



## **INTIMATE CARE AND CHANGING POLICY**

*(adopted Model Carmarthenshire LA Policy)*

## INTRODUCTION

The Disability Discrimination Act (DDA) 2001 requires education providers to re-examine all policies, consider their current practice and revise their arrangements if necessary. It is clear, therefore, that anyone with a named condition that affects aspects of their development must not be discriminated against.

**Refusing to admit any child/young person, because of their incontinence or delayed personal development, is likely to be thought of as discriminatory and therefore illegal under the DDA.**

Education providers have an obligation to meet the needs of children/young people with delayed personal development and incontinence in the same way as they would meet the individual needs of those with delayed language or any other kind of delayed development. These needs may persist over time where medical conditions or significant developmental delay and/or emotional needs impact on incontinence.

Having admitted a child/young person, the setting needs to ensure that this individual is well cared for, including changing nappies, underwear and clothing when necessary. Asking parents/carers to come and change the child/young person is likely to be a direct contravention of the DDA. Furthermore, leaving a child/young person in a soiled nappy/clothes for any length of time, pending the return of the parent/carer, is a form of abuse.

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

Few settings/schools will have the staffing resources to provide two members of staff for nappy/underwear changing. Enhanced DBS checks must be carried out to ensure the safety of children/young people when in the care of staff employed in childcare and education settings.

If there is known risk of false allegation by a child/young person, then a single practitioner should not undertake any intimate care or changing. A student on placement should not change a nappy/underwear or be involved in intimate care.

Setting/school managers are encouraged to remain highly vigilant for any signs or symptoms of improper practice as is the case for all activities carried out on site.

It is advised that settings/schools take steps to minimise both risks associated with nappy changing and toileting and to reduce the likelihood of soiling. Individual care plans are needed for those pupils/young people who are regularly changed due to soiling – see section 3.

## ***The normal development of independent toileting in young children***

Continence is the ability to consciously control the discharge of urine or a bowel movement. Children need to be both physically and emotionally ready to gain bladder and bowel control. Just as children learn in different ways or at different paces, they also develop continence at different ages.

Most children gain night-time and daytime bowel control, as well as night-time dryness, by 3-4 years of age. The majority of children are dry in the daytime by the age of 5 years, possibly with the occasional mishap. Children/young people with additional needs may take longer to become continent and need special provision to help them with toileting.

One in twelve children and young people in the UK struggle with daytime wetting, constipation or soiling problems. It is likely that most educational staff will, at some time, have at least one child/young person in their class who has a wetting or soiling problem (ERIC – Education and Resources for Improving Childhood Continence). These children/young people should be identified by the class teacher and the ALNCo informed. Any child/young person experiencing mishaps when usually dry, should also be noted by the class teacher. This will allow adults to identify any established patterns which should be discussed with the ALNCo.

## ***Guidance on working with parents/carers to achieve independent toileting***

Parents/carers are more likely to be open about their concerns relating to their child's/young person's learning and development and seek help, if they are confident that they and their child/young person are not going to be judged for the any delayed learning. To avoid misunderstandings and help parents/carers feel confident, it is important to be clear this could be drawn up into a Care Plan that identifies the responsibilities and expectations for the setting/school as well as for the parents/carers. Staff should work through the Care Plan with parents/carers immediately soiling or intimate care issues are brought to their attention. The ALNCo should then produce, if necessary, a draft Care Plan to be agreed and signed by the parents/carers.

For example, the parents/carers may:

- Agree to ensure that the child/young person is changed at the latest possible time before being brought to the setting;
- Provide the setting with spare nappies and a change of clothing;
- Understand and agree the procedures that will be followed when their child/young person is changed at the setting – including the use of any cleanser or the application of any cream;
- Agree to inform the setting should the child/young person have any marks/rash;
- Agree to a 'minimum change' policy, that is, the setting would not undertake to change the child/young person more frequently than if he/she were at home;
- Agree to review arrangements should this be necessary – this should be at least termly and may only involve a phone call, by the ALNCo, to the parents/carers to ask if any changes need to be made to the Care Plan. Care Plans should be stored ... *(please insert a location that is available to all staff but not visible to other children/young people or visitors).*

