Little Disciples Childcare

Intimate Care Guidance & Policy

"Caring for children, supporting parents, and sparking imaginations – where quality, affordability, and excitement meet!"

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Policy Statement

At Little Disciples Childcare, we are committed to providing a seamless and cohesive approach to childcare across all our services. This policy and procedure apply equally to both our Nursery Plus provision and our Breakfast, Afterschool, and Holiday Club services. This integrated framework ensures consistent standards of care, safety, and quality across all aspects of our provision, fostering a supportive and nurturing environment for every child in our care.

1. Introduction

In toilet training development there is great variation from child to child. Children usually achieve continence between their second and fourth birthday. Most children, including those with a severe learning disability, can be trained to use the toilet.

With an increase in recent years in the number of three-year-olds starting in setting that are not toilet trained, the greater the need for clear procedures for providing intimate care and defined roles. In some cases there may be a lack of training or a developmental delay, however other children may have an underlying medical need. In either case, it is not permissible to refuse a child admission to our setting on the basis that the child is not toilet trained.

Definition: *Intimate care can be defined as any care which involves washing or carrying out a procedure to intimate personal areas which most people usually carry out themselves, but some learners are unable to do because of their young age, physical difficulties or other special needs.*

Intimate care tasks are associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with, or exposure of the genitals. Examples can include support with dressing and undressing (underwear), changing of incontinence pads and nappies, helping an individual use the toilet, or washing intimate parts of the body. Intimate care can be undertaken on a regular basis or during a one-off incident. Support may be required with catheterisation and colostomy bags. Guidance on these medical interventions should be sought from relevant Health professionals and included in the child's Individual Healthcare Plan.

2. Legal Context

The Welsh Government issued 'Supporting Learners with Healthcare Needs' Guidance for settings in March 2017. Many learners have a short-term healthcare need at some point, which may affect their participation in educational activities. Other learners may have significant or long-term healthcare needs affecting their cognitive or physical abilities, their behaviour or emotional state. The guidance emphasises the need for a collaborative approach from education and health professionals, placing the learner at the centre of decision making. The guidance states that:

'The education setting should have an intimate care policy. It should be followed, unless alternative arrangements have been agreed, and recorded in the child's Individual Healthcare Plan'.

Little Disciples Childcare will act in accordance with Welsh Government Guidance 'Supporting Learners with Healthcare Needs' (2017) alongside 'Keeping Learners Safe' (2015) and the All Wales Child Protection Procedures (2008) to safeguard and promote the welfare of all children and staff.

Little Disciples Childcare also recognises its duties and responsibilities in relation to the Equalities Act (2010) and the need to treat all learners, regardless of their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given.

To meet their responsibilities under the Equality Act 2010, the setting must make 'reasonable adjustments' to accommodate learners with disabilities, which may include the provision of personal and intimate care. The children's welfare is of paramount importance and their experience of intimate and personal care should be a positive one.

3. Related Policies

This Intimate Care Policy should be read in conjunction with the following setting policies:

- Safeguarding & Child Protection Policy
- Health and Safety Policy – including Manual Handling
- Additional Learning Needs Policy
- Staff Code of Conduct

4. Key Principles

The following are the fundamental principles upon which this Guidance is based:

- every child has the 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
- all children have the right to be involved and consulted in their own intimate care to the best of their abilities
- all children have the right to express their views on their own intimate care and to have such views taken into account; and
- every child has the right to have levels of intimate care that are appropriate and consistent.

5.Roles and Responsibilities

5.1. Manager

Staff at Little Disciples Childcare that provide intimate care, are in a position of great trust and responsibility and the importance of their role in promoting personal development of children is invaluable. The manager will ensure that any adults assisting with intimate care will be employees the setting and the child will be supported to achieve the highest level of autonomy that is possible given their age and abilities.

Where intimate care is not detailed in a Job Description, then only staff members who have indicated a willingness to do so, should be required to provide intimate care. The manager will ensure that all staff will be appropriately trained and supported. Only those members of staff who are familiar with the Intimate Care Policy and other pastoral care policies of Little Disciples childcare are to be involved in the intimate care of children.

5.2 Staff

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Depending on their maturity and levels of stress children may communicate using different methods - words, signs, symbols, body movements, eye pointing, etc. Staff attitude to a children's intimate care is also important. Keeping in mind the child's age, routine care and can be both efficient and relaxed. To ensure effective communication, staff will:

- make eye contact at the child's level
- use simple language and repeat if necessary
- wait for response
- continue to explain to the child what is happening even if there is no response;
- treat the child as an individual with dignity and respect.

