

INTIMATE CARE POLICY

This policy was written during the Autumn Term 2014 through a process of consultation with the teaching staff and approved by the Governing Body on 17 March 2015.

General Guidance

The general expectation is that children are toilet trained when they enter school. However, as children are entering school earlier, inevitably there will be some children who are not as “well trained” as others. This is perfectly natural as medical research shows that achieving continence is one of the developmental milestones that some children achieve much later than others. Additionally, even the most well toilet trained child can suffer the occasional “accident” while at school. As part of the normal pre-school interview or discussion with parents, designated staff should ascertain whether or not the child is able to cope with their own toileting. If the child has a specific medical problem relating to continence, the Headteacher should discuss this in confidence with the parent/s/carer/s, and if appropriate seek advice and guidance from the school nurse or doctor.

The Headteacher should make clear to all parents what primary school staff can reasonably be expected to do to support the children in their care.

Introduction

1. If after the first half term (and the child has no known special needs) the child still requires help the school must initiate communication with appropriate professional persons. Professional advice must be sought to ascertain whether or not the child's toileting difficulties should be considered as special educational need.
2. A care plan is needed that has been agreed by parents/carers and the Headteacher e.g. which members of staff will be involved in the procedure and how it is to be carried out.
3. If members of staff have cause for concern for child abuse the recognised child protection procedures must be followed.
4. Schools must provide appropriate hand washing facilities for staff and pupils and must provide protective clothing/equipment eg plastic apron and disposable gloves in accordance with health protection advice.
5. Good practice must be carried out for spillages and soiled clothing. This should form part of the care plan.
6. Wherever possible staff who help children with toileting difficulties should be accompanied by another adult.

The Legal Position And Indemnification Of Staff

1. Staff who agree to assist pupils in school with toileting needs generally do so on an entirely voluntary basis. There is no obligation on staff to volunteer to act in this way unless supporting children with toileting needs is specifically written into the employee's job description.

2. The staff who do agree to assist children with toileting needs are acting within the scope of their employment.

3. Negligence

(a) "A headteacher and teachers have a duty to take such care of pupils in their charge as a careful parent would have in like circumstances, including a duty to take positive steps to protect their wellbeing (Gower -v- London Borough of Bromley 1999).

(b) Parents who allege that a member of staff has acted negligently may bring a civil action against the Governing Body which is vicariously liable for a breach of duty by headteachers, teachers, other educational professionals and support staff they employ. In the event of a civil claim for negligence being issued against a member of staff, then the Governing Body will indemnify such a member of staff against any claim or action for negligence, provided that that member of staff has acted responsibly and to the best of his or her ability and in accordance with the training that he or she received.

4. Criminal Liability

In very rare cases criminal liability may arise if a member of staff were grossly negligent and as a result of such gross negligence the pupil dies. This situation would only arise if the member of staff were reckless or indifferent to an obvious risk of serious injury or harm.

SEN & DDA ISSUES

The SEN Code of Practice is a useful source for determining whether a child who is not yet toilet trained may have special educational needs within the SEN regulations. It is not unusual for children of pre-

school/foundation to key stage 1 to not be toilet trained. The interventions required, are **not** therefore additional to or different from those provided as part of the school's usual differentiated curriculum and strategies. The child could be said not to have special educational needs, as toileting and acquiring toileting skills is a matter of maturation and normal development, which can vary between children.

If a child's toileting needs are substantially different than expected of a child his age, then it may mean that the school needs to provide interventions that are **additional to** or **different from** those provided as part of the school's usual differentiated curriculum and strategies. If, however, despite receiving an individualised programme and/or concentrated support, the child continues to make little or no progress in the area of toileting over a long period, (for example no longer than a half term), then the school may wish to seek help from external services. Such a request for help would need to be made by the Special Educational Needs Co-ordinator and colleagues, in consultation with parents, at a meeting to review the child's Individual Education Plan at School Action. Such outside agency input may come from the school nurse.

Longstanding toileting difficulties which go into children's later years may be related to a medical condition a physical difficulty or social and emotional problems. Under such circumstances, this may have a significant impact on the child's experiences and the way he/she functions in school, the impact may also be indirect, perhaps disrupting access to education. In only the most exceptional circumstances, where a child's toileting problem is related to other significant difficulties, will a child be subject to Educational Health Care Plan. In the vast majority of cases, where a child is not toilet trained, and the child needs occasional or regular advice to the school from an external specialist and/or occasional or irregular support with personal care, from a Learning Support Assistant, then the expectation is that such arrangements would be made by the school.

