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**St Joseph's Catholic Primary School, Moorthorpe,  
A Voluntary Academy**

**Intimate Care Policy**

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# *“Christ at the Centre”*

## Mission Statement

St Joseph’s Catholic Primary School has the presence and power of Jesus Christ at its centre. It is a community which is governed by Gospel Values and where Christ’s command for us to love God, and to love one another, is central to all we do.

Through the clear, visual Catholic identity of St Joseph’s, our vision for Catholic education is fulfilled through the educational experiences and personal curriculum we provide for our children.

Prayer and Worship are at the heart of day to day life within our school and it is our desire for each child’s journey of faith to celebrate their unique gifts and talents, made in the image and likeness of God.

St Joseph’s has strong and positive relationships with the wider community, including our partner schools within the Bishop Konstant Catholic Academy Trust (BKCAT). Links between home, school and our parish community, are also significant and central to our mission to serve the Church and create the family feeling of ‘belonging’.

## **Rationale**

This policy is to provide guidance for the toileting needs of children at St Joseph's, including those in the Early Years, with issues such as toilet training, incontinence and toilet accidents. It may also be useful in dealing with other incidents that may require a child to remove their clothes. These include changes required as a result of water play, messy play, sickness, weather etc.

The school has an obligation to meet the needs of children with delayed personal development in the same way as we would meet the individual needs of children with delayed language, or any other kind of delayed development. Children should not be excluded from participating from activities if they are not toilet-trained. We work with parents towards toilet training unless there is a medical or other developmental reason why this may not be appropriate at the time. We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgemental concern of adults.

The school will share policy and procedures for dealing with children's general toileting needs with parents/carers. It is important that there is a positive dialogue between home and school about strategies in use with the child so that these can be reinforced as appropriate.

## **Principles**

It is the right of the child to be treated with sensitivity and respect, and in such a way that their experience of personal care is a positive one. As far as possible, the child should be allowed to exercise choice and should be encouraged to have a positive image of their body.

There should be recognition that toileting support can involve risks for both the child and any adults in attendance.

## **Procedures**

All staff, within school, are familiar with the hygiene procedures and would carry these out when changing children, as required.

Within the Early Years, we have an expectation that children will –

- Know when they need to go to the toilet.
- Know how to use the toilet themselves.
- Be reasonably effective at cleaning themselves after using the toilet.
- Access the toilets whenever they have the need to and are encouraged to be independent.
- Be reminded at regular times to go to the toilet - e.g. before and after lunch, before leaving the building.
- Be encouraged to wash their hands with soap and have paper towels/hand dryer to hand.
- Not be left in soiled or wet pants or clothes as the school has a 'duty of care' towards children's needs and this could be interpreted as neglect.

However, we recognise that children develop at different rates -

- Some children will be engaged in fully developing this aspect of their self-care when they start school.
- Some children will not have had the practice that they need to use the facilities available: this could include culturally different expectations of self-care.
- Some children may start wetting or soiling themselves after they start school during the settling in period. In these circumstances, the child's teacher communicates sensitively with parents to determine if this is a temporary set-back (anxiety, arrival of new sibling, illness).
- Some children will come to school with on-going/specific physical or medical issues such as urinary tract infections or soiling difficulties. If the child requires a medical care plan, Local Authority policies on child protection and managing children's needs will be consulted.

## **Advice and Support**

There are other professionals who can help with advice and support. Family Health Visitors and Community Nursery Nurses have expertise in this area and can support adults to implement toilet training programmes in the home. Health Care Professionals can also carry out a full health assessment in order to rule out any medical cause of continence problem. Parents are more likely to be open about their concerns for their child's learning and development and seek help if they are confident that they and their child are not going to be judged for the child's delayed development.

## **Sensitivity and Respect**

The child should be spoken to by name and given explanations of what is happening. Privacy appropriate to the child's age and situation should be provided. The child should be encouraged to care for him/herself as far as possible. Items of good quality, appropriately sized spare clothing should be readily available. Adults should be aware and responsive to the child's reactions. Some children refuse or are very reluctant for an adult outside of the family to care for them. In these circumstances, special arrangements can be made for a family member to come into school, as required. The dignity of the child must be respected and so as much as can be kept confidential between child, school and parent is kept confidential.

## **Safeguarding Children and Adults**

Anyone caring for children has a common law duty of care to act like any prudent parent. Staff ensure that children are healthy and safe at all times.

- Adults dealing with the toileting needs of children should be employees of the school and have undergone enhanced DBS checks.
- All staff are aware of the school's protocol and procedures.
- All staff have received appropriate training and will receive support where necessary.
- All toileting incidents must be reported straight away. The minimum information to be kept is the date and time, the name of the child, the adult(s) in attendance, the nature of the incident, the action taken and any concerns or issues. The parents are informed as soon as possible and staff should have the opportunity to raise any concerns or issues.
- Leaving a child in soiled or wet clothing for any length of time, even if waiting for the arrival of a parent or carer, could be interpreted as a form of abuse.
- The normal process of cleaning a child should not raise child protection concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the process to ensure that abuse does not take place. DBS checks are carried out to ensure the safety of the children with staff employed by the school. If there is known risk of false allegation by a child or parent then a single member of staff should not clean a child unsupervised. Members of staff must ensure that they do not change or clean a child in a room with the door closed and must have notified another staff member of their location and reasoning before changing a child's clothes.