Staff will encourage each the child to do as much for themselves as they are able to. This may mean, for example, giving the child the responsibility for washing themselves. Individual Toileting Plans will be established for identified children as appropriate – refer to Appendix 5.

Where a situation renders a child fully dependent; the member of staff should talk about what is going to be done and provide choices where possible. The member of staff should ensure they are aware of any preferences for the intimate care from the child and/or parent.

Young children and children with special educational needs (SEN)/ additional learning needs (ALN) can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs.

Some procedures must only be carried out by members of staff who have been formally trained and assessed. There should be more than one member of staff assigned within a plan to allow for any illness absence or leave. Only in the event of an emergency would staff undertake any aspect of intimate care that has not been agreed by parents and setting. Parents would then be contacted immediately.

5.3 Parents & Carers

Parents / Carers have a responsibility to advise the manager at Little Disciples Childcare of any known intimate care needs relating to their child. Little Disciples Childcare will ensure that there is an effective transition system in place between setting and Little Disciples and that parents are given the opportunity to discuss any intimate care needs during planned admission's meeting.

Parents / carer will work in partnership with Little Disciples staff and other professionals to share information and provide continuity of care. Parents / Carers are required to provide changes of clothes / wipes / nappies daily.

7. Safeguarding

7.1 Manager/ Designated Lead for Child Protection and Safeguarding

It is essential that the manager ensures all staff are familiar with the Safeguarding & Child Protection Policy and Procedures, and if there are any concerns, they should be recorded and discussed with the Designated Person for Child Protection Mr Sam Gocher or Mrs A Stephens.

The number of staff required to undertake procedures will depend upon individual circumstances and should be discussed with all concerned with the child's privacy and dignity at the forefront. Knowledge of the child should be used to help assess the risk; a Risk Assessment should determine if one or two members of staff (or more) are required (see Appendix 11). Where there are concerns around child protection, previous allegations, or moving and handling issues, a minimum of two adults would be required to provide care.

7.2 Staff

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc.; they will immediately report concerns to the Designated Person for Child Protection.

If a staff member has concerns about a colleague's intimate care practice, he or she must report this to the Designated Person for Child Protection immediately.

If a staff member is accidentally hurt, they should report the incident to their manager immediately, seek medical assistance if needed and ensure an accurate record of what happened is recorded.

7.3 Working with a Child of the Opposite Sex

Ideally, every child should have the choice for intimate care but the current ratio of female to male staff in many settings, means that assistance will more often be given by a female.

As stated in 'Supporting learners with healthcare Needs (2017) '*certain medical procedures may require administration by an adult of the same gender as the learner and may need to be witnessed by a second adult. The child's thoughts and feelings regarding the number and gender of those assisting must be considered when providing intimate care. There is no requirement in law for there to be more than one person assisting. This should be agreed and reflected in the IHP and risk assessment'.*

7.4 Child

If a child becomes distressed or unhappy about being cared for by a particular member of staff, parents / carers will be contacted at the earliest opportunity in order to reach a resolution and outcomes recorded. Staffing schedules may be altered until the issue(s) are resolved. Further advice will be taken from outside agencies if necessary.

If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, staff should reassure the learners safety and report the incident immediately to the Designated Person for Child Protection. Staff will also report and record any unusual emotional or behavioural response by the learner.

If a child or parent / carer makes an allegation against a member of staff, the Designated Person for Child Protection must be informed, and procedure must be followed in line with the Little Disciples Safeguarding and Child Protection Policy.

A written record of concerns must be made available to parents and kept in the child's personal file. Further advice will be taken from outside agencies as necessary.

7.5 Vulnerability to Abuse

Disabled children are particularly vulnerable to abuse and discrimination because:

- They often have less control over their lives than their peers
- They may have multiple carers through residential, foster or hospital placements
- Changes in appearance, mood or behaviour may be attributed to the child's disability rather than abuse.
- They may not be able to communicate what is happening to them
- They do not always receive appropriate sex and relationships education, or if they do may not understand it, so are less able to recognise abuse.

It is vitally important that all staff members are familiar with the settings Safeguarding and Child Protection Policy and Procedures. It is unrealistic to eliminate all risk, but the vulnerability places an important responsibility on staff to work in accordance with agreed procedures.

7 Environment

Every setting should be planning to have a fully accessible changing area.

