



Fair Field Junior School



Intimate Care Policy

Statement of Intent

Fair Field Junior School is committed to nurturing an individual's potential and thirst for learning by offering a safe, happy and stimulating environment. We build all we do on our shared values: Respect, Honesty, Perseverance, Kindness, Forgiveness and Inclusion.

Intimate Care Policy	
Written by:	Renu Chotai
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Target Audience:	All Stakeholders

The governing body shall conduct the school with a view to promoting high standards of educational achievement. Fair Field Junior School is committed to eliminating discrimination, advancing equality of opportunity and fostering good relations between different groups. These factors were considered in the formation and review of this policy and will be adhered to in its implementation and application across the whole school community.



Introduction

Children at Fair Field Junior School may need intimate care for a variety of reasons. Whilst it is the schools hope that children entering the school are toilet trained this policy is written on behalf of children and young people across the age range of 7-11, who for medical, emotional or social reasons are either delayed in attaining this skill, or who long-term, will need support and intervention to manage their personal needs. Each child's right to privacy will be respected and careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted.

Intimate or personal care defined

Intimate or personal care is defined as hands on physical care in areas of personal hygiene, and the physical presence of others, or observation during such activities. Personal care includes:

- Body bathing (including showering) other than arms, face and legs below the knee
- Toileting, wiping and care in genital and anal areas
- Incontinence care
- Placement, removal and changing of incontinence pads
- Dressing and undressing
- Application of medical treatment other than to arms, face and legs below the knee
- Safe disposal of pads and waste into appropriate bins

Partnership with Parents

Parents and carers have a key role to play in supporting effective toilet training. Parents may feel anxious and responsible when their child has not yet achieved this developmental stage. It is important to build up their confidence especially if they have already experienced difficulties in trying to toilet train their child. Where a pupil is known to have personal care needs that are beyond toilet training then a multi-agency meeting should be held before a child begins attending school or as soon as possible after so that such information can be discussed with parents. Children and young people have a right to be involved in the planning of their own health care needs whenever possible. Parents are responsible in supplying nappies and wipes and we recommend that spare underwear/ clothing is kept at school.

Appendix 1- will be completed with Parents and key professionals.



Guiding Principles

Children who have difficulties in controlling their bladder and/or bowels have often had a difficult start developing personal independence. Children or young people who need assistance with toilet training or special toileting arrangements have the right to be treated with respect, dignity and sensitivity. Staff should respect their need for privacy and dignity, being aware that these children may be vulnerable to ridicule or bullying on account of additional needs. Parents and carers have a key role to play in effective toilet training. It is therefore important to plan consistent approaches across different settings.

All staff should be provided with access to appropriate resources and facilities, and be supported through clear planning, policy guidelines and training. Schools must consult the designated Child Protection officer, whenever planning toilet training or special toileting arrangements for children on the Child Protection Register.

Issues related to restricted toilet access

Each person's bladder and bowels are individual and their capacity variable. Expectations of set times for access to the toilet can cause "I'll go just in case" practices which means the bladder doesn't get used to holding on until it's full. Over time, bladder capacity can reduce increasing the need to visit the toilet more frequently. At the same time, the amount of fluid a child can drink before needing to go to the toilet is reduced.

Restricting toilet access to set times only can, therefore, have both physiological and psychological consequences for all children, not just those with additional difficulties. A significant proportion of childhood urinary and bowel problems are caused by unhealthy toileting patterns.

- Water should be freely accessible to all children and young people, in all areas.
- Children should be encouraged to use the toilet as and when they need to.
- Consistent visual prompts to reinforce the routines of flushing the toilet after use and washing and drying hands should be in place throughout the school.
- These routines should be reinforced by staff working with children.

Staffing and contractual issues

Staff members should be appropriately trained to manage personal care as part of their duties as specified in contracts.

Teaching staff have no legal or contractual duty to volunteer to help with toileting.

It is important that all staff involved in supporting children with continence needs receive relevant training. Training should take into consideration, good working practices, which comply with health and safety regulations, such as good hand washing, manual handling, the wearing of gloves for certain procedures and the procedures for dealing with body fluid spillages.

Keys to Success

Observe the child to see when they are likely to need to go to the toilet. Usually, a fairly regular pattern will emerge, especially if mealtimes and drinks are provided at about the same time every day. Identifying the times can help to establish when to take the child to the toilet with an increased likelihood of them using it. Linking toileting times to cues in the daytime routine can help to develop a better pattern of toilet use and control.

Reminders to use the toilet should be discreet and staff may consider the use of symbols, signs, pictures, objects of reference or code words.

Where age or need makes it inappropriate to lock toilet doors, a "Do not enter" sign will ensure privacy.



Always encourage as much independence as possible

Page 35 of the "Practice Guidance for the Early Years' Foundation Stage" states the importance of supporting "*children's growing independence as they do things for themselves*, such as pulling up their pants after toileting" in order to develop bladder capacity and to help avoid constipation and soiling problems.

It is important to drink water regularly throughout the day. Children should be encouraged to drink "little and often" and the recommended amount, is 7 drinks a day. It is important to monitor toileting programmes carefully to help the child make progress towards independence as quickly as possible. Changes to routine such as school holidays, illnesses etc, may impede progress.

Possible targets for a toileting programme are:

- To increase the child's awareness to what is customary practice
- To enable the child to indicate if he or she needs to use the toilet, or has had an accident
- To go to the toilet independently
- To learn to clean him or herself afterwards, remembering to wash hands

Definition of disability under the Equality Act 2010

A person is defined as having a disability if they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.



