CHILTERN PRIMARY SCHOOL
INTIMATE CARE AND TOILETING POLICY
Updated: July 2015
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The Staff and Governors of Chiltern Primary School are committed to safeguarding and promoting the welfare of children and young people. We are committed to ensuring that all staff responsible for intimate care of children and young people will undertake their duties in a professional manner at all times.

Intimate care is defined as any care which involves washing, touching or carrying out an invasive procedure that most children and young people carry out for themselves, but which some are unable to do.

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 include support with dressing and undressing (underwear), changing incontinence pads and nappies, helping someone use the toilet or washing intimate parts of the body. Disabled pupils may be unable to meet their own care needs for a variety of reasons and will require regular support.

The Governing Body recognises its duties and responsibilities in relation to the Disability Discrimination Act which requires that any child with an impairment that affects his/her ability to carry out normal day-to-day activities must not be discriminated against.

We recognise that there is a need for children and young people to be treated with respect when intimate care is given.

No child shall be attended to in a way that causes distress, embarrassment or pain. Staff will work in close partnership with parents and carers to share information and provide continuity of care.

It is generally expected that most children will be toilet trained and out of nappies before they begin at school or nursery. However it is inevitable that from time to time some children will have accidents and need to be attended to. In addition to this an increasing number of children and young people with disabilities and medical conditions are being included in mainstream settings. A significant number of these pupils require adult assistance for their personal and intimate care needs.

In order to help the children to become aware of their bodily needs and respond to them in time, those who wish to go to the toilet are always allowed to go, although they are encouraged as they progress through the school to use the toilet during break times. Staff undertakes to attempt any support and/or training programme

requested by a child's GP and/or the school doctor or parent.

Permission is sought as children enter Early Years Foundation Stage (EYFS) and slips are kept on record. All FS staff are informed of those children, where no permission is given. Where a child has continuing incontinence problems (i.e. past EYFS) parents are expected to continue to provide a complete set of spare clothes and "baby-wipes". The school also keeps a stock of spare clothes in various sizes.

EYFS staff has access to a private toilet area with a toilet and hand basin with access to warm water. There is also a stock of baby wipes, plastic bags and disposable protective gloves, for staff to use, which they must do. If a child soils him/herself during school time, one member of the FS staff (teacher, NNEB, practitioner, meals supervisor) will help the child:

- To remove their soiled clothes
- Clean skin (this usually includes bottom, genitalia, legs, feet)
- Dress in the child's own clothes or those provided by the school
- Double wrap soiled clothes in plastic bags and give to parents to take home.

At all times the member of staff pays attention to the level of distress and comfort of the child. If the child is ill the member of staff telephones the parent/carer. In the event a child is reluctant and finally refuses, the parent/carer will be contacted immediately.

Our intention is that the child will never be left in soiled clothing, but as soon as the member of staff responsible for him/her is aware of the situation, she/he will clean the child. The member of staff responsible will check the child regularly and ensure that he/she is clean before leaving to go home. The latter is because the school washing facilities are not accessible to parents.

It is intended that the child will not experience any negative disciplining, but only positive encouragement and praise for his/her endeavours, to master this necessary skill. It is always our intention to avoid drawing attention to such events and positively to encourage the child in his/her efforts to gain these skills.

Our approach to best practice for intimate care needs over and above accidents.

- The management of all children with intimate care needs will be carefully planned.
- Where specialist equipment and facilities above that currently available in the school are required, every effort will be made to provide appropriate facilities in a timely fashion, following assessment by a Physiotherapist and/or Occupational Therapist.
- There is careful communication with any pupil who requires intimate care in line with their preferred means of communication to discuss needs and preferences.
- Staff will be supported to adapt their practice in relation to the needs of

individual children taking into account developmental changes such as the onset of puberty and menstruation.

- Pupils will be supported to achieve the highest level of independence possible, according to their individual condition and abilities.
- Individual care plans will be drawn up for any pupil requiring regular intimate care.
- Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. Where possible one pupil will be cared for by at least one adult unless there is a sound reason for having more adults present. In such a case, the reasons will be documented.
- Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the care plan
- The needs and wishes of children and parents will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation
- Where a care plan is not in place and a child has needed help with intimate care (in the case of a toilet „accident") then parents/carers will be informed the same day.
- This information should be treated as confidential and communicated in person, via telephone or by sealed letter.

Child Protection

The Governors and staff of Chiltern Primary School recognise that disabled children are particularly vulnerable to all forms of abuse.

Child Protection and Multi-Agency Child Protection procedures will be adhered to at all times. If a member of staff has any concerns about physical changes in a child's presentation (unexplained marks, bruises or soreness for example) s/he will immediately report concerns to the Designated Person for Child Protection.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated at an appropriate level and outcomes recorded.