Little Disciples Childcare will identify a suitable changing area for learners with healthcare needs, to enable the privacy of children to be maintained and to provide sufficient staff to safeguard the child.
In addition the setting will also consider:

- The availability of hot and cold running water
- Nappy disposal bags
- Supplies of nappies (provided by family – often from the Health Authority)
- Wipes and cleaning cloths
- Labelled bins for the disposal nappies. (Soiled items should be double-bagged.)
- Special arrangements for the disposal of any contaminated or clinical materials including sharps and catheters
- Supplies of suitable cleaning materials - anti-bacterial sprays and hand wash
- Appropriate clean clothing (preferably the child's own)
- Effective staff alert system for help in an emergency
- Arrangements for menstruation when working with adolescent girls

7.3 Personal Protective Equipment (PPE)

Little Disciples Childcare is responsible for providing Personal Protective Equipment (PPE) which should include: Nitrile disposable gloves, disposable aprons, bin and liners to dispose of waste. Staff should always wear PPE when dealing with any child who is bleeding, wet or when changing a soiled nappy / clothing. Refer to Appendix 8.

7.4 Waste Disposal

Little Disciples Childcare is responsible for the disposal of all nappies / pads used by child on their premises. It would not be appropriate for the setting to send used nappies / pads home at the end of the session.

Parents / carers should provide a clean change of clothing, nappies, disposal bags, wipes etc. and parents must be made aware of this responsibility.

Disposal of soiled nappies / pads / clothing should be discussed during admission meetings and noted on the Individual Healthcare Plan / Toileting Plan. Specialist provision / equipment i.e. catheterisation / diabetes / menstrual management / or any other intimate healthcare needs should be disposed of as agreed in the learners IHP.

Up to 7kg of nappies / pullups can be disposed of per setting in general waste collection. Contract Waste Disposal should be considered for larger quantities.

8 Record Keeping

Where it is identified that intimate care will be required for a learner, an agreement between parents /carers and the setting will be completed. This agreement will detail what care is to be provided and by whom. There should be more than one named person – refer to Appendix 4. It is vital that this is prepared prior to admission, and where possible opportunities are made for the child and family to meet the staff who will be providing intimate care.

Alongside the agreement, parents /carers and the setting will work together to complete a Toileting Plan for the learner - refer to Appendix 5 which should be reviewed on a regular basis.

Whole setting and classroom management considerations should be considered, for example:

- The importance of working towards independence
- Arrangements for home/setting transport, sports days, setting visits, swimming etc.
- Substitutes in case of staff absence

- Strategies for dealing with bullying/harassment (if the child has an odour for example)
- Seating arrangements in class (ease of exit)
- A system to leave class with minimum disruption
- Avoiding missing the same lesson for medical routines
- Awareness of discomfort that may disrupt learning
- Implications for PE (changing, discreet clothing etc.)

For each use of intimate care, staff will record using the Personal Care Intervention Log – refer to Appendix 6.

Where there are particular issues which might indicate a need for the intimate care to be delivered by two members of staff; a risk assessment must be completed and retained on the child's record e.g. manual handling, safeguarding issues.

9 Complaints Procedure

If the learner or parent is not satisfied with Little Disciples Childcare's health care arrangements they are entitled to make a complaint. Please refer to the Complaints Procedure for further information.

10 Insurance

Staff at Little Disciples are covered by Public Liability Insurance to provide Intimate Care. Our insurance provider is: Morton Michel.

11 Monitoring

Intimate Care Agreements must be reviewed on a regular basis according to the developing needs of the child. This should take place at least on a annual basis and the Toileting Plan will then be updated as required. The views of all relevant parties should be sought and considered to inform future arrangements.
This policy will be reviewed annually alongside the Healthcare Needs Policy by the manager, staff and committee, or if any amendments occur in legislation, or in consideration of changes in working practices.

12 References

Welsh Government: Statutory Guidance: Supporting Learners with Healthcare Needs. Guidance. Welsh Government 215/2017.

http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en

Ceredigion County Council: Intimate Care Guidance for Settings and Resourced Centres - September 2016

Ysgol Pen Coch Intimate Care Policy - 2016

Public Health Wales: All Wales Guidance Infection Prevention and Control for Childcare Settings (0-5 years) Nurseries Child Minders and Playgroups (2014)

http://www.wales.nhs.uk/sitesplus/documents/888/Infection%20Prevention%20and%20Control%20for%20Childcare%20Settings%20Final%202014%20%282%29.output.pdf

Public Health Wales: All Wales Infection Prevention and Control Guidance for Education Settings (2017)

http://www.wales.nhs.uk/sitesplus/documents/888/All%20Wales%20Infection%20Prevention%20and%20Control%20Guidance%20for%20Educational%20Settings_FINALMay%202017x.pdf

Norfolk County Council Guidance for Intimate Care and Toileting of Disabled Pupils in Mainstream Settings

13 Appendix

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- Appendix 3 Early Years Toileting
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Appendix 1