The setting/school staff may:

- Agree to change the child/young person if soiling has occurred or the individual is uncomfortably wet;
- Agree how often the child/young person will be changed;

- Agree to monitor the number of times the child/young person is changed in order to identify progress made;
- Agree to note if the child/young person is distressed and if any marks or rashes are seen and report these to the Safeguarding Officer;
- Agree to review arrangements termly or as necessary;
- Work with parents/carers on a toilet training programme when and if the time is right – see Appendix 3 for Toileting Skills Checklist.

It might be useful, with agreement from parents/carers, to share with Health Visitor and/or School Nurse to give support in the home environment and as well as in the setting/school.

## **GUIDANCE ON MINIMISING RISKS TO CHILDREN/YOUNG PEOPLE**

### ***Written Guidelines***

Settings/schools should have clear written guidelines (policy) for staff to follow when changing/ caring intimately for a child/young person, to ensure correct procedures are adhered to and that individuals are not worried about false accusations of abuse.

Parents/carers should be aware of the procedures the school will follow should their child/young person need changing/intimate care during the time spent in the educational setting. This policy should be shared with parents whose child/young person regularly soils, has clothing changed or is cared for in an intimate way. The specific guidance for individual pupils/young people will be in the form of a Care Plan.

The Care Plan will specify:

- Who will change the child/young person;
- Where changing will take place;
- What resources will be used - cleansing agents or cream to be applied and who supplies the items;
- What infection control measures will be in place i.e. antibacterial wiping of furniture, aprons and gloves;
- What staff will do if the child/young person is unduly distressed by the experience or if the staff member notices marks or injuries;
- What records will be kept when a child/young person is changed and by which member of staff – see Appendix 1;
- A clear statement that **all staff** who change children/young people hold a valid, enhanced DBS check and that only these staff will change children/young people or intimately care for them in the setting/school. It is expected that **ALL STAFF** will hold an enhanced DBS certificate as a matter of course.

Whilst it is not possible to account for all circumstances of intimate care in this policy, it is necessary to consider special circumstances that may arise should a child/young person with complex continence be admitted to the setting/school. In such a case, the general procedures in Appendix 2 are to be followed at all times but the appropriate health care professional may also need to be closely involved in forward planning.

*It will be the responsibility of the ALNCo to coordinate the writing of Care Plans for individuals but parents/carers and **all** staff involved with the pupils/young people will need to have input and be completely aware of the content of the plans.*

### ***Job Descriptions and Human Resources Processes***

It is likely that most of the personal care will be undertaken by teaching assistants or other support staff. There are some settings/schools where teachers also take a turn with this task but we recognise that this does not often happen. Any new posts for teaching assistants or other support staff should have offering personal care to promote independent toileting and other self-care/intimate care skills as one of the tasks within the job description. Existing job descriptions should be amended to reflect this where necessary.

It is recommended that job descriptions include statements such as the following:

- To assist pupils/young people with dressing/changing for activities/personal hygiene including changing;
- The care and welfare of pupils/young people to include toileting, changing and feeding as required.

Training will be given to staff involved in these activities.

Settings/schools are advised to refer to the county's standard job descriptions for teaching assistants/support staff when drawing up or revising job descriptions. These should form the basis for any job description and then be tailored for the specific post. Copies of these job descriptions and their associated person specifications are available from the Human Resources Department.

Every member of staff who undertakes personal care with children/young people should have a valid enhanced DBS checks.

### ***Minimising the likelihood of soiling***

Notwithstanding the fact that some children/young people will have underlying problems that need to be addressed with the support of medical professionals, there are steps which settings/schools can take to reduce the likelihood of children/young people wetting and soiling themselves.

Some children/young people may attempt to reduce their liquid intake to reduce the need to visit the toilet due to concerns surrounding a lack of privacy, unpleasant toilet conditions or not enough time to visit the toilet. These issues are dealt with in more detail below.

