

TOILET AND NAPPY CHANGING POLICY (Intimate Care) January 2020

This policy should be read in conjunction with the following:

- Intimate Care Policy
- ISP Safeguarding Policy
- Safeguarding and Child Protection Procedures
- Staff Code of Conduct
- Keeping Children Safe in Education (September 2019)
- Whistle-blowing Policy
- Health and Safety Policy and Procedures
- Special Educational Needs Policy

1. Rationale

We believe in getting it right for every child, ensuring that all children are Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included. We also believe every child has a right to be dry and clean. They should be free from urine and faeces which can cause rash, irritation and infection. This policy ensures parents and staff work together when considering the needs of individual children, valuing different cultures, beliefs and ideas.

1. We will welcome children, who still wear nappies and/or are toilet trained.
2. Permission to change a child will be requested in the form of an "Intimate Care Plan" if it is to change a nappy or a signature may be requested for a change of clothes when wet through a toilet accident or during play.
3. Staff will obtain a full disclosure and attend child protection training before they support a child at the toilet.
4. The school will provide the correct equipment to enable the children to be changed hygienically and in comfort. E.g. changing mat, wipes, nappy sacks, spare clothes. Parents will be encouraged to leave their own items on the child's pegs as some children feel more reassured and comfortable in their own nappies/clothes.
5. Equipment such as a step, potty and trainer toilet seat will be available to encourage independence skills, at a pace regulated to meet individual stages of development.
6. We will respect the rights of the children to have as much privacy as possible.
7. We will display and encourage hygiene practice with all our children.

2. Nappy Changing Principles

The following are the fundamental principles upon which our policy guidelines are based:

1. Children will be checked regularly to ensure no child is left wet or soiled.
2. Children will be taken away discreetly.
3. We will ensure that nappies are changed and disposed of hygienically.

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4. The nappy changing area will be separate from food preparation and eating areas. A changing mat will be used at all times. It will be smooth, non-absorbent and easy to clean.
5. All the necessary resources will be gathered together, then staff wash their hands and use PPE (personal protective equipment) – single use disposable apron and disposable gloves.
6. Nappy changing will follow the safe nappy-changing guidelines attached
7. We will dispose of soiled nappy into an individual nappy sack. All nappies should be double-bagged.
8. Non-disposable nappies will be placed directly into a plastic bag to give to parents. Soiled faecal matter may be disposed of into the toilet.
9. We will never rinse or wash non-disposable nappies or pants because the risk of splashing may cause microbes to spread.
10. We will put a clean nappy on the child. If creams are used they will be supplied by parents and be for individual use only. This will be noted on our "Intimate Care Plan".
11. Gloves will be removed after disposing of nappy and cleaning the child, then we will support the child to dress.
12. We will take the child back to the play environment.
13. We will clean changing area using hot soapy water, dry it with paper towels then use spray sanitiser. If body fluids are present staff to use PPE (personal protective equipment)

3. Toilet Training

1. As children show readiness to toilet train, parents are encouraged to discuss an appropriate, consistent approach that can be implemented both at home and in the school.
2. Staff will value and listen to parents differing methods of toilet training and work together to offer support.
3. Children's preferences will be taken into account and praise and reward methods if deemed appropriate will be put in place, after discussion with child and parents.
4. Regular discussion and sharing of information will take place, in a confidential manner.
5. Advice may be sought from Health visitor or other Professionals to aid with the toilet training process.

4. Use of Potties

1. After the child has used the potty, staff to put on PPE (personal protective equipment) and put the contents of the potty down the toilet.
2. Residue to be removed with toilet roll and flushed down the toilet.
3. Potty to be cleaned with detergent and water or paper towels with detergent and hand hot water.
4. Dry with paper towel.
5. Remove PPE (personal protective clothing), wash hands then help the child to wash hands.
6. If sink used to clean potty then the sink must be disinfected after use.

5. School Responsibilities

All staff working with children are subject to the appropriate Disclosure and Barring Checks. This includes student teachers on work placement and volunteers. Only those members of staff who are familiar with the intimate care policy and other pastoral care policies of the school are involved in the intimate care of children.

Where anticipated, intimate care arrangements are agreed between the school and parents and, if appropriate, by the child.

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Consent forms (see appendix 1) are signed by the parent and stored in the child’s file. Only in an emergency would staff undertake any aspect of intimate care that has not been agreed by parents and school. Parents would then be contacted immediately.

Intimate care arrangements should be reviewed at least six monthly. The views of all relevant parties should be sought and considered to inform future arrangements.

If a staff member has concerns about a colleague’s intimate care practice he or she must report this to the Designated Leader for Safeguarding and Child Protection (DSL) or their deputy (DDSL).

DSL	Susan Basham-Gamble	Head of Boarding
DDSL	Tracey Skinner	Head of Primary
DDSL	Philip Baldwin	Head of Pastoral Care

4. Guidelines for Good Practice

All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff and apply to every member of staff involved with the intimate care of children. Young children and children with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs.

Staff also need to be aware that some adults may use intimate care as an opportunity to abuse children. It is important to bear in mind that some forms of assistance can be open to misinterpretation.

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

- Involve the child in the intimate care.
- Where relevant, it is good practice to agree with the child and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.
- Try to encourage a child’s independence as far as possible in his or her intimate care.
- Where a situation renders a child fully dependent, talk about what is going to be done and give choices where possible.
- Treat every child with dignity and respect and ensure privacy appropriate to the child’s age and situation.
- Care should not be carried out by a member of staff working alone with a child. Two staff members should **always** be present.
- Make sure practice in intimate care is 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.
- Ensure any incidents where a child has received intimate care are reported to parents.
- If the intimate care is a regular, planned event there should be regular communication between home and school. This may be in the form of a home-school book, or a more formal record kept in the case of child with specific medical needs. In this case the School Nurse may be involved and may support staff and parents by advising what sort of information should be recorded, and monitoring the provision in school.
- Be aware of your own limitations. Only carry out activities you understand

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and feel competent with. If in doubt, ASK. Some procedures must only be carried out by members of staff who have been formally trained and assessed.

- Promote positive self-esteem and body image. Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.
- If you have any concerns you must report them. If you observe any unusual markings, discolouration or swelling report it immediately to a DSL/DDSL.
- If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to a DSL/DDSL.
- Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's personal file and Safeguarding Log.

This policy is to be reviewed every two years in conjunction with the School Nurse and DSL.

Appendix 1.

INTIMATE CARE PLAN

Child's Name:	DOB	School: Primary/Secondary
Reasons for the plan:		
Level of Supervision:		
When		
Where		
By		
Communication strategies with the child		
Facilities and equipment		
Equipment required		
If on a toilet training programme, list details:		
Arrangements when off-site (if applicable)		

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This plan was completed by:	
Name:	Role:

This plan has been agreed by:			
Designation	Name	Signature	Date
Parent/Carer			
Headteacher			
Teacher			

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