Development of Toileting Skills – An Overview

1. Developmental Factors

Continence is achieved through the processes of socialisation and physiological / emotional / cognitive maturation. A child must know the difference between the feeling of wet and dry before training starts. The child also needs to be ready with regard to motor skills development. For example, she/he needs to be able to physically access the toilet area, sit on the toilet, remove garments, dress again, and flush the toilet. To be successful, the child also needs to be able to communicate toileting needs, to understand instructions and be willing to comply with adults. The child must also be emotionally ready. He/she must want to use the toilet and have the desire to move away from wearing nappies to doing something completely different with body waste. Some children experience fears around using the toilet. Emotional factors such as stress, anxiety, physical fatigue can lead to delay in achieving continence and, sometimes, regression. Young children can have accidents because they forget to pay attention to their own body signals when they are too busy or pre-occupied. Some children will have physiological reasons which explain a delay in toileting skills.

2. Toilet Training from the Child's Perspective

Toilet training is sometimes a difficult skill to master, even in typically developing children. The child may have good awareness and control but social factors also have an influence. Social motivation, such as wanting to please parents by being a "big boy" or "big girl" is important. A child with developmental delay or learning disability may have additional difficulties:

- Difficulty understanding reciprocal relationships limits understanding of being a "big boy" or "big girl".
- Difficulty understanding language or imitating modelled behaviour.
- Difficulties with attention, organisation and sequencing information may cause problems in following all the steps in toileting and staying focused on the task.
- Difficulty accepting changes in routine, i.e. why does the child need to change the familiar routine of wearing and passing body waste into a nappy which is a strongly established routine.
- Difficulty with integrating sensory information and realising the relationship between body sensation and daily functional activity.
- Difficulty with sensory sensitivities e.g. loud flushing noises, echoes, rushing water, sitting on a "chair with a big hole with water in it", changes in temperatures and tactile sensations when clothes are removed.

3. Planning a Programme

Establish a positive routine around toileting and collect data (including information from parents/guardians) about the child's readiness for training.

Complete the Toileting Skills Checklist. This breaks down the skills associated with achieving independent toileting into small steps. This can provide a baseline measure of the child's current skill level and can be used to plan achievable next-step targets.

If the answers to the first 4 statements in the Toileting Skills Checklist are "not achieved", then the child is probably not ready for a goal of independent toileting. However, a goal of establishing positive toileting routines may still be appropriate. Consideration should be given to who is involved and the environment in which training takes place.

Who: Identify the adults who are responsible for dealing with toileting issues. Staff should be fully aware of Flintshire's recommended protocol regarding supporting children with developing toileting skills. This should be shared with parents. Staff will need to work closely with parents to establish consistent routines and appropriate shared goals.

Where: Toilet areas in setting should be comfortable and non-threatening so that children are happy to be there. There should be private areas for changing children to maintain an appropriate level of respect and discretion. Appropriate equipment such as changing mat, disposable gloves, sanitary disposal bin etc., should be readily available. A changing table may be necessary for bigger children with particular disabilities. There should be a consistent approach in all environments e.g. home and setting. There should be a standard clean-up procedure, carried out in an emotionally neutral manner while directing the child through developmentally appropriate clean-up activities. Relaxed children will be more successful.

4. Problem Solving Strategies

- Establish the routine of the child going to the toilet with peers so that she/he has positive models to imitate.
- Some children may need distraction toys/books and sometimes music to help them relax when they go to the toilet.
- Encourage the child to help with the process by fetching appropriate items etc.
- It may be appropriate to establish a visual system as an additional teaching routine. At the most basic level, a transition object prompts the child to know that the toileting routine is starting. An object associated with toileting, e.g. a toilet roll may be shown to direct the child to the toilet. At a more abstract level a photograph or a line drawing of the toilet or the word on a card may be given to the child or put in a visual schedule. An object sequence, a picture/photograph/symbol sequence or written list can help a child to follow and complete the set routine.
- Have a role play activity available, with dolls that wet, use potties, changing equipment etc. Encourage the child to celebrate the dolls success with similar reinforces that you would use with the child, e.g., clapping, praising, stickers etc.
- Read picture story books about toilet training with the child and make them available for them to look at in the play area.
- Take the child to the toilet area on a regular and frequent basis. Use a timer set at regular, frequent intervals. Increase the amount of time in setting the timer as the child remains dry for longer periods of time.

