water temperature
- Avoids using hands to do things
- Avoids/dislikes water, soap or may be distressed by dirty hands and want to wipe or wash them frequently.
- Distressed by seams in socks and may refuse to wear them.
- May constantly pull off nappy
- May want to wear long sleeve tops to avoid having skin exposed-(will not push up sleeves to wash hands

Examples you may need to think plan and support for:- Taste

Hypo

- Eats everything (toilet paper, faeces, soap, wipes, paper towels)
- May lick objects (toilet seats, walls, floor)

Hyper

- Is a picky eater, only eating certain tastes and textures; may have constipation or loose stools

Examples you may need to think plan and support for:- Smell

Hypo

- May lick things to get a better sense of what they are.
- Smells objects and people
- Likes to smell the soap, faeces

Hyper

- Smells can be intense and overpowering,
- Dislikes people with distinctive perfumes, shampoos, body cream, hairspray.
- Tells other people (or talks about) how bad or funny they smell
- Offended and/or nauseated by bathroom odours or personal hygiene smells
- May avoid toilets due to smell of nappies, faeces, soap, air fresheners.

Examples you may need to think plan and support for:- Balance ('vestibular')

Hypo

- A need to rock, swing or spin to get some sensory input.

- In constant motion, can't seem to sit still
- Is a "thrill-seeker"; dangerous at times (climbing over toilet/doors/sinks, out of windows)
- Always running, jumping, hopping etc. instead of walking
- Rocks body, shakes leg, or head while sitting

Hyper

- Difficulties with controlling their movements.
- Difficulties stopping quickly or during an activity.
- Difficulties with activities where the head is not upright or feet are off the ground.
- moves slowly and cautiously and avoids taking risks
- May physically cling to an adult they trust
- May appear terrified of falling of the toilet
- Afraid of heights, even the height of the toilet or footstall
- Fearful of feet leaving the ground
- Fearful of going up or down stairs or walking on uneven surfaces
- Afraid of being tipped upside down, sideways or backwards or legs being held up
- Startles if someone else moves them

Examples you may need to think plan and support for:- Body awareness ('proprioception').

Hypo

- Stands too close to others, because they cannot measure their proximity to other people and judge personal space.
- Hard to navigate rooms and avoid obstacles.
- May bump into people.
- Seeks out jumping, bumping, and crashing activities
- Frequently falls on floor or off toilet intentionally
- Loves pushing/pulling/dragging objects-may pull all the toilet paper off the roll

Hyper

- Difficulties with fine motor skills: manipulating small objects like buttons or shoelaces.
- Moves whole body to look at something.
- Misjudges how much to flex and extend muscles (putting legs into pants/trousers) Misjudges the weight/force of an object, such as soap, picking it up with too much force sending it flying or spilling, or with too little force and complaining about objects being too heavy.
- Slamming objects down (toilet seat)

Things to consider:

Use a calm tone of voice

Take the child/young person when the toilet is empty

Warn the child/young person before you touch them

Use the child's name before giving an instruction/prompt

Visual support: Many children and young people with ASD are visual learners, so offering information in a visual way can help with communication, understanding, following routines and the ability to process information. It can also promote independence, lesson anxiety and the unknown. Visual support should be appropriate to the child and young person and appropriate for their development.

What works for one person may not work for another and once you start using a visual support it should be used consistently so that the child or young person with an ASD becomes used to it.

Risk assessment for medical gloves used in toileting procedures

Introduction

This document is concerned with the use of medical gloves by adults working with children and young people in educational and early year's settings who require assistance with toileting. In compiling this document, reference has been made to the 2012 guidance produced by the Royal College of Nursing for health care staff on glove use and the prevention of contact dermatitis. Whilst more detailed guidance on the safe use of medical gloves (latex and non-latex) for first aid or general health care purposes is available separately, this document is intended to provide a simple, generic risk assessment for the use of medical gloves in a toileting context but local circumstances may require a more specific assessment to be carried out.

What does the law require?

The Control of Substances Hazardous to Health Regulations require employers to carry out a risk assessment of the circumstances in which employees may be exposed to hazardous substances. Employers must then identify steps to prevent exposure to those substances, or where this is not possible, to reduce and adequately control exposure.

Where risks to health and safety cannot be adequately controlled in other ways, the Personal Protective Equipment (PPE) at Work Regulations require PPE to be supplied that is fit for purpose, maintained / stored properly, provided with instructions on how to use it safely and used correctly by employees.