What 'substantial' and 'long-term' mean

- 'substantial' is more than minor or trivial - eg it takes much longer than it usually would to complete a daily task like getting dressed
- 'long-term' means 12 months or more - e.g. a breathing condition that develops as a result of a lung infection

Progressive conditions

A progressive condition is a condition that gets worse over time. People with progressive conditions can be classed as disabled.

However, you automatically meet the disability definition under the Equality Act 2010 from the day you're diagnosed with HIV infection, cancer or multiple sclerosis.

Settings and Schools are required to make *reasonable adjustment* to ensure that children with a disability are treated favourably. Provision for enabling a wet or soiled child to be made clean and comfortable must be safely, discreetly and quickly implemented in order to avoid placing the child at a substantial disadvantage relative to others.

Supporting children and young people with SEN and / or a disability

For some children difficulty in achieving toilet training may be one more aspect of general / global developmental delay or learning difficulties.

All children who are non-verbal and have language and communication needs will benefit from the use of visual cues (photos, symbols, signs, Picture Exchange), as well as sequencing cards to reinforce routines.

Children and young people with Autistic Spectrum Disorder

Children with an Autistic Spectrum Disorder (ASD) like routine. Staff can build upon this desire for predictability to develop a successful toilet training routine. The National Autistic Society website advises teaching the whole routine from the child communicating their need to use the toilet through to the washing and drying of hands, rather than just sitting on the toilet. Show the child a photo or symbol of the toilet, say the child's name, "toilet", take them into the toilet, following a visual sequence for the whole routine. Often when an activity is anticipated, less resistance occurs. Having a visual sequence beside the toilet and then above the sink will help the child know what is expected.

- Agreement on the routine should be reached by home and school.
- Use the same visual cues and sequences to support the routine.
- Discussion on how to praise the child for successfully following the toileting routine is necessary; this could be verbal, an object or a preferred activity after toileting.
- It is important to remember that all children are different and strategies that work for one child, may not work for another.
- As child gains independence in using the toilet, it is advisable that rewards are slowly reduced, once independence has been reached, rewards are no longer useful and should stop.



Children and young people with medical needs and /or disabilities

Some children will have complex or long-term medical conditions which indicate the need for special toileting arrangements. For these children the teacher or multi agency team should meet with the parents / carers to establish:

- Strengths and needs – e.g. what can be done independently, what needs support and monitoring, how able the child is to indicate their needs etc
- Input required from other professionals - e.g. School Nurse, Continence nurse,
- Occupational Therapy
- Risks which need to be assessed
- Adaptations and specialist equipment needed
- Issues for PE and swimming (e.g. accessible and private changing facilities, e.g. variations to PE kit to conceal a colostomy pouch etc)
- Issues related to off-site visits, day or residential trips, college or work experience placements, (e.g. location of accessible toilets, whether a RADAR key is needed to unlock accessible toilets, items needed such as gloves and aprons)
- Strategies for dealing with vulnerability to bullying and teasing
- Regular monitoring and review strategies.
- Consideration should be made within leadership and management team on how a toileting plan should be communicated to all staff who need to know (including supply staff), whilst still upholding confidentiality.

Health and Safety considerations

Hygiene procedures are important in protecting pupils and staff from the spread of infectious diseases and cross contamination. Staff should be trained in correct hand-washing techniques and the following should be available for staff use:

- soap /hand cleanser
- warm water
- antibacterial wipes or spray for surfaces
- disposable wipes
- disposable gloves
- protective disposable aprons
- a covered bin with a disposable liner
- paper towels
- disposable paper rolls for changing beds
- floor mop specifically for this area, which is regularly disinfected

Cross Contamination

Staff should be aware of cross contamination and in order to protect against risk, high standards of hygiene should be maintained consistently at all times. The essential routine will include the wearing of gloves, thorough cleaning of the changing area and safe disposal of soiled items. Plastic or disposable aprons should always be available.

Washing pupils

Always have an agreed, written and signed procedure with parents. Use sensitivity and discretion and wash only as necessary. Wherever possible avoid physical contact with the child especially in intimate areas. Check access to warm water and soap and for children who are unable to access sinks designate a bowl purely for that purpose. Before using wipes, check with parents for allergies.



Location

Whenever possible use the existing toilet areas or the accessible toilet to protect the dignity of the child without putting staff at unreasonable risk. Do not change pupils in teaching or public areas or in any location used for the preparation of food and drinks. Do not use any location unless you are sure that it is safe.

Disposal

Whenever possible use the usual toilet facilities or sluice, to flush contents of nappies and waste water. Please note the usual health and safety regulations which apply to disposable nappies. It is not necessary for nappy waste to be regarded as clinical waste; it is not, therefore, necessary to use the yellow waste sacks or to arrange specialist waste disposal. Double wrapping the waste should be sufficient. Soiled clothes should be placed in a sealed plastic bag in the medical room and collected at the end of the school day by the child's parent or carer.

Spillages

Spillages should be dealt with promptly.



Appendix 1 Intimate care plan

Date of meeting

Name of child

Class

Start date at school

Reason for need of Intimate care plan-

- Body bathing (including showering) other than arms, face and legs below the knee
- Toileting, wiping and care in genital and anal areas
- Incontinence care
- Placement, removal and changing of incontinence pads
- Menstrual hygiene

Copies of the policy shared with parents Y/ N

Persons Attended meeting

Person who the plan will be shared with

- Leadership and management team Y/ N
- Inclusion Manager/ SENDCO Y/ N
- Class teacher Y/ N
- Key workers- LSAs and TAs Y/N
- All staff Y/N
- Other members of the team