- If the child is very fearful and resists sitting on the toilet:
    - Allow to sit without removing clothes
    - Allow to sit with toilet covered (cardboard under the seat, gradually cutting a larger hole in it)
    - If strategies are helpful for sitting in other places, use in this setting also e.g. “good sitting “ picture cue card
    - Take turns sitting, using a doll as a model
    - Help him/her to understand how long (sing a song in full, set timer to a minute)
    - As he/she begins to tolerate sitting, provide with entertainment and meaningful reinforces

- If the child is afraid of flushing:
    - Don’t flush until there is something to flush
    - Start flush with child away from toilet, perhaps standing at the door
    - Give advance warning of flush, such as “ready, set go!”
    - Allow child to flush

- If the child is overly interested in flushing or playing with toilet water:
    - Physically cover the toilet handle to remove from sight
    - Use a visual sequence to show when to flush
    - Give something else of interest to hold and manipulate

- If the child is overly interested in playing with the toilet paper:
    - Remove it if it’s a big problem
    - Roll out amount ahead of time
    - Give visual clue of how much, such as putting a line on the toilet paper
    - Try different materials
    - Take turns with a doll

- Bad aim:
    - Supply a “target” in the water e.g. ping pong ball
    - Add food colouring in water to draw attention

- Retaining when nappy is removed:
    - Cut out bottom of nappy gradually, while allowing child to wear altered nappy to sit on the toilet
    - Use doll to provide visual model

References

- “Successful Potty Training” by Heather Welford: The National Childbirth Trust.
  This is a popular book available for loan under the Bibliotherapy: Book Prescription Scheme. It provides useful tips and addresses the issue of disability in toilet training.

Appendx 2 **Toileting Skills Checklist**

Please state if child is wearing nappies or pull-ups:			
	Skills	**Achieved**	**Partly Achieved**
1.	Awareness of toileting needs?		
2.	Has periods of being dry?		
3.	Some regularity in wetting / soiling?		
4.	Pauses while wetting / soiling?		
5.	Shows some indication of awareness of soiling?		
6.	Shows some indication of awareness of wetting?		
7.	Understands signs / words given for communicating toileting needs e.g. toilet, potty, wet, dry, wee, poo etc.?		
8.	Can express some appropriate signs / words to communicate toileting needs?		
9.	Needs physical aids / support to access the toilet area?		
10.	Can access the toilet area with prompts?		
11.	Can access the toilet area independently?		
12.	Feels comfortable and relaxed in the toilet area?		
13.	Needs physical assistance to follow toilet routines e.g. lining up to go there, hand washing etc?		
14.	Needs some prompting to follow toilet routines?		
15.	Follows some toilet routines independently?		
16.	Will fetch and pass required changing items e.g. nappy, wipes etc?		
17.	Cooperates with having clothes removed / pulled down by appointed adult, for changing purposes?		
18.	Cooperates with having nappy changed?		
19.	Cooperates with cleaning up procedures?		
20.	Will sit on the potty with nappy on, with physical support?		
21.	Will sit on the potty with nappy on, unaided?		
22.	Will sit on the potty with nappy off, with physical support?		
23.	Will sit on the potty with nappy off, unaided?		
24.	Needs physical aids / special supports to enable sitting on the toilet?		
25.	Will sit on the toilet with nappy on, with physical support?		
26.	Will sit on the toilet with nappy on, unaided?		
27.	Will sit on the toilet with nappy off, with physical support?		
28.	Will sit on the toilet with nappy off, unaided?		
29.	Has passed urine into potty?		
30.	Has had bowel movement on potty?		

31.	Has passed urine on toilet?		
32.	Has had bowel movement on toilet?		
33.	*Can independently complete <u>pulling down</u> <u>trousers</u> from:*	**Achieved**	**Partly Achieved**
	• Calves		
	• Knees		
	• Thighs		
	• Hips		
	• Waist		
34. 34	*Can independently complete <u>pulling down</u> <u>underwear</u> from:*	**Achieved**	**Partly Achieved**
	• Calves		
	• Knees		
	• Thighs		
	• Hips		
	• Waist		
35	**Girls:** Can lift skirt and pull down all necessary clothing independently		