### ***Adequate access to clean toilets***

All children/young people need access, throughout the day, to clean toilets but it is also good practice to build toilet reminders into all activities e.g. at breaktime and lunchtime.

However, it is recognised that allowing children/young people access to toilets at all times can be disruptive. Furthermore, some children/young people may abuse such a policy. Also, there are good reasons for encouraging all children/young people to go to the toilet before embarking on a visit. It is worthwhile, however, for settings/schools to consider how to maintain order and discipline in this area, whilst at the same time considering possible long-term health effects for children/young people. No

child/young person should be denied access to the toilet and some children/young people may require a 'Pass' to allow them to go the toilet at any point during the day without specifically requesting permission from an adult.

If the toilets are not clean they will be a deterrent to many children/young people who may 'hold on' until they get home in order to avoid using unpleasant facilities. This holding on can lead to wetting and soiling during the day.

Apart from partial or total refurbishments, which may be a long term solution, the best way of eradicating bad smells is the establishment of a programme of regular cleaning. Toilets deteriorate over time. The worse state they are in, the less carefully pupils look after them and so they deteriorate further. Toilets need to be well maintained, promptly repaired and cleaned adequately (which in most schools will mean at least twice a day) and then pupils/young people need to be encouraged to take responsibility for, and ownership of, them in order to keep them in a reasonable state.

### ***Children under Enuretic Care***

Children/young people under Enuretic Care are advised to drink plenty of fluids during the day and so, during school hours, may require more frequent visits to the toilet. They may also require a 'Pass' to allow them to go the toilet at any point during the day without specifically requesting permission from an adult.

## **ON TRIPS ONLY STAFF SHOULD ACCOMPANY CHILDREN/YOUNG PEOPLE TO THE TOILETS.**

### ***Privacy***

Privacy is a major issue for children/young people. Adequate locks, that are easy to operate and cannot be opened by pupils from the outside, are essential, as are doors/partitions that are high/low enough so that other children/young people cannot look over/under the door.

### ***Care and support for adults involved in intimate care***

Support staff and teaching assistants regularly involved in nappy changing or supporting pupils with self-care/hygiene will attend Manual Handling Courses or be given guidance from others who have been on the course until they are able to attend one. This is to ensure correct and safe procedures with the child/young person when changing them and to ensure they are not putting undue stresses on their own body.

### ***Consent***

All intimate care plans should be developed in a person-centred way involving school, parents/carers, children/young people (where appropriate) and professionals if necessary. All plans should be agreed and signed by all relevant parties and reviewed and amended at regular intervals (minimum annually or following a change of circumstances). Should additional advice or guidance be required, schools are advised to contact the Local Authority Inclusion Team within Education Services.



## **APPENDIX 2**

### **Toileting Procedures**

**Privacy, dignity and safeguarding of children/young people and adults are at the heart of supporting toileting procedures.**

- Children/young people only accompanied to the toilet, **if** needed, and by an adult who has undertaken an enhanced DBS.
- An adult only assists children/young people when necessary and appropriate.
- It may be appropriate for an adult to remain in the vicinity of the toilets.
- Children/young people are encouraged to use toilet paper to wipe themselves.
- Children/young people are encouraged to flush the toilet themselves.
- Children/young people are directed to wash their hands and use soap appropriately.
- Children/young people who have soiled are taken to the designated changing area by an adult who has an enhanced DBS and are changed in an appropriate and safe manner. An additional adult will accompany the children/young person and adult who is to do the changing if appropriate.
- The adult must wear a disposable apron and gloves.
- Changing beds/mats are used and wiped with antibacterial cleaner each time.
- Nappies are put in the nappy bin available which is emptied weekly by the nappy bin company.
- Any wet / soiled clothes are to be given to parents/carers in a plastic bag tied tightly at the top.

The adult should:

- Support the children/young people to gain access to the changing bed and ask them to lie on their side with knees drawn up. (There are times when the child/young person may be required to lie on their back however the adult must consider whether a shower may be a better alternative).
- Wipe legs, back and cheeks of the buttocks before cleaning more intimate areas. At no point should the adult wipe invasively or deeply. At no point should the vagina or anus be wiped to an extent where the child/young person feels vulnerable or these orifices are felt to have been violated in any way.
- If in doubt ring the parent or seek advice from a senior member of staff.

