



Chater Infant School

**An exceptionally high performing  
professional and learning culture creating  
excellent achievement for all.**

**Remembered for all the Right Reasons**

# Intimate Care & Toileting Policy

## ***Rights Respecting School Agenda***

*We have the right to go to school  
We have the right to learn.*

Article 3 - The best interests of the child must be a top priority in all actions concerning children  
Article 28 - Every child has the right to an education (from the National Convention on Rights of the Child)

***This policy will be equality impact assessed with regard to disability, gender and race at the time of review and issues arising will be carried forward into the equality action plan.***

Date agreed: June 2022

Date of next review: June 2024

## **Rights Respecting School Agenda**

As a Rights Respecting School, there are two articles that are integral to our Behaviour Policy:

Article 3 - The best interests of the child must be a top priority in all actions concerning children

Article 28 - Every child has the right to an education  
(From the National Convention on the Rights of the Child)

These two articles have been simplified for the Charter Infant School Charter for children to follow;

We have the right to go to school  
We have the right to learn.

### **Relationship to other policies**

This policy is linked to the SEND Policy and the Equality Scheme.

### **Statement of Intent**

- To provide guidance and reassurance to staff and parent/s.
- To safeguard the dignity, rights and well being of children
- To assure parents that staff are knowledgeable about intimate care and that their individual needs and concerns are taken into account

### **Introduction**

Chater Infant School is 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 will always undertake their duties in a professional manner. This policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

Intimate care is any care which involves washing, touching, or carrying out an invasive procedure (cleaning a child after they have soiled him/herself), that most children can carry out for themselves, but with which some are unable to do due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.

Achieving continence is one of hundreds of developmental milestones usually reached within the context of learning in the home before the child transfers to learning in a nursery/school setting. We have an obligation to meet the needs of children with delayed personal development in the same way as we would meet the individual needs of children with delayed language, or any other kind of delayed development. Children will not be excluded from normal pre-school activities solely because of incontinence.

As a school we are now admitting younger children, some of whom are likely to have occasional accidents, especially in the first few months after admission. It is important that privacy and dignity is maintained during the time taken to change a child.

### **Early Years Foundation Stage (EYFS)**

Curriculum guidance for the Early Years Foundation Stage is clear that the role of the adult involves supporting the child's whole development, particularly their Personal, Social and Emotional development including supporting the transition between settings. One of the Early Learning Goals for children to achieve by the end of the Foundation Stage is to 'Manage their own basic hygiene and personal needs, including dressing, going to the toilet, and understanding the importance of healthy food choices'.

### **Procedure for Intimate Care in Chater Infant School**

We have clear written guidelines for staff to follow when changing a child, to ensure that staff follow correct procedures and are not worried about false accusations of abuse. Parents will be made aware of the procedures the school will follow should their child need changing during school time.

Your written guidelines will specify:

- Either Teachers, class based Learning Support Assistants or One to One Learning Support Assistants will change the child after wetting dependent on staff deployment at the particular time.
- For changing after soiling, there needs to be two members of staff present for the full/whole time.
- The staff member will inform another member of staff of their intentions to change a child.
- The nappy/ changing will take place discreetly in a private place.
- The staff member will talk to the child about what they are going to do before doing carrying out the task, e.g. that they / you need to take their trousers off. (Promoting independence wherever possible)
- The child will stand while the nappy is changed, if this is possible
- Wipes, carrier bags, nappies to be provided by parents
- Nappies will be placed into a bag and disposed of in the disposal unit in the large toilet in the Nursery corridor?? **We tend to take it straight outside.**
- Staff will wear disposable gloves
- If the child is unduly distressed by the experience and is inconsolable then their parents will be called
- If the staff member notices marks or injuries on the child, they will record it and report it to any of the schools Designated Senior Leaders.

In the event of special circumstances arising, for example a child with complex continence needs being admitted, the appropriate health care professional will be closely involved in forward planning.

Anyone caring for children, including teachers and other school staff, has a duty of care. Intimate care routines should always take place in an area which protects the child's privacy and dignity. Children's intimate care routines should always be carried out by an assigned member of staff. Appropriate support and training should be provided when necessary.

Intimate care incidents must be recorded (in the child's class) including date, time, name of child, adult(s) in attendance, nature of the incident, action taken and concerns or

issues. Parents/Carers are to be informed with a 'Record of Intimate Care Intervention Slip'.