36.	**Boys:** Can pull down all necessary clothing independently		
37.	Will put toilet lid/seat in appropriate position		
38.	Will sit on the toilet and pass urine on a regular basis		
39.	Will stand at urinal/toilet to pass urine		
40.	Will sit on the toilet for a bowel movement on a regular basis		
41.	Needs assistance to get off the toilet		
42.	Will get off the toilet without assistance		
43.	Will get toilet tissue appropriately		
44.	Will wipe themselves with tissue		
45.	Will throw tissue in the toilet		
46.	Will flush the toilet		
47.	Will replace toilet seat / lid appropriately		
48.	*Will independently complete pulling up underwear from:*	**Achieved**	**Partly Achieved**
	• Hips		
	• Thighs		
	• Knees		
	• Calves		
49.	*Will independently complete pulling up trousers from:*	**Achieved**	**Partly Achieved**
	• Hips		
	• Thighs		
	• Knees		
	• Calves		
50.	Can manage fastenings independently		
51.	Girls: Can rearrange skirt appropriately		
52.	Needs prompting to wash hands		
53.	Needs help to roll up sleeves		
54.	Can roll up sleeves independently		
55.	Needs help to operate taps		
56.	Will operate taps independently		
57.	Will hold hands under water for appropriate length of time		
58.	Will put soap on hands with help		
59.	Will put soap on hands independently		
60.	Rinses off soap		
61.	Needs assistance to dry hands on towel		
62.	Dries hands independently and appropriately		
63.	Puts used towel in bin with prompting		
64.	Puts used towel in bin without prompting		
65.	Will follow all toilet routines regularly with prompts and reminders		
66.	Has frequent accidents		
67.	Has occasional accidents		
68.	Will follow all toilet routines independently		
69.	Needs prompting to return to class		
70.	Returns to class independently		

Appendix 3

Early Years Toileting

With many three-year-olds now in setting settings, the problem of children in settings who have not been toilet trained is becoming a significant issue.

1. **<u>Pre - Nursery Admission Procedures:</u>**

    - Wherever possible, get as much information about the child from the parent. During formal induction sessions held during the summer term before entry, do stress the importance of children being able to use the toilet independently and encourage parents to tackle this over the summer holidays, if it is still an issue.
    - Make the offer of separate appointments to discuss confidential issues regarding individual child's needs.
    - Wherever possible, liaise with feeder playgroups, private nurseries, or childminders to gather information about toileting issues for particular children.
    - Request a bag with changes of clothes/wipes/nappies.

Note: Health Visitors still have responsibility for nursery aged children – Setting Nurses take over when the child enters Reception.

2. **<u>After Nursery Admission – significant toileting concerns emerge</u>:**

If a child is wetting/soiling above what would normally be acceptable, settings should:-

- Keep a diary of when & how often wetting/soiling occurs.
- Discuss the matter informally with parents and clarify who the Heath Visitor is.
- Hold a meeting with parents and the Health Visitor present to determine what is causing the delay in becoming independent in using the toilet e.g. **lack of training / developmental delay or an underlying medical need**

The Managers of the Health Visitors' and Setting Nurse Services have been involved in the preparation of this guidance and it is hoped that settings will get positive responses from health staff for requests for partnership working regarding toileting issues.

Lack of Training / Developmental Delay

Initial meeting with parents to discuss concerns about the child.

Health Visitor / School Nurse provides support into home to establish toilet training programme. Health Visitor / School Nurse acts as liaison between home and setting.

Programme implemented over half a term – reviewed by Health Visitor /School Nurse, setting and parents.

If no improvement, Health Visitor / School Nurse refers child to Continence Service to determine next step.

Setting to contact Early Years' Inclusion Officer to identify child as having a specific toileting need, supported by evidence of their intervention with child.

Medical Need

Setting to check that the child has already been referred to GP/Health Visitor or school nurse

If not, setting to make a referral for medical assessment via health visitor/school nurse

Outcome of the assessment will determine next steps in intervention/treatment for the child. Where a healthcare need has been identified, an individual Healthcare Plan should be developed for the child in line with the setting's policy.

If the medical needs are significant and long term in nature that require a very high level of additional adult assistance; setting should complete the request form – 'Request for support for child with medical needs.' This form should be returned to Flintshire Childcare Development Team. Medical evidence must be included with the referral form.

Appendix 4

Intimate Care Agreement & Consent Form

The purpose of the Agreement and Consent form is to ensure that parents/carers and professionals are in agreement with what care is to be given and that staff have received any appropriate training that may be relevant. Teaching of certain care procedures may be carried out by the parent/carer or by the professional experienced in that procedure. When the parent/carer and/or professionals are agreed that the procedure has been learned or where routine intimate care is to be provided, the details will be recorded fully below and all parties must sign this record and be provided a copy; an additional copy is to be retained on the learners file in setting and a copy is to be provided for the child's medical record (if appropriate).

