Maidwell Primary School

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Intimate Care and Toileting Policy

History	Details
June 2016	New policy
September 2018	Page 4: Two inclusions referencing requirement for chaperone (top & bottom of page) Appendix 5: Records destruction date added (GDPR)
September 2020	Re-ratification: No amendments required

The Governing Body of Maidwell Primary School have formally adopted this policy. The Headteacher and the Governing Body will review it no later than two years from the date of signature below.

Last Review	September 2020	Next Review	September 2022
GB Approval Date		Signature Chair of Governors	

Maidwell Primary School

Intimate Care and Toileting Policy

Maidwell Primary 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 and young people will undertake their duties in a professional manner at all times.

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 unable to do.

Intimate care tasks are associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with, or exposure of the genitals. Examples include changing incontinence pads and nappies, helping someone use the toilet or washing intimate parts of the body. Disabled pupils may be unable to meet their own care needs for a variety of reasons and will require regular support.

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.

We recognise that there is a need for children and young people to be treated with respect when intimate care is given.

No child shall be attended to in a way that causes distress, embarrassment or pain. Staff will work in close partnership with parents and carers to share information and provide continuity of care.

It is generally expected that most children will be toilet trained and out of nappies before they begin at school or nursery. However 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. The school undertakes to attempt to support any training programme requested by a child"s GP and/or the school doctor or parent.

During swimming the children in Class 1 (R/Y1/Y2) are supervised from the threshold of the changing room. If a child requires assistance of an intimate care type a second member of staff will be asked to attend.

If necessary, permission is sought as children enter Early Years Foundation Stage (EYFS) and incorporated into the Care Plan. All FS staff are informed of those children where no permission is given. Where a child has continuing incontinence problems (ie: past EYFS) parents are expected to continue to provide a complete set of spare clothes and baby wipes. The school also keeps a stock of spare clothes in various sizes.

There is a stock of baby wipes, plastic bags and disposable protective gloves and aprons for staff to use, which they must do. If a child soils him/herself during school time, two members of staff will help the child:

- To 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
- Double 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 telephones the parent/carer.

Our intention is that the child will never be left in soiled clothing, and as soon as the member of staff responsible for him/her is aware of the situation, she/he will assist with the cleaning the child to the best of their ability. There may be occasions where the parent may be asked to take the child home in order to shower/bathe.

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.

A record of incidents will be kept (Intimate Care/Toileting Record Book) in the First Aid drawer. See appendix 5.

Our approach to best practice 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
- 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. Where a child is being cared for by a single adult in a closed room, a second adult will also be present (acting as a chaperone).
- Intimate care arrangements will be discussed with parents/carers on a regular basis 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.
- Where a care plan is not in place and a child has needed help with intimate care (in the case of a toilet 'accident') then parents/carers will be informed the same day.
- This information should be treated as confidential and communicated in person, via telephone or by sealed letter.

Child Protection

The Governors and staff of Maidwell Primary School recognise that disabled children are particularly vulnerable to all forms of abuse.

Child Protection and Multi-Agency Child Protection procedures will be adhered to at all times.
If a member of staff has any concerns about physical changes in a child's presentation (unexplained marks, bruises or soreness for example) s/he will immediately report concerns to the Senior Designated Person.

If a child becomes distressed or unhappy about being cared for a particular member of staff, the matter will be investigated at an appropriate level and outcomes recorded.

Parents/carers will be contacted at the earliest opportunity as part of the process of reaching a resolution. Further advice will be taken from partner agencies.

If a child makes an allegation about a member of staff this will be investigated in accordance with the set procedures in the Northamptonshire Safeguarding Children Board procedures manual.

As already detailed above, no child will be cared for by a single adult in a closed room without another adult present.

NB: Wet hands thoroughly before applying washing agent.

1. Rub palm to palm.

2. Right palm over left dorsum and left palm over right dorsum.

3. Palm to palm, fingers interlaced.

4. Backs of fingers to opposing palms with fingers interlocked.

5. Rotational rubbing of right thumb clasped in left palm and vice versa.

6. Rotational rubbing back and forwards with clasped fingers of right hand in left palm and vice versa.

Rinse and dry hands thoroughly.

