



**Leicestershire  
Traded Services**

# **Intimate Care Guidance and Information for Schools, Settings and Academies**

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## **Introduction**

This policy applies to all staff working within Early Years Settings, Schools, Colleges and Academies that are involved in the care and support of children with both mild and severe continence issues.

For the purposes of this policy, Early Years settings, Schools, Colleges and Academies will be referred to as “Setting / School”.

Head Teachers should ensure their staff understand and are compliant with this guidance. This guidance document should be read in conjunction with the associated guidance appropriate to the child's needs.

## **1.0 Purpose**

1.1 Achieving continence is just one of the developmental milestones usually reached before the child transfers to learning in an Early Years /school /setting. However, a significant number (more than 10% of children and young people in the UK aged 5 to 19) have a continence management problem. Therefore, all Early Years settings / Schools must ensure that they provide accessible toileting facilities along with the necessary support to assist children with such issues. For further details regarding appropriate facilities refer to the child's individual documentation.

1.2 Not all children with continence management issues require the support of staff members. However, all children do require accessible, private, and well-maintained toileting and changing facilities. Whilst staff may not be required to accompany children with mild incontinence issues, they must be sensitive and supportive of the child's needs and be prepared to support if required.

1.3 This document provides details of an Early Years setting / Schools responsibilities in terms of providing the appropriate support to all children with continence issues, whether these are mild or complex.

1.4 It is considered best practice that all staff adhere to procedures contained within this guidance. This includes ensuring that supply staff are aware of the child's needs and how to support / encourage them.

## **2.0 The Law**

2.1 Incontinence that has a substantial and long-term adverse effect on a child's ability to carry out normal day-to-day activities is classed as a disabling condition and as such would be protected under the Equality Act 2010. It is therefore unacceptable to refuse admission to children who are delayed in achieving continence. Delayed continence is not necessarily linked with learning difficulties, although children with global developmental delay, which may not have been identified by the time they enter nursery or school, are likely to achieve continence at a later stage.

2.2 Children must not be excluded from normal early years or school activities solely because of incontinence.

2.3 Any admission policy that sets a blanket standard for any aspect of development including continence for all children is discriminatory and therefore unlawful under the Equality Act 2010. All such issues have to be dealt with on an individual basis, and settings, schools and colleges are expected to make reasonable adjustments to meet the needs of each child.

### **3.0 Safeguarding**

3.1 When considering toileting and intimate care, children should be encouraged to act as age appropriately and independently as possible and to undertake as much of their own personal care as is practically possible. Intimate or personal care procedures should not involve more than one member of staff unless the child's care plan specifies anything different.

3.2 Children who have varying levels of incontinence: -

- Only require one member of staff to assist with changing / toileting with a second person in audible range.
- May require two members of staff to assist with changing / toileting (the Head Teacher will reserve the right to put two people in place; for example, for those vulnerable children and families where there have been previous allegations / accusation of inappropriate contact. In such circumstances the need for additional staff to assist should be recorded on the child's case file). This should be planned and rationalised with the child's parents and/or health care professionals.

3.3 Children are entitled to respect and privacy at all times and especially when in a state of undress, including, for example, when changing, toileting and showering. Therefore, all staff involved in intimate care of a child must: -

- Explain to the child what is happening before a care procedure begins.
- Consult with colleagues where any variation from agreed procedure/care plan is necessary.
- Record the justification for any variations to the agreed procedure/care plan and share this information with the child and their parents/carers.
- Avoid any visually intrusive behaviour.
- Where there are changing rooms, announce their intention of entering.
- Always consider the supervision needs of the child and only remain in the room where their needs require this.
- Not change or toilet the child in the presence or sight of other children
- Not shower with children.

- Not assist with intimate or personal care tasks which the child is able to undertake independently.

3.4 Children who require the support of a hoist for moving between their wheelchair and changing facilities will always require the presence of two members of staff for safety whilst the child is being moved. Once the child has been safely moved to the changing bed the second member of staff can leave whilst personal care is carried out, returning to support moving back to the wheelchair.

3.5 A signed record of all intimate and personal care tasks undertaken must be kept including: -

- In which room the tasks were carried out.
- Details of the task and care that was carried out.
- Time of entry to the room.
- Time the task was completed, and all parties left the room.
- Names of the staff members involved in carrying out the care.

3.6 Should a member of staff be concerned about a child's physical or psychological wellbeing they must discuss this immediately with the Designated Safeguarding Lead (DSL)

## **4.0 Training**

4.1 All staff involved in the changing or toileting of children must have received the relevant safeguarding training in order to support each individual child appropriately.

4.2 All staff who support children with complex continence requirements, for example children with stomas, or those who use catheters, must have received appropriate training. This should be accessed via the child's specialist nursing team, responsible for the child's care. Please also be aware that specialist procedures, for example, catheterisation, will necessitate additional insurance.

4.3 The Community Occupational Health Team must appropriately train all staff members involved in the use of specialist equipment such as hoists.

