



## Procedure for intimate care, toilet training and changing soiled pupils

# The Mosley Academy



At The Mosley Academy our policies and procedures have been written to comply, appropriate, with the General Data Protection Regulations – GDPR 2018. Further information regarding GDPR is available on the school website.

**Reviewed: 8.09.2022**

This policy will be reviewed in the Summer Term 2023

**Be the Best That You Can Be**

## Definitions

**Personal care** is defined as those tasks which involve touching, including skin care, applying external medication, feeding, administering oral medication, hair care, dressing and undressing, washing non-personal body parts and prompting to go the toilet.

**Intimate care** is defined as those care tasks associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure to the genitals including such tasks as dressing, undressing, helping with use of the toilet, changing continence pads/nappies, bathing/showering and washing personal and intimate parts of the body.

## Aims

**The purpose of this procedure statement is:**

- To safeguard the rights and promote the best interests of the children.
- To ensure children are treated with sensitivity and respect, and in such a way that their experience of toileting is a positive one.
- To safeguard adults required to operate in sensitive situations.
- To raise awareness and provide clear procedures for changing soiled pupils and for those yet to be toilet trained.
- To ensure parents/carers are consulted in the care of their children.
- If carrying out intimate care away from the setting, have an increased awareness of privacy and safety issues.

## Procedures

- If a child enters school at 4 years old and has not started the toilet training process, staff need to enquire sensitively about the parents' or carers' understanding of their child's developmental needs. Refer the parents to the school nurse or local Health Visitor, who will be able to give advice on how to make a start.
- Lack of toilet training may point to an underlying physical or emotional difficulty. The school nurse/health visitor will be best placed to identify and work with the parents or carers on this issue and may want to liaise with staff regarding progress.
- A child who is not ready to be toilet trained may come to school in pull-ups but nappies should not be worn. Some children may choose to come in pants and will be influenced by others to use the toilet. This is a good way to toilet train without fuss. Parents will be asked to bring in spare underwear in a carrier bag with their name on.
- If pull ups need changing during the school day, staff will verbally (and age appropriately) talk the child through the process of changing themselves.
- In the event of a child who has soiled themselves, staff will endeavour to give verbal instruction on how to self-clean. In the event of a child not being able to self-clean and/or becoming distressed, a parent/carer will be called to come into school \*
- Where accidental wetting/soiling happens and children do not have spare underwear in school, staff will endeavour to provide suitable underwear (from school stock) and will discreetly bag soiled underwear up for parents/carers in the child's bag
- Have everything close to hand so that a child can get changed/cleaned up with the minimum of fuss and time.
- Allow children maximum independence. If you do not need to enter a toilet cubicle to help them, stand outside and offer verbal encouragement.

- Teach children to care for their own needs. Teaching them to be independent is a high priority and meeting their personal needs is no different from meeting their educational needs.
- If a child is regularly soiling or wetting, staff will keep a record of the time this happens – this may allow adults around the child to pre-empt a problem. Parents/carers will be informed too.
- Ensure you have cover if you have to leave a group of children unattended in order to help a child to change. Inform another staff member in the event of going to change a child. Wherever possible, arrange a chaperone so you are not alone with the child

*\* - where a child has a developmental delay / disability, an individual care plan will be put together in consultation with the parents and staff members concerned.*

## **Health and Safety**

The most effective prevention for spreading infection is hand washing. Make sure warm water, adequate soap and a method of drying hands are always available. All staff should wash hands thoroughly after assisting in supporting children to change or mopping up spills. Paper towels / air dryers must be available in the changing area for staff to dry their hands.

Equipment needed for children to change / staff to mop up spills are **gloves, aprons and polythene bags**. All staff must wear gloves when handling bodily fluids. All soiled materials must be double bagged and then deposited in the outdoor bin once the pupil has been escorted back to class and the teacher informed of their return. Where possible, the janitor will be called to attend site to chemically treat spills of bodily fluid however, this may not always be possible / appropriate.

## **Child Protection**

The following steps should be followed to ensure your own protection.

1. Where children with developmental delays / disabilities require physical support in changing, a pre agreed, written care plan will be put in place and agreed by parents/carers, SLT and staff members involved
2. Try to ensure that the child is changed in either the designated disabled area or the most appropriate toilet.
3. Always notify another member of staff subtly when leaving the room to help a child change – a sign or signal may be useful.
4. Leaving a child in dirty clothing could be considered to be a child protection issue in itself. Endeavour to find alternative underwear or call parents/carers to provide alternatives if school stock is not available
5. Where a child is not able to change themselves following verbal instruction from staff and/or if they become distressed, the parents/carers will be called to change their child.