**APPENDIX 3 – to be used as and when appropriate**

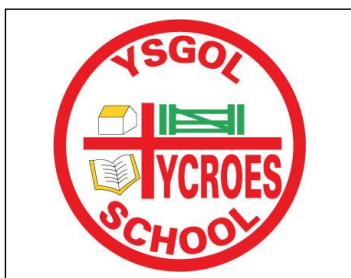


## TOILETING SKILLS CHECKLIST

NAME:	Year:	DOB:	Achieved
Awareness of toileting needs			
In nappies / pull-ups			
Has periods of being dry			
Some regularity in wetting / soiling			
Pauses while wetting / soiling			
Shows some indication of awareness of soiling			
Shows some indication of awareness of wetting			
Understands signs / words given for communicating toileting needs e.g. toilet, potty, wet, dry, wee, poo			
Can express some appropriate signs / words to communicate toileting needs			
Needs physical aids / support to access the toilet area			
Can access the toilet area with prompts			
Can access the toilet area independently			
Feels comfortable and relaxed in the toilet area			
Needs physical assistance to follow toilet routines e.g. lining up to go there, hand washing etc.			
Needs some prompting to follow toilet routines			
Follows some toilet routines independently			
Will fetch and pass required changing items e.g. nappy, wipes etc.			
Cooperates with having clothes removed / pulled down by appointed adult, for changing purposes			
Cooperates with having nappy changed			
Cooperates with cleaning up procedures			
Will sit on the potty with nappy on, with physical support			
Will sit on the potty with nappy on, unaided			
Will sit on the potty with nappy off, with physical support			
Will sit on the potty with nappy off, unaided			
Needs physical aids / special supports to enable sitting on the toilet			
Will sit on the toilet with nappy on, with physical support			
Will sit on the toilet with nappy on, unaided			
Will sit on the toilet with nappy off, with physical support			
Will sit on the toilet with nappy off, unaided			
Has passed urine into potty			
Has had bowel movement on potty			
Has passed urine on toilet			
Has had bowel movement on toilet			
Can independently complete pulling down trousers from:			
Calves			
Knees			
Thighs			
Hips			
Waist			



Can independently complete pulling underwear from:	Achieved
Calves	
Knees	
Hips	
Waist	
Girls: Can lift skirt and pull down all necessary clothing independently	
Boys: Can pull down all necessary clothing independently	
Will put toilet lid/seat in appropriate position	
Will sit on the toilet and pass urine on a regular basis	
Will stand at urinal/toilet to pass urine	
Will sit on the toilet for a bowel movement on a regular basis	
Needs assistance to get off the toilet	
Will get off the toilet without assistance	
Will get toilet tissue appropriately	
Will wipe themselves with tissue	
Will throw tissue in the toilet	
Will flush the toilet	
Will replace toilet seat / lid appropriately	
Will independently complete pulling underwear from:	
Hips	
Thighs	
Knees	
Calves	
Will independently complete pulling trousers from:	
Hips	
Thighs	
Knees	
Calves	
Can manage fastenings independently	
Girls: Can rearrange skirt appropriately	
Needs prompting to wash hands	
Needs help to roll up sleeves	
Can roll up sleeves independently	
Needs help to operate taps	
Will operate taps independently	
Will hold hands under water for appropriate length of time	
Will put soap on hands with help	
Will put soap on hands independently	
Rinses off soap	
Needs assistance to dry hands on towel	
Dries hands independently and appropriately	
Puts used towel in bin with prompting	
Puts used towel in bin without prompting	
Will follow all toilet routines regularly with prompts and reminders	
Has frequent accidents	
Has occasional accidents	
Will follow all toilet routines independently	
Needs prompting to return to class	
Returns to class independently	