### **Safeguarding**

The normal process of changing a nappy should not raise child protection concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the nappy changing process. Some settings/schools will have the staffing resources to provide two members of staff for nappy changing and DSB checks are carried out to ensure the safety of children with staff employed in childcare and education settings. If there is known risk of false allegation by a child then a single practitioner should not undertake nappy changing."

Continence Guidance for Early Years Settings, CSF HCC, July 2006?? **Check this**

Volunteers or students on placement will not change a nappy or child who has had an accident.

We will continue to remain highly vigilant for any signs or symptom of improper practice.

### **Working in Partnership**

Building strong partnerships with parents is an important principle in any educational setting and is particularly necessary in relation to children needing intimate care. Parents should be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met. This will include involvement with Educational Health Care Plans and Pupil Profiles and any other plans which identify the support of intimate care where appropriate. Exchanging information with parents is essential through personal contact, telephone or correspondence.

There are other professionals who can help with advice and support. The School Nurse or Family Health Visitors have expertise in this particular area and can support parents to implement toilet training programmes in the home. Health care professionals can also carry out a full health assessment in order to rule out any medical cause of continence problems.

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

The parent:

- To ensure that the child is changed at the latest possible time before being brought to the school
- To provide the school with spare nappies, wipes and a change of clothing
- To understand and agree the procedures that will be followed when their child is changed at school – including the use of any wipes
- To agree to inform the school should the child have any marks/rash
- To agree to a 'minimum change' policy i.e. the school would not undertake to change the child more frequently than if s/he were at home.
- To agree to review arrangements should this be necessary

The school:

- To agree to change the child during a single session should the child soil themselves or become uncomfortably wet
- To agree how often the child would be changed should the child be staying for the full day

- To agree to monitor the number of times the child is changed in order to identify progress made
- To agree to report should the child need to be changed, get distressed, or if marks/rashes are seen
- To agree to review arrangements should this be necessary.

### **Special Educational Needs Provision**

The school recognises that some children with a special educational need may result in children arriving at school with under developed toilet training skills. If a child is not toilet trained because of a disability his/her rights to inclusion are additionally supported by the SEN & Disability Act 2001 & Part 1V of the disability Discrimination Act 1995.

If a child's toileting needs are substantially different than those of their peers then the child's needs may be managed through an Educational Health Care Plan (EHCP). A toileting program would be agreed with parents as advised by a Health Professional. Intimate care arrangements will be discussed with parents/carers on a regular basis. If there is no progress over a long period of time the SEND Co-ordinator, teaching staff and parents would seek further support, e.g. G.P's referral of child for specialist assessment.

Some children may have an EHCP before entering school. The EHCP will outline the child's needs and objectives and the educational provision to meet these needs and objectives. The EHCP will identify delayed self-help skills and recommend a program to develop these skills. 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.

### **Further Information and guidance**

**Toileting Issues for Schools and Nurseries** (Leicester, Leicestershire and Rutland Specialist Community Child Health Services) Available from Early Years Co-ordinator (SEN) , Early Years Support Team, New Parks House, Pindar Road, Leicester, LE3 9RN or e-mail [early.yearssupport@leicester.gov.uk](mailto:early.yearssupport@leicester.gov.uk)

**Enureris Resource & Information Centre (ERIC)**, 34 Old School House, Britannia Road, Kinswood, Bristol, BS15 8BD. Telephone: 0117 960 3060  
Website [www.eric.org.uk](http://www.eric.org.uk)

**Good Practice in Continence Services**, 2000. Available free from Department of health, PO Box 777, London SE1 6XH or [www.doh.gov.uk/continenceservices.htm](http://www.doh.gov.uk/continenceservices.htm)



# Chater Infant School

Headteacher: Mrs A Bal-Richards, BEd (Hons), NPQH  
Southsea Avenue, Watford, Hertfordshire. WD18 7NJ  
Tel: 01923 221060 and Fax: 01923 236808  
[www.chaterinfants.herts.sch.uk](http://www.chaterinfants.herts.sch.uk)

## Record of Intimate Care Intervention

Date	Time	Name of child	Nature of Incident	Action Taken
			<input type="checkbox"/> wet <input type="checkbox"/> soiled <input type="checkbox"/> other (please specify)	

Signature of adult



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