Disability Discrimination Act Part IV

Part IV of the Disability Discrimination Act (DDA) makes it unlawful for schools (and LAs) to discriminate unreasonably for reasons related to a pupil's disability in the provision of education and "related services". Related services will include most school activities outside the national curriculum. Any pupil with a disability has rights under the Act. The disability is defined as a physical or mental impairment which has a significant adverse effect on a pupil's ability to undertake day-to-day activities. It also has to last or be likely to last for more than 12 months. In providing education or related services a school must identify in each individual case the range of "reasonable adjustments" which could be made to prevent discrimination. It may be that the only available "adjustments" to prevent discrimination are not reasonable because of a lack of facilities or resources. A lack of trained staff would probably not be an unreasonable adjustment because it could be fairly easily remedied in the short term. The relevance of the DDA Part IV to children who are not toilet trained on admission to school is limited. It would only apply where the child had an identifiable disability lasting or likely to last for more than 12 months which was causing the lack of toilet training. Research in 1966 (Bellman "Studies in Encopresis") suggested that 10-15% of 3 year olds are not fully toilet trained. It is not "abnormal" (and therefore a sign of a disability) for a 3 year old not to be fully toilet trained. Above this age the lack of toilet training might be traced to a physiological or psychological problem which might fall within the definition of a disability. Where a dispute arose and if a claim were to be made to a SEN and Disability Tribunal (SENDIST) a tribunal panel would be likely to look for a clear medical diagnosis before considering whether the DDA applied to the case. If it did, then the duty to assess the situation and identify adjustments which could be made to prevent any discrimination would apply. The second stage would then be to identify which if any of the adjustments would be "unreasonable" and likely to satisfy a SENDIST that any discrimination could be justified. Finally, schools have a duty in their Accessibility Plan to plan proactively to remove any barriers to inclusion. The provision of a toileting policy and procedure would be an appropriate aspect of such a plan.

Child Protection Issues

While it is clearly possible for someone to take the opportunity to abuse a child whilst changing a nappy or toileting a child, the normal processes are not abusive. Most complaints received from parents relate to delays in changing nappies or inadequate cleaning, rather than accusations of abuse. Indeed refusal to change a child's nappy or to clean them when they have soiled themselves could be considered to be neglectful. What is included in the policy and guidance is based on a series of principles, and it is these that should govern the action of any school, namely:

1. Sharing with parents the procedures/policies of the school regarding toileting and agreeing with individual parents(s)/carer(s) what toileting regime should be employed for their child(ren).

- On admission to a school, informed consent for a member of staff to deliver intimate care should be obtained from the parent/carer.
- Sharing procedures with parents allays fears. Agreement needs to be reached between the carer and the school over the following issues where relevant:
 - the terminology to be used with the child;
 - planning of a toilet training programme;
 - how parents will ensure a continuity of supplies or continence aids if required;
 - what arrangements are in place for nappy changing
 - what will happen if a child needs undressing and cleaning
 - who the key adult will be
 - what will happen if that adult is not available;
 - any special requirements or concerns should be identified and documented.

All this should be written down and held on record.

2. Children being entitled to dignity, privacy and individualised care when requiring assistance with their toileting and personal hygiene needs.

- All children are entitled to consideration of dignity, privacy and individualised care when requiring assistance with their toileting and personal hygiene needs. The most appropriate environment should be selected to ensure privacy and dignity at all times. Care should always be undertaken with tact, sensitivity and in an unhurried manner. During any procedure that requires a child to remove their clothing, they are entitled to privacy and choice with regard to the people present during this procedure.
- The child's personal needs for hygiene and toileting should be responded to as quickly as possible. The care to be delivered should be explained to the child according to their age and level of understanding, and where possible their permission sought.

3. Reducing the risk to school staff in terms of misinterpretation and false allegations of abuse.

- Wherever possible staff who help children with toileting difficulties should be accompanied by another adult and pupils should, where possible, be encouraged to change themselves. It is accepted that schools will not always have the staffing resource to double up for nappy changing or toileting, so it is important that staff follow the guidelines that have been drawn up in consultation with the parent. Whilst the presence of two people may be seen as providing protection against a possible allegation of abuse against a member of staff, it further erodes the privacy of the child and removes the adult from supervision of other children in the school.
- Individuals involved in the delivery of care must be mindful of the child's particular needs and capabilities. They should also ensure that care is delivered in a safe and sensitive manner. Children can be vulnerable in such situations and some tasks and treatments could be open to possible misinterpretation, or the child put at risk.
- Wherever possible, children should be encouraged to perform their own intimate care and given the necessary support and encouragement to enable them to do this. If washing is required, always use a sponge or flannel and, where possible, encourage the child to attempt to wash private parts themselves. Emphasis should be on staff providing the minimum level of assistance and intervention, compatible with the particular circumstances and the child's needs.
- During the delivery of intimate care, should the member of staff have cause for concern regarding possible child abuse, the recognised child protection procedures should be followed.
- When the problem appears to be on going, for example, if the child is not toilet trained the half term after admission, it could be useful to develop an individual record for each child who is subject to a toileting regime. Staff could record when they took the child to the toilet and confirm in writing that they followed the regime. The member of staff would also note if they had to do something that differed from the regime, or noted some bruising or infection in the anal or genital regions. This could be easily seen as another piece of bureaucracy but it does reduce risk. A chart with space for the time, date and tick boxes may reduce the time spent on this task.

INFECTION CONTROL – GOOD PRACTICE

Effective handwashing by staff and pupils is the single most important infection control measure. Staff and pupils should be encouraged to wash their hands properly after every visit to the toilet. Non-powdered latex gloves and plastic aprons should be worn by staff when in contact with body fluids. Vinyl gloves should be provided for staff with a latex allergy.

NB It is important to be aware that as well as the person wearing the gloves possibly being allergic to latex, it is possible for the child being changed to be allergic too – in this case vinyl gloves may be necessary to protect the child.

All used gloves, aprons etc should be placed in bags and sealed to prevent spread of infection. The school should make arrangements for the bags to be collected regularly and incinerated. Any spillages of body fluids etc should be covered completely with absorbent material (i.e. kitchen roll, paper towel). Mix one part of ordinary household bleach with ten parts water and clean area of spillage. Always add bleach to water not water to bleach. Ensure manufacturer's guidelines are followed. COSHH data sheets must be available. Any soiled clothing should be double bagged and returned to parents/carers for laundering.