Child's Name	DOB	Date Agreed

Reasons why intimate care is to be provided: (e.g. lack of training / development delay / medical need)	
Who will provide this care: (staff names and roles)	
Details of care to be provided:	
Consent provided by:	
Parent/carer Name (please print)	
Parent/carer Signature	
Agreement signed by:	
Parent/carer signature	
Setting:	
Name of Staff Member	
Role	
Signature	
Date Agreement to be reviewed:	
Review Date	
Outcome of Review	

Appendix 5

Toileting Plan Template

	Details	Action
1. Working Towards Independence: e.g. taking learner to toilet at timed intervals, using sign or symbols, any rewards used		
2. Arrangements for changing of nappy / pad / clothing: e.g. who, where, when, arrangements for privacy		
3. Staffing Requirements: e.g. how many, who,(there should be more than one named person)		
4. Level of Assistance Needed: e.g. undressing, dressing, hand washing, talking/signing to learner		
5. Infection Control: e.g. wearing disposable gloves, arrangements for nappy/pad disposal		
6. Resources Needed: e.g. special seat, nappies/pull ups/pads, creams, disposable sacks, change of clothes, toilet step etc		
7. Sharing Information: e.g. if learner has nappy rash or any marks, cultural or family customs, birthmarks etc		
8. Cleaning e.g. on rare occasions the use of shower facilities may be required / procedure for this scenario to be confirmed		

Child's Name		**DOB**	
Health Visitor / Setting Nurse		**Date Agreed**	

Parent/carer name (print)		**Name of Setting Staff member (print)**	
Signature		**Signature**	
Review Date			
Outcome of Review			

Appendix 6

Toileting Risk Assessment Template

Child's Name:			
Child Date of Birth			
Date of Risk Assessment			
	Yes	**No**	**Notes**
Does the child's weight / size / shape present a risk?			
Does communication present a risk?			
Does comprehension present a risk?			
Is there a history of child protection concerns?			
Are there any medical considerations (including pain and discomfort)?			
Does moving and handling present a risk?			
Does behaviour present a risk?			
Is staff capability a risk (back injury/pregnancy)?			
Are there any risks concerning child capacity? • General Fragility • Fragile Bones • Epilepsy • Head control • Other			
Are there any environmental concerns?			
If 'yes' to any of the above please complete a Personal Care Plan			
Signed by:			
Manager Signature:			

Appendix 7

Record of Intimate Care Provided

Name	DOB	Date I.C. Agreed

Date	Time	Care Provided	Staff involved	Comments	Signature of staff	Print name

Appendix 8

Changing Procedure

1. Equipment required

- Hand wash basin, hot and cold running water, liquid soap, disposable paper towels
- Waterproof change mat
- Disposable sheet (paper blue roll) for change mat / changing area
- Disposable apron and gloves (PPE)
- Child's own personal cream / nappies / pull ups / wipes
- Nappy bags for soiled nappies / pullups / Sealed plastic bags for soiled clothing
- Lidded foot operated waste bin
- Disposable cloths
- Detergent
- Disinfectant (1000 parts per million available chlorine) [Combined detergent and disinfectant acceptable in place of separate detergent and disinfectant]

2. Guidance

Assisting a learner to change his / her clothes:
On occasions an individual child may require some assistance with changing if, for example, he / she has an accident at the toilet, gets wet outside, or has vomit on his / her clothes etc. This is more common in Foundation Phase classes.

- A Risk Assessment should determine if one or two members of staff (or more) are required (Appendix 11). This should be included in the Toileting Plan (Appendix 5).
- Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given (e.g. to take off their socks, pull shirt over their head).
- Staff will always ensure that the child has the opportunity to change in private, unless the child is in such distress that it is not possible to do so.
- Parents will be informed if the child becomes distressed.

Changing a learner who has soiled him/herself:

- Staff will always wear PPE
- The staff will ensure the child is happy with who is changing him / her.
- The child will be given the opportunity to change his / her underwear in private and carry out this process themselves.
- Staff will not assist in the wiping or intimate procedures, only provide support, reassurance and resources to the child.
- There will have a supply of wipes, clean underwear and spare uniform at the setting should the child not have their own change of clothes.
- Staff who have assisted a child with intimate care will complete Appendix 6.

- The staff will be responsive to any distress shown.
- Staff will seal any soiled clothing in a plastic bag and store in a sealed lidded container (tub) for collection by parents / carers.

Assisting a child who requires additional support due to medical or disability need

Learners with healthcare / disability needs may 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 their individual 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 staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

3. Procedure

1. Wash hands and put on disposable apron and gloves (PPE)
2. If change mat is required, place a clean disposable sheet over the change mat (e.g. paper blue roll)
3. Remove the soiled nappy / pull up / clothing and clean the child with wet wipes or equivalent (preferred method to be clarified in IHP or Intimate Care Agreement)
4. Place soiled nappy / pull up and used baby wipes into nappy bag / or place soiled clothing in sealed plastic bag and used wet wipes into separate nappy bag for disposal in agreed bin
5. Apply cream (if agreed in Intimate care Agreement / IHP) – change gloves or use a clean spatula to dispense the cream
6. Place nappy sack containing soiled nappy or pullup in agreed bin **OR**
   Place nappy sack containing soiled clothing in designated sealed lidded container / tub (you may need to label the clothing if there is more than one item)
7. Replace with clean nappy / pull up / clothing
8. Remove disposable sheet, place into agreed bin
9. **Clean** and **disinfect** change mat and any other areas that may have been touched during the change:
    - Clean - use warm water and detergent
    - Disinfect – use disinfectant solution of 1000 parts per million available chlorine (if using a combined detergent and disinfectant this additional stage is not required)
10. Thoroughly dry the change mat and surrounding area with disposable paper towels
11. Dispose of PPE and wash hands thoroughly