## **5.0 Health, Safety and Hygiene**

5.1 All staff in Early Years settings / schools must adhere to the setting/school's Hygiene or Infection Prevention policies when dealing with a child who has accidentally wet or soiled themselves or is sick whilst on the premises. Staff must also apply these principles when dealing with children and young people who wear pads or nappies or use catheters for bladder management.

5.2 Employees assisting with children who have incontinence needs should: -

- Wear disposable gloves and aprons while assisting the child.

- Dispose of soiled pads, nappies, and catheters in hygienic disposal units, or double wrap such items before placing in the waste collection.
- Clean the changing area after every use with appropriate anti-bacterial products which must then be stored correctly.
- Have access to hot water and liquid soap to wash hands before and after the task.
- Wash their hands in accordance with the recommended methods.
- Have access to a hot air dryer or paper towels to dry their hands.

## **6.0 Personal Care / Contenance Management Plans**

6.1 Early Years settings / schools should have clear written guidelines for staff to follow when supporting a child's personal care requirements, to ensure that staff follow correct procedures and are protected from false accusations of abuse.

6.2 All relevant parties should have input into a child's care plan, this may include the child's parents, and/or any other relevant health care professionals.

6.3 Written guidelines will specify: -

- Who will carry out the care, if possible, this should be a person of the child's choice or the child's key person, and what, if any training / assessment they might require.
- What equipment / resources will be required to undertake personal care.
- What resources will be used (Cleansing agents used or cream to be applied)
- How equipment / waste will be disposed of e.g., double bagged / use of nappy disposable unit.
- How the child's clothes, if soiled, will be returned to the parents. Spare clothes may be required.
- What Infection Prevention measures are in place?
- What the staff member will do if the child is unduly distressed by the experience or if the staff member notices marks or injuries.
- Arrangements for care during school trips and residential visits.

6.4 A care plan, or any less formal document should follow the child from year to year, and setting to setting, to ensure their cares are anticipated, acknowledged, and provided for wherever they go. This document must be regularly reviewed until no longer required. Supply staff should be made aware of any such care plan for any child in their class for the day, to prevent failure in the support and progress of the child.

6.5 Early Years settings/Schools will also need to consider the possibility of special circumstances arising should a child with complex continence needs be admitted to the setting/school. In such circumstances the appropriate health care professional will need to be closely involved in forward planning.

## 7.0 Home / School Agreement

7.1 In some circumstances it may be appropriate to produce a Home / setting / school agreement that defines the responsibilities that each partner has, and the expectations each has for the other. This could include: -

The parent / carer:

- Agreeing to ensure that the child / young person is supported in accessing toilet / changing facilities at the latest time before leaving home, if possible, and before being brought to the setting / school.
- Providing the setting / school with spare pads / nappies and other equipment and as many changes of clothing that the child might require in a day.
- Understanding and agreeing the procedures that will be followed when their child is supported at setting/school - including the use of any resources, cleanser, or the application of any cream.
- Take into account the child's own wishes and needs in how care is provided, and how they communicate this.
- Agreeing to inform the setting / school should their child have any marks or rash.
- Agreeing to a 'minimum change' policy.
- Agreeing to review arrangements should this be necessary

The school / setting:

- Agreeing to support the child should the child/young person soil themselves or become uncomfortably wet / request changing.
- Agreeing how often the child would have access to appropriate support ensuring the child's comfort and dignity are paramount at all times.
- Agreeing to inform the Designated Safeguarding Lead (DSL) should the child be distressed, or if marks or rashes are seen.
- Agreeing to review arrangements should this be necessary.

7.2 This kind of agreement aims to avoid misunderstandings that might otherwise arise, and help parents feel confident that the setting / school is taking a holistic view of the child's needs and the child feels confident that their personal care will be dealt with in a dignified and inclusive manner.



## **8.0 Toilet Facilities**

8.1 Toilet facilities in schools and settings should be: -

- Private to ensure that dignity can be maintained.
- Clean and warm.
- Accessible.
- Properly resourced with soap and hand-drying facilities.

8.2 Toilet facilities should not be:

- locked or have any other kind of restricted access

## **9.0 School Trips**

9.1 Early Years settings / schools should make reasonable adjustments to accommodate any child with additional needs including continence support to allow them to access day trips and residential visits. It is neither acceptable for parents to be asked to accompany their child in order to carry out their personal cares, nor to exclude these children and young people from the trip.

9.2 Prior to booking a venue the trip leader should liaise with the SENCO to ascertain the needs of the child, the facilities available on site and consider any reasonable adjustments that may be required. This will ensure continuity of the care-plan

9.3 An individual risk assessment should be developed to document the control measures necessary to ensure the health, safety, and wellbeing of the child.

