



"Opening doors to the future"

CYNGOR BWRDEISTREF SIROL MERTHYR TYDFIL

MERTHYR TYDFIL COUNTY BOROUGH COUNCIL

GREENFIELD SCHOOL

Toileting Contenance and Intimate Care Policy



‘ Opening Doors To The Future ’

‘ Agor drysau i’r dyfodol’

Original Completion Date

January 2024 Carol Conway

Our Vision

'Opening Doors To The Future'

Our Mission Statement

In Greenfield we aim to create a strong sense of belonging within our pupils that extends to our families and local community. We will share in each other's successes and support each other in our aspirations to achieve. Together we will nurture confident, happy and independent pupils who show positive Greenfield values as they continue their journeys into the future.





Aims

- To develop pupils' communication skills
- To use technology to impact positively upon quality of life
- To develop pupils' independence and ability to communicate their choices
- To inspire a love for learning
- To provide a meaningful curriculum for all
- For pupils to value themselves and others
- To try new things and overcome challenges
- To foster a sense of belonging to a community
- For pupils to develop an increasing understanding of their role and responsibilities in life
- To respect the needs and rights of others as a member of our community

We Value

- Communication
- Kindness
- Creativity
- Respect
- Well-being
- Effort

Our vision and values have been developed using the UN Convention on the Rights of the Child (UNCRC) as our guide, to create a safe and inspiring place to learn, where children are respected, their talents are nurtured and they are able to thrive. Our vision and values also compliment the 'Four Purposes of Learning' which underpin Curriculum for Wales. The Four Purposes are the shared vision and aspiration for every child and young person in Wales and support our pupils to become;

Ambitious Capable Learners 	Healthy Confident Individuals 	Enterprising Creative Contributors 	Ethical Informed Citizens 
--	---	---	---



"Opening doors to the future"

Toileting and Continence

Definition of Disability in the Disability Discrimination Act (DDA)

The DDA provides protection for anyone who has a physical, sensory or mental impairment or medical condition that has an adverse effect on his/her ability to carry out normal day-to-day activities. The effect must be substantial and long-term. It is clear therefore that anyone with a named condition that affects aspects of personal development must not be discriminated against. However, it is also unacceptable to refuse admission to other children who are delayed in achieving continence. Delayed continence is not necessarily linked with learning difficulties. However, children and young people with global developmental delay, which may not have been identified by the time they enter nursery or school, are likely to be late achieving independence with toileting; some may never achieve independence with toileting.

School Admission

This school recognises our obligation to meet the needs of children and young people 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.

At Greenfield School no child is refused admission due to toileting or continence issues. Prior to admission each parent has an appointment with the school nurse where any toileting or continence issues may be discussed and a plan put in place to support any special toileting needs that a pupil may have, prior to school entry.

Before the child begins attending the school will:

- The School Nurse will gather information from parents, child and any professionals involved.
- Establish effective partnership with parents/carers, child and any professionals involved.
- Focus on health and safety implications and determine whether a risk assessment is required.

- Decide, in consultation with parents/carers, whether any further advice is required from Health or the Additional Learning Needs Team
- Should a child with complex continence needs be admitted, the Health Visitor and Specialist Nurse for Disabled Children will need to be closely involved in forward planning and specific training for the individual child.
- Arrange for any specialist advice, training, resources to be in place before the child begins attendance.
- Agree a plan with parents/carers and child which will work towards maximum independence and support the child's attendance in the educational setting and make a written note of the agreement.
- Make sure that all staff are informed and clear about their responsibilities.
- Arrange for all parties to monitor and review the plan regularly to ensure it is still appropriate and meeting the changing needs of the child.

Health and Safety

The school has Hygiene and Infection Control advice as part of our Health and Safety policy. This is a statement of the procedures we will follow in case a child accidentally wets or soils themselves or is sick while on the premises. The same precautions will apply for nappy changing.

Each individual case of incontinence must be judged on its own merits. Children may wet themselves or soil themselves in very different circumstances either on:

- an irregular basis due to being unable to hold the bladder or bowel, infection: in these circumstances if a child is distressed or ill then parents will be asked to take their child home
- a regular basis due to a health condition or continence not being achieved: in these circumstances the school may request extra resources to meet this child's special needs and will cater for their needs in school.

