***Dobcroft Infant School*** 

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| ***‘To provide a foundation for fulfilled lives, inspiring confident and happy learners’*** | | | | | | |
| Our Values | Enjoy learning | Try our best | Make good choices | Respect each other & our surroundings | Work together | Celebrate our successes |
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**Toileting and Intimate Care Policy**

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| Document Adopted By Governing Body | |
| Signed (Chair): |  |
| Date: | September 2020 |
| Print Name: |  |
| Date of Next Review: |  |

**Dobcroft Infant School Toileting and Intimate Care Policy**

At Dobcroft Infant School and Pre-school 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.

**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.

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 pre-school. However, we recognise that children will join Dobcroft Infant School and Pre-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 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.

**Role of Dobcroft Infant School and Pre-school staff**

Pre-School staff have access to a bathroom area with a toilet and hand basin with access to warm water. There is also a stock of baby wipes, plastic bags and disposable protective gloves for staff to use. If a child soils themselves during school time, one member of the EYFS staff (teacher, nursery nurse, practitioner, meals supervisor) will help the child:

* Remove their soiled clothes
* Clean skin (this usually includes bottom, genitalia, legs, feet)
* 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 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 clean the child. The member of staff responsible will check the child regularly and ensure that he/she is clean before leaving to go home. 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.

**Health and hygiene**

To prevent the spread of infection, staff will wear disposable gloves and aprons when dealing with a toileting incident.\*

* The area will be cleaned after use.\*
* Children will be supported with changing in the toilets.
* Hot water and liquid soap are available to wash hands as soon as the task is completed.
* A hot air dryer/paper towels are available for drying hands.
* Soiled pants/nappies will be placed in a nappy sack and handed to the parent/carer.

\*Due to Covid-19, staff will also wear masks and a visor when changing nappies or soiled clothes. The area will also be dis-infected once the child is back in setting. This is to minimise risk of infection spreading and protect staff.

Safeguarding and child protection

Should marks, bruises or injuries be found on a child when supporting them with changing, staff members are required to follow the school’s safeguarding Policy and report it to the Designated Safeguard Lead (DSL) or the Deputy DSL. Further details can be found in the School’s Safeguarding Policy.

Adhering to the following guidelines of good practice should safeguard children and staff:

* Involve the child in the intimate care.
* Try to encourage a child’s independence as far as possible in his or her

intimate care.

* Check your practice by asking the child or parent about any preferences
* while carrying out care
* Treat every child with dignity and respect and ensure privacy appropriate to

the child’s age and situation.

* Care will be carried out by a member of staff who is fully DBS certified.
* Promote positive self-esteem and body image. Confident, self-assured

children who feel their body belongs to them are less vulnerable to sexual

abuse.

* We will endeavour to make intimate care practice consistent, as a child may have multiple carers and a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent.

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.

**Communication**

It is the responsibility of all staff caring for a child to ensure that they are aware of the child’s method and level of communication. Depending on their maturity and levels of stress children may communicate using different methods – words, signs, symbols, body movements, eye pointing, etc.

To ensure effective communication:

* make eye contact at the child’s level;
* use simple language and repeat if necessary;
* wait for response;
* continue to explain to the child what is happening even if there is no

response;

* treat the child as an individual with dignity and respect.

**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.

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

**SEND**

Individual care plans will be drawn up for any pupil who, for medical reasons, require regular intimate care. Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. In such a case where more adults are required the reasons will be documented.

Special intimate care arrangements will be discussed with parents/carers and other professionals where needed e.g. School nurse, identified medical staff then this will be 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.

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 have a responsibility to advise the school of any known intimate care needs relating to their child. 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 baby wipes and ensure these are available at all times.

**Entry to Pre-school**

Children are expected to be toilet trained and it is a condition of our Pre-school that they are largely dry in the day, by the time of their start date (unless there is a SEND/ medical reason that this cannot be). Parents will be asked at the home visit whether the children are routinely clean and dry.

Where a child is not routinely clean and dry in the day time, the Early Years staff will discuss this with parents and a support plan will be put in place where needed clearly outlining the consistent actions required at home to achieve independent toileting A few accidents are to be expected and will be handled in line with the policy.

Where there is a medical concern then the parents can provide medical evidence at the home visit and a care plan will be drawn up ready for their start date.

Medical evidence can be in the form of:

* A letter from the GP
* A consultant letter
* A hospital appointment letter
* A medical diagnosis

If you have any questions concerning toilet training or this policy, please speak to Pre-school staff.

Reviewed September 2020

Parent/carer of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have had the opportunity to read and meet with a member of SLT to discuss the Toileting and Intimate care policy and plan appropriate actions to meet the needs of my child/children.

I understand that it is my responsibility to inform school as soon as possible of any changes to the needs of my child which would have an implication on the care required. Actions or changes to plan will be identified below (where necessary in line with the advice from medical professionals)

Agreed actions:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member of SLT (name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_