## Summary of Toileting Policy for Schools, Settings and Academies

- Not every child achieves continence as part of usual milestone achievement.
- All children should be looked after as individuals, with any additional needs supported where necessary with reasonable adjustments.
- Incontinence is classed as a disabling condition and as such is protected under the Equality Act 2010.
- Early years settings /Schools have a duty of care to support children as their parents support them.
- Intimate or personal care procedures should not involve more than one member of staff unless the child's care plan specifies anything different.
- Should a member of staff be concerned about a child's physical or psychological well-being they must discuss this immediately with the Designated Safeguarding Lead (DSL).
- All staff involved in supporting a child or young person with toileting must have received the relevant Safeguarding training in order to support each individual child appropriately.
- Where the child has complex medical needs then the appropriate training must be undertaken.
- A care plan will be put in place for each child, written and agreed by the child, child's parents/carers, setting/school, and health care professional where appropriate.
- Toilet facilities should be clean and warm and allow absolute privacy and dignity for the child.
- Toilet facilities should be available at all times.
- Children and young people with continence issues should be able to access setting/school trips and residential visits in the same way as all the other children in the setting/school.

## **Appendix 1 – Frequently Asked Questions:**

### **It is not part of my job description to change nappies or pants. Do I still have to do this?**

All settings have a duty of care to their children. Attending to personal needs falls into this category.

While there is no duty on teachers and school support staff to change nappies or pants, staff can volunteer. However, where some staff are willing to provide personal care and others not, the organisation would need to discuss the issue, so that children, parents, and staff continue to feel valued.

However, settings/schools do have a duty of care to support the child in the same way that parents/carers do at home. Where no volunteers come forward the setting/school will need to employ staff appropriately.

It is highly recommended that when job descriptions are reviewed, personal care and the promotion of independent self-care skills should be considered.

### **Who provides the nappies?**

The child's parent/carer should provide the nappies and any creams/lotions and nappy sacks. However, if you have a nappy disposal unit, nappy sacks will not be required.

Wipes for cleaning the child can be provided by parents or the setting. It will need to be made clear on your policy who will provide these. Alternatively, water and wipes can be made available by the setting.

The setting should provide disposable gloves and aprons for the staff.

Anti-bacterial spray for cleaning the area afterwards is required and should be provided by the setting.

If you do not have a purpose-built changing area, the toilet area can be used. The dignity and privacy of the child is paramount. It is not appropriate to carry out tasks on the floor.

### **How do we dispose of the nappies?**

A risk assessment should be carried out.

Nappies and wipes can be double bagged and placed in the domestic waste bins. If a nappy disposal unit is used, the contents should be put into a sealed bag (if not double bagged already) and placed in the main bin.

Soiled nappies should not be given to parents at the end of the session as this is unhygienic and demeaning.

### **Do we need more than one person to change a child?**

No, all staff are DBS checked. Recruitment and selection procedures and ongoing suitability checks, such as supervisions and appraisals provide evidence that staff are suitable.

Your safeguarding policy should also state what staff should do if they have concerns and linked to your person care policy.

**Most children are out of nappies by the time they are 3 years old, why is this an issue?**

All children are unique and have a right to be seen as an individual. Personal circumstances, health or development have to be viewed holistically with the child's right to access services. Children should not be discriminated against due to individual needs. Around 10% of children are unable to achieve this milestone for a variety of reasons and will require support throughout school years.

**How do we manage changing older children?**

All children vary considerably in their needs and wishes around personal care. The setting should talk to the children and liaise with the parents so needs can be understood and met. Dignity and privacy are paramount.

**How do we manage children becoming upset when they have 'accidents' or need changing?**

It is important all staff, following a clear management lead, are positive in their attitude to personal care. As with all emotional experiences children benefit from acknowledgement and acceptance of their feelings and an empathic and solution focused response. '...and should be encouraged to have a positive image of her/his body' [Lenehan et al., 2004 p23]

It is vital that the child has a key person, who is familiar with and respected by the child. It is important that contingency plans are in place in the event of staff absence, and that the child is comfortable with the alternative staff member.

## Appendix 2 – Further Reading and references

**Toileting Issues for Schools and Nurseries** (Leicester, Leicestershire and Rutland Specialist Community Child Health Services) Available from Early Years Co-ordinator (SEN), Early Years Support Team, New Parks House, Pindar Road, Leicester, LE3 9RN or e-mail [early.yearssupport@leicester.gov.uk](mailto:early.yearssupport@leicester.gov.uk)

**Enuresis Resource & Information Centre** (ERIC), 34 Old School House, Britannia Road, Kinswood, Bristol, BS15 8BD. Telephone: 0117 960 3060 Website [www.eric.org.uk](http://www.eric.org.uk)

Lenehan, C., Morrison, J. and Stanley, J., 2004 *The dignity of risk: a practical handbook for professional working with disabled children and their families*. London: National Children's Bureau / Council for Disabled Children.

Guidance for safer working practice for those working with children and young people in Education settings, DfE October 2015.

Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England. DfE, December 2015

A full list of fully accessible toileting facilities is available on the Changing Places website:

<https://www.changing-places.org/find>

Further information and templates e.g., Risk Assessments, can be found on the Leicestershire Traded Services Website: [www.leicestershiretradedservices.org.uk](http://www.leicestershiretradedservices.org.uk)

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