Northamptonshire County Council

Appendix 2

GUIDANCE ON SAFE USE OF LATEX MEDICAL GLOVES

Introduction

This guidance tells you about

- the health problems that may occur if using natural latex gloves
- which gloves to use to minimise the risks

What is latex?

Natural latex is produced by the *Hevea brasiliensis* tree. It is a cloudy liquid collected by "tapping" the tree. It then goes through a complex manufacturing process to form latex rubber.

Why is latex used?

Latex rubber is a durable, flexible material that gives a high degree of protection from many micro-organisms and is therefore often used in the manufacture of protective gloves.

Where is it used?

As well as gloves, latex is also found in other medical products and devices used in health care such as intravenous tubes, catheters, dressings and bandages.

How can latex harm your health?

Latex exposure can lead to a number of health problems, including:

- **Irritation** ~ areas of the skin exposed to latex can become red, sore and cracked. This type of reaction is not allergic and when contact with latex ceases the symptoms will disappear.

- **Type I Allergic reaction** ~ Symptoms can include a rash, runny nose, red and swollen eyes and asthma like symptoms. This allergic reaction will commence almost immediately on contact. In severe cases it can result in a severe reaction known as anaphylactic shock.

- **Type IV Allergic reaction** ~ this is an allergic reaction to the chemicals used in the manufacture of the gloves. Symptoms usually develop between 10 and 24 hours after exposure and may include red, cracked and blistered skin particularly on the hands and arms.

Latex is termed a "sensitiser" because it is capable of causing an allergic reaction in certain people. The amount of latex exposure needed for an individual to become sensitised is not known. However, once an individual is sensitised then any further exposure to the substance, even the tiniest trace, will cause the symptoms to recur.

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

Are any latex gloves safe to use?
Due to prolonged and close contact **all** latex gloves present a risk of skin sensitisation. However, the risk is reduced in gloves with lower levels of latex protein and process chemicals. Powdered gloves pose an additional risk because the latex proteins leach into the powder, then when the gloves are removed, the powder becomes airborne and can be inhaled. This may lead to respiratory sensitisation. Therefore:

- Powder-free gloves should be used where possible.
- Latex free or latex gloves with specified low levels of leachable protein should be purchased (Protein levels should be below 50ug/g with accelerator levels of less than 1% - check with your supplier).
- Where employees are sensitised to latex, or may be at increased risk from latex, they should be provided with suitable non-latex gloves and a risk assessment conducted to assess their risk of contact with other latex products.
- Pre-employment health screening should be used to identify those who may be at particular risk from latex, for example because of previous sensitisation or a tendency to allergies.

The most appropriate type of glove to wear depends on the activity being performed and the risks the employee is exposed to. Latex gloves are typically worn because of a risk of contact with bodily fluids. In these situations powder free latex examination gloves with low latex levels are normally suitable.

What should managers do?
Line Managers should ensure that:
- Risk assessments identify those employees who are or may be exposed to latex, particularly those who use latex gloves.
- Only gloves meeting the requirements of this guidance are purchased. Employees receive information and instruction about the risks associated with latex and the control measures that they should follow.

What information should employees receive?
Employees should be made aware of any risk from using latex gloves. Additionally Line Managers will need to ensure that employees:

- Are aware of the need for good hygiene practices, such as washing hands after removing gloves and not using barrier creams in conjunction with latex gloves as they may increase the penetration of allergens.
- Understand the risks of exposure to latex.
- Recognise the symptoms of latex sensitisation and know what to do if they think they are affected.

Appendix 3

Extract from:
Guidance for safer working practice for those working with children and young people in education settings
Produced by the Safer Recruitment Consortium, October 2015

24. Intimate Care

All children have a right to safety, privacy and dignity when contact of an intimate nature is required (for example assisting with toileting or removing wet/soiled clothing). A care plan should be drawn up and agreed with parents for all children who require intimate care on a regular basis.

Children should be encouraged to act as independently as possible and to undertake as much of their own personal care as is practicable. When assistance is required, staff should ensure that another appropriate adult is in the vicinity and is aware of the task to be undertaken.

Additional vulnerabilities that may arise from a physical disability or learning difficulty should be considered with regard to individual teaching and care plans for each child. As with all arrangements for intimate care needs, agreements between the child, their parents/carers and the organisation must be negotiated, agreed and recorded. In addition, the views and/or emotional responses of children with special educational needs, regardless of age and ability must be actively sought in regular reviews of these arrangements.