## **Best Practice in Intimate care**

Staff who provide intimate care will be trained accordingly and complete Safeguarding training and Health and Safety training in moving and handling. This includes training on new equipment that is provided to assist children who need any specialist equipment following assessment from the multi-disciplinary team (Physiotherapist, Occupational Therapist and Moving and Handling Advisor). All staff who provide Intimate care have a full DBS and do not need another member of staff with them, although best practise encourages a chaperone where possible.

- Staff will ensure good and clear communication with each child in line with his/her preferred method of communication (e.g. verbal, symbols, signs etc) to discuss the child's needs and preferences. The child will know exactly what is happening at all times and the reasons for it.
- Staff will be supported to adapt their practice in relation to the needs of individual children.
  - Children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much as possible for themselves. Within individualised Intimate Care Plans, reviews will be frequent and methods will be regularly updated according to the child's needs.
- Ensure that intimate/personal care is provided by staff known to the child and every effort will be made to accommodate a child's request for a key member of staff to support them.
- The religious views and cultural values of families will always be taken into account. At admission, we will liaise and work closely with families to discuss any requests relating to intimate care.
- Planning for outings and trips must take into account how the child's intimate and personal care needs will be met when away from setting.
- Comprehensive risk assessments, regularly updated, particularly for pupils that present challenging behaviour, will be completed for individual children that cover all their intimate care needs.
- Where an EHCP is not in place, parents and carers will be informed the same day if their child has had an 'accident' and has soiled themselves. Information on soiling will be treated confidentially and communicated in person or by telephone, at the end of the day.

## **Hygiene**

### **Hygiene and Bodily Fluids**

The risks to dealing with spillages of body fluids are so small as to be virtually non-existent. Nevertheless, the maintenance of good hygiene standards is important. Assume body fluids (blood, vomit, urine etc.) may be infectious and always follow hygiene procedures.

### **Universal Precautions**

- Hand washing is the simplest and effective method for preventing the spread of infections.
- Hands must be washed for a period of 20 seconds, using soap under warm running water, rinsing carefully and thoroughly drying them on disposable paper towels.
- Shared towels should not be used.

Hands should be washed:

- Before and after each work shift
- Before putting on, and after removing, protective clothing.
- Before and after physical contact with individual children.
- After handling contaminated items such as soiled clothing.
- After using the toilet.
- After blowing your nose or covering a sneeze.
- Whenever hands become visibly soiled.
- Before eating, drinking or handling food.

- Disposable gloves are **only** required where hands are in contact with body fluids, or for other health and safety reasons such as First Aid.
- Gloves should be single use, well fitting and made of vinyl (latex and polythene disposable gloves with seams are unsuitable).
- Hands must be washed after removing gloves, as germ counts increase while gloves are worn.
- The toilets and sinks should be cleaned before sessions. The cleaning team/janitor will do this usually. However, if they are deployed elsewhere/unavailable and cleaning is necessary, the area should be cleaned by the Teaching Assistants/Teaching staff available. Staff should check the toilets occasionally during the session and flush them when necessary.
- Parents should be informed at the end of the session if:  
It has been necessary to help their child to change.  
If the child has demonstrated a stomach upset.

### Spills of Body Fluids

- Splashes into eyes or mouth should be rinsed freely with clean cold water.
- Body fluid spillages should be cleaned using whatever absorbent materials are available eg toilet paper, paper towels. Disposable gloves should be worn when cleaning such spills.
- Skin that has been in contact with another person's bodily fluid should be washed with soap as soon as possible.
- Disinfect spillage area with bleach or other chlorine-releasing compound. The janitor will be called to administer such chemicals wherever possible.

### Spills on Hard Surfaces

Large spills should be covered with disposable paper towels to soak up excess. The towels should be treated as clinical waste and discarded appropriately. The remaining spillage should be treated as follows:

- Urine spillage: Wash the area using hot water and a general-purpose detergent, for example liquid soap.
- Other spillage: Disinfect with a 1% solution of a bleached disinfectant.

### Spills on Carpets or Upholstery

- Mop up excess fluid with a J-cloth or kitchen roll. Sponge it with cold water, and then clean with hot water and liquid soap.

### Spills on Clothing

- Sponge off with warm soapy water and wash as soon as possible in the hottest wash the clothing will stand.

### Disposal

- All waste contaminated body fluids (disposable gloves, together with contaminated absorbent material and dressings) should be treated as clinical waste and placed into bags.