

### **INTIMATE CARE AND TOILETING POLICY**

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5	Social Story for Toileting
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**Written: April 2016**  
**Review date: April 2019**

*This policy is made available to the North West community from the school office.*

North West London Jewish Day 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.

### **Rational for this Policy Intimate 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 our mainstream setting. A number of these pupils require adult assistance for their personal and intimate care needs.

### **Aims:**

- To safeguard the right and promote the welfare of children
- To provide guidance and reassurance to staff whose role includes intimate care
- To assure parents that staff are knowledgeable about personal care and that their individual concerns are taken into account

Children's intimate care needs cannot be seen in isolation or separated from other aspects of their lives. Encouraging them to participate in their own intimate or personal care should therefore be part of a general approach towards facilitating participation in daily life.

### **The Role of the Governing Body**

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.

### **Definition of 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 unable to do.

Intimate care tasks specifically identified as relevant include:

- Dressing and undressing (underwear)
- Helping someone use a potty or toilet

- Changing nappies
- Cleaning/wiping/washing intimate parts of the body

### **Definition of Personal Care:**

Although it may not involve touching another person, it is less intimate and usually has the function of helping with personal presentation.

Personal care tasks specifically identified as relevant include:

- Feeding
- Administering oral medicine
- Hair care
- Dressing and undressing (clothing)
- Washing non-intimate body parts
- Prompting to go to the toilet

### **Parental responsibility**

Partnership with parents is an important principle in any educational setting and is particularly necessary in relation to children needing intimate care. Much of the information required to make the process of intimate care as comfortable as possible is available from parents. Prior permission must be obtained from parents before Intimate Care procedures are carried out (see appendix 3). 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 Individual Educational Plans (IEPs), Health and Care Plans 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.

### **What the school expects of parents:**

- Parents/carers will endeavour to ensure that their child is continent before admission to school (unless the child has additional needs).
- Parents/carers will discuss any specific concerns with staff about their child's toileting needs.

- Parents/carers must inform the school if a child is not fully toilet trained before starting school, after which a meeting will then be arranged to discuss the child's needs.
- Parents accept that on occasions their child may need to be collected from school.

### Staff Responsibilities

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.

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 any support and/or training programme requested by a child's GP and/or the school doctor or parent.

Permission is sought as children enter Early Years Foundation Stage (EYFS) and slips are kept on record. All FS staff are informed of those children where no permission is given. Where a child has continuing incontinence problems (i.e. 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.

EYFS staff have access to a private 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, which they must do. If a child soils him/herself during school time, one member of the FS staff (teacher, NNEB, practitioner, meals supervisor) will help the child.

Members of staff and parents also support the children in the EYFS to get ready/changed for swimming. All parent helpers have a DBS.

## Health and Safety

North West has procedures to ensure health and safety are of paramount importance when dealing with intimate care. These include the following:

- Staff to wear fresh disposable aprons and gloves while changing a child
- Soiled nappies/pull ups securely wrapped and disposed of appropriately.
- Changing area/toilet to be left clean
- Hot water and soap available to wash hands as soon as changing is done
- Paper towels to be available to dry hands

Intimate care can also take substantial amounts of time but should be an enjoyable experience for the child. It is essential that every child is treated as an individual and that care is given as gently and as sensitively as possible. Children should be treated with dignity and respect and given privacy appropriate to the child's age and situation.

When removing 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. 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 the member of staff responsible for him/her is aware of the situation, she/he will clean the child. The member of staff responsible will check the child regularly and to 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.

Our approach to best practice for ultimate care needs over and above accidents.

The management of all children with intimate care needs will be carefully planned.

Where specialist equipment and facilities 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.

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.

Intimate care arrangements will be discussed with parents/carers on a regular basis recorded on the care plan. If the pupil is on the school's SEN register the care plan will be updated annually during their annual review.

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 contacted the same day.

This information should be treated as confidential and communicated in person, via telephone or by sealed letter.

**Safeguarding/Child Protection**

The governors and staff of North West London Jewish Day School recognise that 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 Designated Person for Child Protection in accordance with the school's CP policy.

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

If a child makes an allegation about a member of staff this will be investigated in accordance with agreed procedures.

**This policy must be reviewed every 3 years, including an update and review of procedures and their implementation, or more regularly if required.**

This policy was presented to the Governing Body and ratified:

Head Teacher [Signature] Date 15th July 2016  
Chair of Governors Sheela A Taylor Date 15/07/16

**Appendix 1**

**PERMISSION FOR SCHOOLS TO PROVIDE INTIMATE CARE**

I understand that;

I give permission to the school to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting

I will advise the Head Teacher of any medical complaint my child may have which affects issues of intimate care

Name.....

Signature.....

Relationship to child.....

Date.....

Child's Surname.....

Child's Forename.....