This means that adults should:

- *adhere to the school's intimate care guidelines*
- *make other staff aware of the task being undertaken*
- *explain to the child what is happening*
- *consult with colleagues where any variation from agreed procedure/care plan is necessary*
- *record the justification for any variations to the agreed procedure/care plan and share this information with parents.*

Appendix 4

Glossary of terms

Enuresis: is an inability to control the flow of urine. The usual definition of nocturnal enuresis is bedwetting over the age of five years.

> **Primary nocturnal enuresis (bed wetting):** when a child has never developed complete night-time bladder control
> **Secondary nocturnal enuresis:** when a child has accidental wetting after having bladder control for six or more months.

Bedwetting occurs on most nights in 15% of five year olds and is still a problem for up to 3% of 15 year olds. (www.bupa.co.uk)

For further information see:
Enuresis Resource and Information Centre (ERIC)
0117 969 3060
http://www.enuresis,org,uk

The Continence Foundation
0845 345 0165
http://www.continence-foundation.org.uk

'*Three in every 100 children entering primary school at five years will still be soiling. Between seven and eight, about two out of 100 children are soiling. At 12 years, about 1 in 100 boys (and some girls) are still soiling. Because of the shame about the problem and the attempt by some families to keep this a secret the figures quoted are likely to be under estimates.*'
The British Psychological Society.

Constipation: The term constipation is used to describe delayed defecation, painful defecation, and the degree of hardness of the stool. Chronic constipation leads to loss of muscle tone, an enlarged bowel and failure to recognise and respond to the messages from the anal nerves that there is a need to go to the toilet.

Constipation with over flow (soiling) sometimes called Encopresis: The longer faeces stays in the bowel the more water is drawn out and the harder it gets. Stools collect in the rectum and block the passage of softer stools building up behind. Watery faeces seep through the blockage resulting in frequent episodes of soiling. This soiling is often mistaken for Diarrhoea.

Encopresis: Often associated with behavioural problems, this term is normally used to describe a condition where the child passes a stool anywhere but in the toilet.

Anal Fissure: This is a tear in the inside lining of the wall of the anus, running from the outer margin of the exit directly upwards. The main symptom is a burning pain on defecation. This may be very severe and last for some hours afterwards. This is often a reason why a few young children are reluctant to use the toilet and become constipated as a result.

Hirschsprung's Disease: A Genetic disorder caused by the absence of nerve cells in the wall of the bowel. The portion of the bowel that is without nerve cells does not work and normal peristalsis does not take place. Surgery may take place shortly after birth to remove the diseased segment. Or for some daily rectal washout may be used until the constipation is resolved. Children not diagnosed at birth might present with:

- Chronic constipation from infancy
- Bouts of diarrhoea
- Abdominal distension
- Abdominal pain/discomfort
- Failure to thrive

Inflammatory Bowel Disease: This includes Ulcerative Colitis and Crohn's Disease. Both are chronic illnesses that involve severe inflammation of the digestive tract. However, Crohn's disease tends to be the more serious of the two.

Ulcerative Colitis: This mainly affects the lining of the large intestine, which becomes inflamed, swollen and covered in ulcers.

Crohn's Disease: The onset of Crohn's is often gradual with pain and swelling in the appendix area due to inflammation of the tissues usually in the small intestines. However the disease can manifest itself anywhere along the digestive tract including the mouth and anus, but is most commonly found in the small and large intestine. Symptoms of Crohn's vary greatly but can include severe abdominal pain, vomiting and nausea, persistent diarrhoea, dramatic weight loss, tiredness anaemia, and mouth ulcers. Sometimes symptoms do not suggest bowel disease at all with a child or young adult feeling very lethargic with loss of appetite, joint pains, skin rash or failure to grow or develop puberty.

Coeliac Disease (also Known as Celiac Disease): This is an inflammatory condition caused by sensitivity to the protein in gluten, which is found in wheat, rye and barley. The condition is very common and can be kept under control by a strict gluten-free diet.

For further information contact Coeliac UK Tel 01494 437278
http://www.coeliac.co.uk

NHS Direct online Health Encyclopedia

Appendix 5

Intimate Care/Toileting Support

Date	Name	Year group	Details of support given	Staff involved

Records to be destroyed after:	