**INDIVIDUAL HEALTHCARE PLAN/CYNLLUN GOFAL IECHYD UNIGOL**

**Enw / Name:**

**Dyddiad Geni / Date of Birth:**

**Prif gyflwr (cyflyrau) / Main condition(s):**

**Enw ysgol / Name of School:**

**Dosbarth / Class:**

**Dyddiad cynllun / Date of plan:**

**Dyddiad Adolygu / Review Date:**

**Rhesymau dros adolygu'n gynnar / Reasons to review early:**

**Manylion Cyswllt / Contact Information**

**Cyswllt Teulu / Family Contact 1:**

**Cyswllt Teulu / Family Contact 2:**

**Cyswllt Ysbyty / Hospital Contact:**

**Cyswllt Meddyg / G.P:**

**Disgrifiad o'r cyflwr a manylion symptomau'r unigolyn /**

**Description of condition and details of pupil's individual symptoms**

**Impact Statement (jointly produced by health and education professionals outlining effect on learning and how this can be kept to a minimum).**

**Anghenion Gofal Dyddiol (Gweithredoedd sydd angen – Pwy? Beth? Pryd?)**

**Daily Care Requirements (Actions Required - Who? What? When?)**

Plentyn i / *Pupil to:*

(Ble mae'n bosib dylai annog annibyniaeth hyd yn oed os oes angen goruchwyliaeth. Os yw'n gwrthod nid yw gorfodi ond i gysylltu gyda rhieni yn syth er mwyn gwneud trefniadau gwahanol / *Where possible independence should be encouraged even if supervision is required. If refusal, not to be forced but parents to be informed for alternative arrangements to be made.*)

Ysgol i / *School to:*

Rhieni i / *Parent to:*

**Disgrifiad o beth yw argyfwng a pa weithred sydd angen os bydd angen**

**Describe what constitutes an Emergency for the person, and the action to take if this occurs**

**Gofal dilyn lan (Pwy? Beth? Pryd?) / Follow up care (Who? What? When?)**

**Pwy sy'n gyfrifol? / Persons Responsible:**

**Cymorthyddion Cyntaf / First Aiders:**

**Hyfforddiant / Training:**

**Pwy sydd i dderbyn? / Form copied to:**

**Ble cedwir y cofnodion? Where will records be kept?**

**Disgybl / Pupil** \_\_\_\_\_ **Dyddiad / Date:** \_\_\_\_\_

**Rhiant / Gofalwr / Parent / Carer:** \_\_\_\_\_ **Dyddiad / Date:** \_\_\_\_\_


**Addysg / Education:** \_\_\_\_\_ **Dyddiad / Date:** \_\_\_\_\_

**Iechyd / Health:** \_\_\_\_\_ **Dyddiad / Date:** \_\_\_\_\_

*If a learner has ALN the IHP should link with the IEP, IPP+, IDP or Statement.*

## POLICY REVIEW

This policy will be reviewed in July 2025, or earlier if required.

<b>Headteacher:</b>		<b>Date:</b>	July 2023
<b>Chair of Governing Body:</b>		<b>Date:</b>	

**APPENDIX 1**

**APPLICATION FOR TIME OFF**

The School Governors or nominated person has the authority to grant up to **TEN\*** days leave with pay on compassionate grounds. Additionally they have the authority to grant up to twelve months **unpaid leave** dependant on the needs of the service. Headteachers and senior managers are asked to make the recommendation in each case.

*\*Ten days for bereavement leave will only be paid in exceptional circumstances*

This form must be **fully** completed for consideration to be given to the application and should be submitted at the earliest opportunity.

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Name: \_\_\_\_\_ Employee No.: \_\_\_\_\_

Job Title: \_\_\_\_\_ School: \_\_\_\_\_

UNPAID LEAVE		
No. of Days	Dates	Reason(s)

PAID or COMPASSIONATE LEAVE		
No. of Days	Dates	Reason(s)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



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For completion by Line Manager / Headteacher

COMMENTS:

APPROVED / NOT APPROVED Signed: \_\_\_\_\_

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

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For completion by Headteacher / Governor

COMMENTS:

APPROVED / NOT APPROVED Signed: \_\_\_\_\_

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

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