The following fulfils these requirements.

Generic risk assessment

By the very nature of assisting a child or young person with their toileting needs, the adult(s) involved will be exposed to biological agents (bacteria and other micro-organisms in body fluids) that have the potential to cause disease. There is also the potential for cross-contamination to others if good hygienic practice is not followed between assisting one individual and the next.

As this exposure cannot be totally avoided if the assistance is to be provided to the child or young person concerned, appropriate medical gloves will need to be worn in conjunction with good hand hygiene techniques as practiced within the health care services.

These measures must be used by the adults concerned and local arrangements must be in place to ensure sufficient supplies of appropriate medical gloves (type, sizes, etc) are available along with adequate provision for hand hygiene and disposal of used gloves / waste materials.

All gloves must be disposable, single-use items but due to the health risks (types of dermatitis) associated with latex gloves it is considered appropriate to recommend the use of non-latex versions such as nitrile, neoprene or vinyl (polythene gloves are not suitable).

Information, instruction and training

Adults assisting children or young people with their toileting needs should be informed of the findings of this risk assessment and provided with sufficient information, instruction and training to enable them to carry out their work safely and without significant risk to their health or that of others.

Points to be communicated:

- Local arrangements for obtaining gloves
- The correct method of putting on and removing gloves
- Good hand hygiene techniques and local arrangements
- Local arrangements for the disposal of used gloves
- The importance of reporting any personal ill health issues related to glove use and any concerns regarding the gloves being used (poor fit, tearing, lack of supplies, etc).

Adults should also be made aware that the use of gloves is not a substitute for hand hygiene and do not provide a failsafe method of preventing hand contamination.

Assessing the risks of facilities

It is good practice to carry out a formal risk assessment of the toileting / changing facilities in the premises being used to identify existing hazards, evaluate the risks presented by those hazards and implement suitable and sufficient control measures.

Adults assisting children or young people with their toileting needs should be informed of the findings of this risk assessment and provided with sufficient information, instruction and training to enable them to carry out their work safely and without significant risk to their health or that of others.

To assist with undertaking this risk assessment, the following factors should be taken into consideration:

- The age and ability of the children concerned
- Special needs / behaviour management issues
- Ease of access to the facilities for all including wheelchair users
- Privacy afforded by the facilities
- Available free space within the facilities
- General cleanliness / maintenance
- Hinge protection to doors
- Heating / ventilation (methods, types, adequacy)
- Sanitary fittings provided (WC, washbasin etc)
- Special equipment provided (changing mat, fixed / adjustable changing table, hoist etc)
- Appropriate inspection / testing of equipment (lifting equipment, electrical appliances etc)
- Floor finish (e.g. non-slip with integrated cover skirting, standard vinyl flooring, quarry tiles)
- Exposed pipework (risk of burning if hot water pipe is touched)
- Water supply (hot and cold taps, scalding risk or thermostatically controlled)
- Hygiene arrangements (provision / availability of soap and disposable towels, antibacterial gel, disposable gloves / aprons, spillage/clean-up materials, etc)
- Secure storage for materials etc that may be required
- Waste disposal arrangements
- Means of summoning assistance generally and in an emergency
- Defect reporting procedure

Permission form for intimate care

Dear Parent/ carer,

If a child wets or soils themselves whilst they are in school, it is important that measures are taken to have them changed and if necessary cleaned as quickly as possible. Our Staff/External tutors are experienced at carrying out this task if you wish them to do so or, if preferred, the school can contact you or your emergency contact who will be asked to attend without delay.

Trinity CE Primary School has an Intimate Care Policy which is available to view on our website or a copy can be obtained from the school office.

Please fill out the permission slip below stating your preference.

Yours sincerely

Helen Jones

Head Teacher.

Name of Child..... Class.....

Please tick as appropriate

- I give consent for my child to be changed and cleaned if they wet/soil themselves whilst in the care of Trinity CE Primary School. I understand however if my child is distressed I will be contacted and asked to come into school.
- I do not give consent for my child to be changed and cleaned if they wet or soil themselves. The school will contact me or my emergency contact and I will organise for my child to be cleaned and changed. I understand that in the event that I or my emergency contact cannot be contacted, the staff will act appropriately and may need to come into some level of physical contact in order to aid my child.

Signature of Parent/Carer..... Date.....