School toileting facilities

There are a number of toilet facilities across the school which will cater for the wide range of need that the school has to meet on a daily basis. The school has: -

- Age-appropriate toilet facilities from 3 - 19
- Disabled toilets

- Height adjustable changing beds
- Ceiling hoisted changing facilities.
- Mobile hoisted changing facilities

Procedures for using toilet facilities: -

- Always wear an apron and dispose of after one use.
- Always wear disposable gloves and dispose of after one use.
- Dispose of all nappies in yellow Cannon sanitary waste bins
- Spray bed with disinfectant and wipe after each child using Conti Cleansing Wipes.
- If necessary, soiled under clothes should have any contents put down the toilet and place in a nappy sack and returned home to parents.
- Store all toxic products up out of children's reach.
- Please return hoist to original position for charging and ensure controls etc are out of reach.
- Please ensure that the changing area or toilet is clean and tidy when you leave.

In order to deal with a situation where a child accidentally wets or soils themselves, or is sick while on the premises: -

- *The child will be cared for by a member of the team.*
- Changing will take place in the *appropriate changing facility.*
- Resources will be provided and kept in each changing facility.
- Resources to be provided by the school: disposable aprons and gloves, plastic bags for contaminated clothing, cleansing wipes, soap, towels, paper towels available for drying hands.
- If difficulties persist then the school nurse will be involved to investigate recurring incidents.
- The use of any anti-allergic creams according to specific needs of individual child will be provided by parents. Parents must check to see creams supplied are not out of date. Creams must be clearly labelled by the parent with the child's name. These creams will be kept in the changing facility in individually named boxes.
- Wet or soiled disposable nappies or disposable pants should be double wrapped and disposed of directly into the yellow Canon Sanitary Waste bins.
- Sanitary pads will be disposed of in an appropriate sanitary bin.
- Soiled clothing will be wrapped and stored in a suitable place and sent home to be dealt with by parents the same day.
- Hygiene measures are set out in the school safety policy.
- Staff have a duty of care and would report concerns to the Child Protection Coordinator if they notice marks or injuries or suspect improper practice.
- Staff will maintain the confidence and dignity of pupils while they are being cared for.
- The teacher will review arrangements with parents if accidents are frequent.

Intimate Care Procedures

Definition

Intimate care can be defined as any care which involves, washing, touching or carrying out an invasive procedure that most young people usually carry out for themselves but are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with dressing and undressing (underwear), changing incontinence pads and nappies, menstrual management as well as helping someone use the toilet or washing intimate parts of the body.

It also includes supervision of pupils involved in intimate self-care.

Child focused principles of intimate care.

The following fundamental principles upon which the Policy and Guidelines are based pay due regard to the United Nation Convention on the Rights of the Child (UNCRC):

- Every child has a right to be safe
- Every child has the right to personal privacy
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care and to have such views taken into account.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

Best Practice

- The pupils who require regular assistance with intimate care at Greenfield School will have a list one of the following:_
 - A. Individual Development Plan (IDP)
 - B. Health care plans or
 - C. intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapist.

The plans are agreed at a meeting at which all key staff and where appropriate the pupils are present. Any historical concerns (such as past abuse) are taken into account. These plans are reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They are also to take into account procedures for educational visits/day trips.

- Where appropriate, an agreement with the pupil and parents/carers is made as to appropriate terminology for private parts of the body and functions and this will be noted in the plan.
- Where a care plan or IDP is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and wet or soiled him/herself). We recommend that information on intimate care should be treated

as confidential and is **ALWAYS** communicated in person by telephone or by sealed letter, **NOT** through the home/school diary.

- In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (see afore-mentioned multi-agency guidance for the management of long term health conditions for children and young people).
 - Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.
 - These records will be kept in the child's file and available to parents/carers on request.
 - All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.
 - Staff who provide intimate care are trained in personal care (e.g. health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.
 - Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation.
-
- There is careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission is sought before starting an intimate procedure.
 - Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.
 - Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings will be sought and taken into account.
 - Individual member of staff will inform another appropriate adult when they are going alone to assist a pupil with intimate care.
 - The religious views, beliefs and cultural values of children and their families will be taken into account, particularly as they might affect certain practices or determine the gender of the carer.
 - Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research¹ which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the
-

process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.

- Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.
- All staff will be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.
- Health & Safety guidelines are adhered to regarding the disposal of sanitary waste products and Cannon OS currently dispose of this for Greenfield School.
- **No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.**

Child Protection

- The Governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.
- The school's child protection procedures will be adhered to.
- From a child protection perspective, it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.
- Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.
- If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc. s/he will immediately report concerns to the Designated Senior Person for Child Protection at Greenfield School this is the Head Teacher and both Deputy Head Teachers. A clear written record of the concern will be completed and a referral made to the MASH if appropriate, in accordance with the school's child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.
- If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Headteacher. The matter will be investigated at an appropriate level (the Headteacher) and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's policy: Dealing with Allegations of Abuse against Members of Staff and

Volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

- Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

Physiotherapy

- Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the IEP or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.
- Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.
- Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

Medical Procedures

- Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the health care plan or IEP and will only be carried out by staff who have been trained to do so.
- It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.
- Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

Intimate Care Points

To Remember

- Always wear an apron and dispose of after one use.
- Always wear disposable gloves and dispose of after one use.
- Dispose of all nappies in yellow Cannon sanitary waste bins
- Spray bed with disinfectant and wipe after each child using Conti Cleansing Wipes.
- If necessary, soiled under clothes should have any contents put down the toilet and place in a nappy sack and returned home to parents.
- Store all toxic products up out of children's reach.
- Please return hoist to original position for charging and ensure controls etc. are out of reach.
- Please ensure that the changing area or toilet is clean and tidy when you leave.

Safeguarding

The normal process of changing a nappy should not raise safeguarding concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the nappy changing process to ensure that abuse does not take place.

This policy must be read in conjunction with the Intimate Care Policy to ensure that our standards of care are met.

Personnel checks (including CRB) are carried out to ensure the safety of children with staff employed. If there is perceived risk of allegation by a child, then a single practitioner should not undertake nappy changing or other personal care needs. The school will consult the Social Worker whenever planning toilet training or special toileting arrangements for pupils on the Child Protection Register.

A short term supply teacher, LSA or student on placement must not change a nappy as they would not comply with the school's policy.

A long term supply teacher or LSA is permitted to change a nappy but must read the toilet and intimate care policy.

It is more appropriate that female pupils are changed by female staff.

The school aims to provide facilities which afford privacy and modesty in order to maintain the emotional well-being and the dignity of the child when dealing with such intimate and personal needs.

All members of staff are encouraged to remain highly vigilant for any signs or symptom of improper practice, as they would for all activities carried out on site.

Promoting Independence

Older pupils will be encouraged to complete as much of the task themselves as they are able. If the child is fully dependent on an adult, the member of staff will talk to the child about what they are doing and give them choices where possible. Pupils will be issued a toilet pass if appropriate, to ensure they can access the toilet promptly and discreetly.

Roles and responsibilities

The parent / carer:

- Agreeing to ensure that the child is changed at the latest possible time before being brought to school.
- Providing the school with spare disposable nappies or pull-ups, underwear, a change of clothing and any prescribed creams
- Understanding and agreeing the procedures that will be followed when their child is changed at school – including the use of any cleanser or the application of any prescribed cream.
- Agreeing to inform the school should the child have any marks / rash.
- Agreeing to a 'minimum change' policy i.e. the school would not undertake to change the child more frequently than if they were at home.
- Agreeing to adopt a consistent approach between home and school.
- Agreeing to review arrangements should this be necessary.

The school will:

- Identify the key person and staff engaged in the child's personal care.
- Agree the child's care routines with the parents/carers.
- Agree to change the child during a single session should the child soil themselves or become uncomfortably wet.
- Agree how often the child would be changed should the child be staying for the full day.
- Agree to monitor the number of times the child is changed in order to identify progress made.
- Agree to discuss any marks or rashes seen.
- Agree to review arrangements.

Complaints

Parents/carers should inform the Headteacher in the first instance of any concerns, following the normal school's complaints procedure.