Parents/carers will be contacted at the earliest opportunity as part of the process of reaching a resolution. Further advice will be taken from partner agencies.

If a child makes an allegation about a member of staff this will be investigated in accordance with agreed procedures.

The Governing Body adopted this policy on July 2015
It will be reviewed by July 2016

Toileting Guidelines

The following guidelines are for working with children who are in nappies, not yet toilet training or have additional medical needs affecting toileting in schools and early years setting in Northamptonshire.

This guidance has been compiled by practitioners from Health, Social Care and Education agencies, taking advice from Health and Safety colleagues, and Ofsted. The document is for guidance only and schools/settings will have to adapt the information to meet individual circumstances. Should queries arise about interpretation and application of the guidance, schools/settings may wish to seek advice from staff in either the Local Authority, Health Trusts, Legal Services, or other appropriate agencies.

Where Northamptonshire Count Council staff volunteer to support children with toileting difficulties and, where they have followed guidance provided by this document, adapted by the school/setting, they will be acting with the knowledge and consent of the Local Authority and so will be indemnified by the Local Authority insurers.

For practitioners working in academies, private, voluntary and independent sector, this guidance is for information only. For indemnity matters, please contact your own insurers.

Please cross reference to your own school/early years setting Health and Safety and Inclusion/SEN Policies.

Rationale

As the population of children changes (and early years settings admit children at a younger age) it is apparent that there is an increase in the numbers of children arriving at our schools and early years settings not yet toilet trained. This may be fr a variety of reasons ~ age, awareness, medical needs, special educational needs and disabilities.
In this guidance we aim to provide some answers or possible solutions to questions that are commonly raised by staff. The intention is that this will help you to find a way forward to include all children with toilets needs. It contains:

- An ethical introduction as to why all children should have the same entitlement
- A legal framework in relation to child protection and anti discrimination
- Some practical guidance to assist schools and early years settings in making the correct adjustments and arrangements to ensure good practice.

Ethical

Q "Why do you need to admit children who are not yet toilet trained?"
A For each school or early years setting it is important to have a protocol for working with children with additional toileting needs to ensure that these needs can be fully met and that no child should be excluded.

As a county council we believe in the inclusion of all children in our schools and early years settings and that equality of opportunity for the child and for the parents/carers to access childcare is paramount.

It is the expectation that all schools and early years settings will provide a consistent and positive approach to helping all children to achieve their full potential in every aspect of their development.

We would wish at all times to promote the good practice of making arrangements "additional to or different from" for children who may need additional support to achieve independent toileting.

Legal

Q "Are we discriminating against children if we do not admit them into our school or early years setting?"

A The Disability Discrimination Act (DA 2005) states that no child should receive "less favourable treatment"

- Than someone else
- For a reason related to the child's disability
- That cannot be justified

The child's disability relates to a "physical or mental impairment with a substantial or long term adverse effect on the ability to carry out normal day to day activities."

Where this is the case, the DDA states that "reasonable adjustments" should be made to the environment or practice and barriers to inclusion anticipated.

Whist is may not always be apparent that a child's delay in independent toileting is due to a medical need or delayed development, it is important to make reasonable adjustments for all children, give that later identification or disability may occur.

Therefore, it is important not to make blanket admission policies stating that you will only take children who are toilet trained. If you do so, you may be discriminating against admission of a child who is not trained due to medical or special educational need.

Q "is it true that for child protection you have to have town adults changing a child?"

A No. It is important to balance the dignity of the child with aspects of child protection. All staff working in the school or early years settings must have a CRB check. It is recommended that particular staff members are identified to change a child with known needs and that they plan and record their work with that child. It is essential to balance the privacy of the child (i.e. not changing in a completely open area) with the safety of the staff and child (i.e. perhaps changing in an area with the door ajar and other staff knowing where you are and your work recorded). Attached in the appendix is an extract from the DfES Guidance for Safe working Practice for the protection of children and Staff in Education Settings February 2005.

Q "In an <u>early years setting</u>, how can we have one adult taking a child out to change them as our ratios are then lower than is allowed?"
A Ofsted told us that the ratios they stipulate relate to the whole early years setting and, therefore, providing the number of adults on site is as per ration, then it is not a problem to release one adult to change a child as necessary.

<u>Practical</u>
Q "do we need to learn how to lift children safely"?
Q "do we use a changing mat or table"?
Q "What do we do if we are in a church hall with only a small area for changing on the floor inside the toilets"?

A Good practice would be to complete a **risk assessment** of your changing facilities and of aspects of lifting and handling children. You must ensure that Health and Safety is maintained but this should be balanced with making 'reasonable adjustments' to include all children.