## **Health and Safety**

In the case of a child accidentally wetting, soiling or being sick whilst on the premises:

- Staff should wear disposable gloves and aprons to deal with the incident.
- We provide flushable wipes and encourage the child to use them and to wash the private parts of their body.
- Soiled clothing is double bagged and tied.
- Hot water and soap should be available to wash hands as soon as the task is completed.

## **DFE Guidance: - Coronavirus (COVID-19): implementing protective measures in education and childcare settings: Updated 1<sup>st</sup> June 2020**

***The majority of staff in education settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others. PPE is only needed in a very***

***small number of cases including, children, young people and students whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way***

### **Roles and Responsibilities**

Parents and carers are made aware of policies and procedures related to intimate care and all specific instances related to their child. Parents sign a consent form, when starting in the Early Years, to allow any member of staff to support with intimate care. If it becomes evident that a child has an on-going problem, that requires regular intimate care intervention, the school will make arrangements with the parent/carer for the long term resolution of the problem. This is likely to include an Individual Health Care Plan which involves the parent/carer directly, as well as external reference to a Health Care professional.

## **APPENDIX 1: GOOD PRACTICE –TOILET TRAINING**

### **Toilet Training**

We look out for signs that a child is ready for potty/toilet training and we work with parents to implement an agreed programme. Some children will be late in achieving milestones and toilet training will be delayed accordingly. Incontinence can be part of a medical condition or part of global delay. A few children may never be totally continent and so the emphasis will be on management of the condition.

A child will pass through these 3 stages as they develop bowel/bladder control:

1. The child becomes aware of having wet or dirty pants.
2. They know that urination/defecation is taking place and may indicate this.
3. The child realises that they need to urinate/defecate and may say so in advance.

Toilet training will be more successful if the child is at the last stage.

Assess the child over a period of 2 weeks to determine:

- If there is a pattern to when the child is soiled/wet.
- The indicators that the child is giving that they need the toilet (actions, facial expressions).
- Hourly visits to the toilet and monitoring of wet, soiled or dirty pants help to determine toileting behaviour and show an emerging pattern.

Some strategies to support the process:

- Familiarise the child with the toilets, use other children as good role-models (being sensitive to their privacy), flush toilets, wash hands etc.
- Encourage the child to use the toilet when they are indicating in some way that there is a need, but do not force the issue.
- Take the child to the toilet at a time when monitoring has indicated that they usually opens their bowels.
- Ensure that they are able to reach and are comfortable on the toilet. Training seats may be provided by parents.
- Stay with the child and talk to them to make the experience more relaxed.
- Accept that the child may not use the toilet – it may take time to develop the idea of what is expected. Don't become anxious, praise the child when the toilet is used.
- There may be some setbacks (possibly an emotional reason), patiently continue.
- Accidents will occur, deal with them discreetly and without fuss.
- The process may take time – be patient and the reward will be very satisfying.

It is important to develop a home/school approach in order for the process to succeed.

Good practice in supporting children with SEND:

- The child's documentation (EHCP, My Support Plan etc) will outline their needs and objectives and the educational provision to meet those needs and objectives. Funding is provided to meet the child's needs.
- When a child's independence and self-help skills are delayed these will be identified in the statement and programmes will be recommended to develop these skills.

## **APPENDIX 2: HOME/ SCHOOL PARTNERSHIP**

In some circumstances it may be appropriate for the school to set up a home/school agreement that defines the responsibilities that each party has, and the expectations that each has for the other. This might include:

The parent:

- Agreeing to ensure that the child is toileted at the latest possible time before being brought to school.
- Providing the school with a change of clothing, wipes etc.
- Understanding and agreeing the procedures that will be followed when their child is changed at school.
- Agreeing to inform the school should the child have any rashes or marks.
- Agreeing to a minimum change policy i.e. the school would not undertake to change a child more frequently than if they were at home.
- Agreeing to review arrangements should this be necessary.

The school:

- Agreeing to a minimum change policy i.e. the school would not undertake to change a child more frequently than if they were at home.
- Agreeing to monitor the number of times the child is changed in order to identify progress made.
- Agreeing to report should the child be distressed or if rashes or marks are seen.
- Agreeing to review arrangements should this be necessary.

Procedure for Personal Care of an individual pupil

The guidelines will specify:

- Who will change the child?
- Where changing will take place?
- What resources will be used (cleansing agents or cream to be applied in accordance with parent's wishes)?
- How the soiled clothing will be disposed of?
- What infection control measures are in place?
- What the staff member will do if a child is unduly distressed by the experience or if a staff member notices marks or injuries?
- How changing occasions will be recorded and how this will be communicated to parents (in confidence)?

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