Male/Female.....

Date of birth.....

Parent/carers name.....

Address.....

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## Appendix 2

### Individual Healthcare Plan

Name of School/Setting \_\_\_\_\_

Child's name \_\_\_\_\_

Group/Class/Form \_\_\_\_\_

Date of Birth \_\_\_\_\_

Child's Address \_\_\_\_\_

Medical Diagnosis or Condition \_\_\_\_\_

Date \_\_\_\_\_

Review date \_\_\_\_\_

### CONTACT INFORMATION

Family contact 1		Family contact 2	
Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	

Clinic/Hospital contact

GP

Name \_\_\_\_\_

Name \_\_\_\_\_

Phone No. \_\_\_\_\_

Phone No. \_\_\_\_\_

**Describe medical needs and give details of child's symptoms:**

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**Daily care requirements: (e.g. before sport/at lunchtime)**

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**Describe what constitutes an emergency for the child, and the action to take if this occurs:**

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**Follow up care:**

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**Who is responsible in an Emergency: (State if different for off-site activities?)**

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Form copied to:

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*\*(the Plan has been cited from 'Managing Medicines in Schools and Early Years Settings, DfES, 2005' which has since been superseded by 'Supporting pupils at school with medical conditions - Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, September 2014')*

Appendix 2 Continued

INTIMATE CARE PLAN

<b>Name</b>	
<b>Date</b>	
<b>Date of Birth</b>	
<b>Assessor</b>	
<b>Relevant Background Information</b>	
<b>Setting</b>	Hygiene Suite Toilet
<b>Consent given</b>	
<b>Identified need – specific individual requirement e.g. cream applied</b>	
<b>Communication</b>	Use of symbols? Signs? Verbal prompts? Object of reference etc.?
<b>Self-care skills</b>	Fully dependent/aided Supported/independent
<b>Mobility</b>	Independent/steady/grab rail Unsteady/wheelchair user
<b>Fine motor skills</b>	Can do – tapes/zips/buttons/taps/towels/adjust own clothing
<b>Moving and handling Assessment Step by step guide to what happens</b>	Tracking/mobile hoist or S, M, L or own sling in chair transfer using Mobile hoist. Walking frame/support to table/physical turntable
<b>Facilities</b>	Environment to provide dignity safety Curtain Hand washing
<b>Equipment</b>	Gloves, wipes, aprons, waste bins foot operated Rise and fall bed. Changing mat/moving and handling equipment. Continance produce/nappy size/paper towels/liquid soap/spray cleaner
<b>The disposal of soiled articles of clothing as agreed with parents/carers</b>	Solid waste into the toilet. Clothes sent home in tied plastic bag. Indicate in bag or in diary contents of bag.
<b>Frequency of procedure required</b>	On arrival/mid-morning/lunchtime/midafternoon/ whenever necessary/on request
<b>Review date</b>	Whenever needs change

**ADVICE ONLY**

If your child needs cleaning, plain water will be used with a few drops of liquid cleanser added to the water. Name of liquid cleanser –

Please advise if this is not suitable for your child and send in an alternative. **I/we have read, understood and agree to the plan for Intimate Care**

Signed .....

Name.....

Relation to child .....

Date .....

**Appendix 3**

**CHANGING RECORD**

PUPIL \_\_\_\_\_

WEEK BEGINNING \_\_\_\_\_

W (wet), D (dry), B (bowels open), M (menstruation), U (urinated), S (soiled)

DAY/ DATE	TIME	SIGNATURES	W, D B, M U, S	COMMENTS/OBSERVATIONS Eg – skin impairment – changed bowel or urinary pattern

Please remember - if you have any concerns, then please discuss immediately with a senior member of staff or child protection coordinator

**Appendix 4**

**Comic Strip Pictorial Visual Prompts to support Toileting**



**Appendix E**





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## Appendix 5

### Using the Toilet Social Story

Sometimes I have to wee.

I go to the toilet when I have to wee.

Sometimes I have to poo.

I go to the toilet when I have to poo.

When I go in the toilet, I pull my pants down. I sit on the toilet.

Sometimes I wee in the toilet.

Sometimes I poo in the toilet.

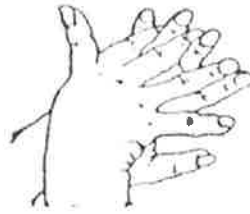
When I am finished going wee and poo, I wipe my bottom with toilet paper. Sometimes I have to wipe again. I wipe to make my bottom clean and dry.

After I wipe, I drop the dirty toilet paper in the toilet. I flush the toilet. I go to the sink and wash my hands with soap and water. I dry my hands.

**Appendix 6**  
**Hand Washing Technique**



1 Palm to Palm



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



3. Palm to palm fingers interlaced



4 Right palm over left dorsum and left palm over right dorsum



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



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