Appendix 9

Personal Protective Equipment (PPE)

Health and Safety Legislation requires employers to ensure adequate provision of personal protective equipment (PPE) for staff. To provide clarity, the term PPE will be used to describe single-use, disposable gloves and disposable plastic aprons. PPE is required when carrying out tasks where contact with blood and/or other body fluids is anticipated. Contact can be through contaminated clothing, toys, equipment or surfaces.

Key Points

Single-use, disposable gloves and disposable plastic aprons should be worn for tasks where there is a risk of contact with blood or other body fluids. They should:

- Comply with the European Community Standards (CE marked), to ensure they are fit for purpose
- Not be used for more than one individual
- Changed if undertaking one or more task with the same person.

Before putting on and taking off PPE hands must be thoroughly washed with liquid soap and hand-hot running water.

Level of contact with blood and body fluids	PPE required
No contact anticipated (for example, social contact)	None
Possible contact e.g. cleaning equipment	Household (marigolds) or disposable gloves and plastic disposable apron
Likely contact e.g. assisting toileting	disposable gloves and plastic disposable apron
Risk of splashing to face (for example, nose bleeds, cleaning up spillages of body fluids e.g. blood, vomit, urine)	disposable gloves and plastic disposable apron consider eye and facial protection i.e. goggles /face mask
Cleaning up blood and bodily fluid spillages	disposable gloves and disposable plastic aprons Blood present: disposable gloves

*Adapted from:-**Public Health Wales: All Wales Infection Prevention and Control Guidance for Education Settings (2017)***

Appendix 10

Laundry

Soiled clothing can potentially be sources of cross-infection. Appropriate handling of soiled clothing is an extremely important infection prevention and control measure. In the majority of education settings, laundry services will not be available and foul/ soiled linen should be handled appropriately:

- PPE (disposable gloves and disposable plastic aprons) should be worn at all times
- Hands should always be washed after handling foul/ soiled clothing
- Foul/ soiled clothing should not be soaked, rinsed or sluiced by hand as the operator is at risk of inhaling fine contaminated aerosol droplets.
- Any solid waste (vomit, faeces etc.) should be carefully disposed of into the toilet, and the linen placed in a sealed water proof bag, and stored in a designated area (lidded container) to prevent cross infection, ready for collection.
- Ensure that learners and parents are informed of practice of sending soiled clothing home in sealed plastic bags.
- Ensure soiled clothing is not stored in communal areas.

Adapted from: - **Public Health Wales: All Wales Infection Prevention and Control Guidance for Education Settings (2017)**

Appendix 11

Continence Pad Change Procedure

1. Equipment required

- Hand Wash basin hot and cold running water, liquid soap, disposable paper towels
- Waterproof change mat/changing area that is able to be decontaminated
- Disposable sheets for change mat/changing area
- Disposable plastic apron and disposable gloves
- Individuals own personal creams/pads/wipes
- Bags for soiled pads lidded
- Foot operated, lidded waste bin
- Disposable cloth
- Detergent
- Disinfectant (1000 parts per million available chlorine)
- Combined detergent and disinfectant acceptable in place of separate detergent and disinfectant

2. Procedure

1. Wash hands and put on disposable plastic apron and disposable gloves
2. Place a clean disposable sheet over the change mat / area
3. Remove the soiled continence pad and clean the skin
4. Place soiled pad and wipes into plastic bag
5. Apply cream if needed – change disposable gloves or use a clean spatula to dispense the cream
6. Place plastic bag into waste bin
7. Change pad
8. Remove disposable sheet, place into waste bin
9. **Clean** and **disinfect** change mat and any other areas that may have been touched during the procedure:

    - Clean - use hand hot water and detergent
    - Disinfect – use disinfectant solution of 1000 parts per million available chlorine (if using a combined detergent and disinfectant this additional stage is not required)

10. Thoroughly dry change mat and surrounding area/change area with disposable paper towels
11. Dispose of PPE and wash hands thoroughly
12. Clean and disinfect after each pad change even if there is no visible contamination.