



# Toileting and Intimate Care

## November 2022

UN Convention on the Rights of the Child

Article 3 (best interests of the child) The best interests of the child must be a top priority in all decisions and actions that affect children.

## Version Control

Date	Version	Status / Comments / Description	Amended / reviewed by
June 2017	1.0	Original Policy	J Pillay
November 2022	1.1	Policy reviewed and updated	J De Saulles J Pillay R Enwonwu
November 2022		To be approved by November 2022 FGB	

**Howard Primary School** is committed to safeguarding and promoting the welfare of children.

All children at Howard Primary School have the right to be safe and be treated with dignity, respect and privacy at all times. We are committed to ensuring that all staff members undertaking intimate care of children will undertake their duties in a professional and safe manner at all times.

This policy sets out clear principles and guidelines on supporting intimate care with specific reference to toileting. It should be considered in line with our Safeguarding and Child Protection Policy and Health and Safety Policies.

### Aims

This policy aims:

- To ensure that staff are knowledgeable about intimate care, what it entails and how to perform such tasks by providing a clear procedure
- To safeguard the dignity, rights and wellbeing of children and promote the best interests of our pupils
- To ensure pupils are treated with sensitivity and respect, and in such a way that their experience of intimate care is a positive one
- To inform parents / carers of how intimate care is administered

Howard Primary School will ensure that:

- No child's physical, mental or sensory impairment will have an adverse effect on their ability to take part in day to day activities.
- No child with a named condition that affects personal development will be discriminated against
- No child who is delayed in achieving continence will be refused admission
- No child will be sent home (unless they have diarrhoea) or have to wait for their parents/carer due to incontinence
- Adjustments will be made for any child who has delayed continence
- Every child will be treated as an individual and care will be given as gently and sensitively as possible

**Intimate Care Tasks** cover any tasks that involves the dressing and undressing, washing including intimate parts, helping someone use the toilet, changing nappies / pull ups or carrying out a procedure that requires direct or indirect contact to an intimate personal area. These tasks also including providing comfort or support for a distressed pupil or assisting a pupil requiring medical care who is unable to carry this out unaided.

**Partnership with Parents/Carers** – All staff work in partnership with parents/carers to provide care appropriate to the needs of the individual child.

To assess the appropriate care level the school will consider the following:

- What care is required
- The number of staff needed to carry out the task (if more than one person is required, reason will be documented)
- Whether additional equipment is required
- The child's preferred means of communication (e.g. visual, verbal). Agree terminology for parts of the body and bodily functions
- The child's level of ability i.e. what tasks they are able to do by themselves
- Acknowledge and respect the cultural or religious sensitivities related to aspects of intimate care
- Be regularly monitored and reviewed in accordance with the child's development

### **Best Practice**

When intimate care is given, there must be two members of staff present. A member of staff explains fully to the child each task that is to be carried out, and the reason for it. Staff encourage children to do as they can for themselves; lots of praise and encouragement will be given to the child. Staff will record the time and nature of the change, as well as the names of staff members present immediately after completion of any intimate care task.

All staff working in the setting must have an Enhanced DBS check. Particular staff members are identified to change a child with known needs so that they are familiar to the child.

### **Safeguarding**

Staff are trained on the signs and symptoms of child abuse in line with Safeguarding guidelines.

If a member of staff is concerned about any physical or emotional changes, such as marks, bruises, soreness or distress, they will inform the Designated Safeguarding Lead immediately. The appropriate procedures outlined in our Safeguarding and Child Protection Policy will then be implemented.

If a child makes an allegation against a member of staff, the procedure set out in the Safeguarding and Child Protection Policy will be followed.

### **Dealing with body fluids**

Urine, faeces, blood and vomit will be cleaned up immediately. All biological waste material will be disposed of safely by Rentokil Initial via the sanitary waste disposal bins in bathrooms. When dealing with body fluids, staff wear protective clothing, (disposable plastic gloves), and wash themselves thoroughly afterwards. Soiled children's clothing will be double bagged in 2 carrier bags, marked with the child's name and handed to the parent / carer when they collect, (staff will not rinse the clothing items). Children will be kept away from the affected area until the incident has been completely dealt with.

All staff maintain high standards of personal hygiene, and will take all practicable steps to prevent and control the spread of infection including the washing of hands and use of hand sanitiser.

### **Health & Safety**

Toilet areas will be maintained to a high standard by cleaning staff. They will be monitored by all staff throughout the day and cleaned when necessary. Toilet furniture will be properly maintained by the caretaker or an external contractor if required. The proper use of the toilets insisted upon and children reminded of the need to flush after use and wash their hands after toileting.

This policy aims to manage risks associated with toileting and intimate care needs and ensures that employees do not work outside the remit of their responsibilities set out in this policy.

## **Links to other policies**

This policy is linked to the following key policies:

- Safeguarding and Child Protection
- Health and Safety
- Equalities

## **Monitoring and Review**

This policy will be reviewed every three years, or sooner if necessary. This policy will be approved at the Staff and Student Welfare Committee unless otherwise delegated.

Signed : \_\_\_\_\_

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

Chair of the Staff and Student Welfare Committee

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

## **APPENDIX ONE**

### **GUIDELINES FOR STAFF SUPPORTING CHILDREN WHO REQUIRE ASSISTANCE WITH TOILETING (INCLUDING NAPPY CHANGING)**

If unsure, the child's teacher should be consulted, as they will be aware of any special requirements the child may need in association with toileting.

- Ensure another member of staff accompanies you when you are going to change a child
- Always wear disposable gloves
- If a child has soiled him/herself, clean with toilet paper and wet wipes if necessary
- Wrap dirty clothes in two carrier bags (double bag), mark with name label and hand to parents at collection
- Place old / soiled nappies in the sanitary waste bin provided
- Write all incidents in toileting folder in bathroom

### **WHEN CHILDREN ARE SICK, WET OR SOILED OR HAVE AN ACCIDENT**

Call another member of staff to assist. If appropriate, ask a third adult to take a message to the office to phone the parent/carer.

- comfort and reassure child
- assess any further immediate danger
- put on disposable gloves/apron,
- administer first aid if necessary
- change child if necessary
- put soiled/dirty clothes in two carrier bag (double bag)
- continue to support and comfort child – if the child still feels nauseated, take them to the office area and provide them with a bucket

### **TO DEAL WITH URINE, FAECES AND VOMIT**

- keep other children away from the area
- put on disposable gloves
- isolate the fluids – stop spreading
- put down spill aid powder absorber granules
- alert the caretaker

*If the caretaker is unavailable, the following should be carried out*

- clear vomit with tissues/kitchen towel/cloths
- wash down area with cloth and disinfectant
- dispose of any solid matter in a double wrapped plastic bag in the first aid bin or if larger amounts straight into outside dustbin

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