Staff should receive training on manual handling.

Ideally, adjustable changing tables should be used by an adult who has received training in their use. However, we recognise that for some (and early years settings in particular) a changing mat will be the most practical and straightforward solution. In these instances, please refer to manual handling guidelines. It may also be necessary if space is limited, to provide a screened off area adjacent to the toilet. Attached in the appendix are the DDA guidelines for toilet areas which may be useful if any building modifications were necessary/possible.

Q "What systems of recording should we use when taking a child to the toilet during training or when being changed?"
A Ideally you should record whether the child was wet/dry/soiled. This can help with the overall patterns of progress a child is making and can act also as a general care record. This should be shared with parents/carers daily at the end of each session, to ensure that communication is open and any changes in planning cam de made. Attached is an example in the appendix. You should make a note of any bruises or nappy rash, see your settings policy and/or Local Safeguarding Board.

Q "What hygiene procedures should be in place"?
A All staff should be following good hygiene practice already and you will have systems in place to deal with spillages etc. Remember

- ✓ Staff to wear gloves (for use of latex gloves, a risk assessment will need to be undertaken and ideally a disposable apron whilst changing. Please refer to the appendix regarding the use of latex gloves)
- ✓ Staff to wash hands with hot water and soap after changing/toileting, disposal and cleaning is completed Please refer to the appendix regarding Correct Hand Washing Techniques.
- ✓ Child also to wash hands or have hands wiped if appropriate

- ✓ All areas and spillages to be cleaned up immediately after changing/toileting
- ✓ Please cross reference to any other Health and Safety/Hygiene policies.

Q "Where do we dispose of the waste?" (If disposable nappies/pull ups are being used)

A Either

- Buy in services of a company who will take nappy bins away on a regular basis
- Check your local council if nappies, double bagged can be disposed of in the dustbin (as at home)
- Or if not, it is reasonable to ask parents to take nappies, again double bagged, home at the end of each session. This wil need to be the case for any non-disposable nappies/soiled clothing.

Q "Do staff need changes made to their job description"?

A This needs to be discussed with your staff team, depending on the tasks which were outlined in their job description when they were recruited. You should consider if you are advertising for new members of staff, that meeting the personal needs of some children is an essential requirement of the job. If staff are fully aware of the wide range of tasks they may be required to carry out when working with children this does make it far easier for schools to ensure childrens needs can be fully met.

Q "How can parents/carers help"?

A A 'reasonable adjustment' may occur after a conversation with the child's parent /carer to ascertain what arrangements might help that child best. Remember that parents/carers are the best source of information relating to their child. Attached in the appendix is an example of a questionnaire to use either with parents / carers or to give them to complete and also in the appendix are some ideas to help children with toilet training. By working together you will be ensuring a consistent approach for the child and progress is therefore likely to be quicker.

Share information on :

- what the child's current needs are both at home and in the school or early years setting
- what words the child and adults use
- what equipment the parents use at home
- any particular likes or dislikes the child has (e.g. holding a favourite book helps keep the child calmer when being changed, singing whilst on the potty etc.)
- what rewards you will be using with the child to reinforce achievements
- an appropriate toileting routine for the child if they are unable to ask for their needs to be met e.g. on arrival and after snack
- the most appropriate clothing for a child to wear during this period and any arrangements for spare clothing and labelling of clothing

Plan:

- which staff will assist the child and which staff in the school or early years setting need to know the information in case they need to cover
- where the child will be changed
- where the waste will be disposed

Record your plans together (two examples are enclosed in the appendix) and ensure that these plans are regularly reviewed and that two way communication is good.
It is way communication is good.
It not good practice to ask a parent/carer to stay with their child, come to the setting to change their child or to take them home to do so. Similarly it is not good practice to reduce a child's hours or sessions due to toileting needs unless all involved agree that the child is not yet ready for that length of session i.e. it is in the child's best interests.

Q "Who else can we ask for help"?
A The parents/carers are your first source of information. If you or the parents/carers would like to discuss any issues further, the why not try contacting the child's Health Visitor or school nurse? If the child has involvement of known medical services e.g. community nurse or Paediatrician, why not ask them? It may be the case that a child is already undergoing a treatment programme for toileting which would need to be continued whilst attending the educational setting.
Attached in the appendix is information specifically relating to issues for older childen. Also in the appendix is a Glossary of Terms.

Please remember that you need parental permission to talk to any agency about a specifically named child.

Appendices

Toileting plan (Setting 1 and 2)

Toilet training tips

Ideas to help children with toilet training

Routine and Toileting Programme Information

Questionnaire for Parents re Toileting

Toilet training chart

Specific issues relating to older children

An extract from DfES document "Guidance for Safe Working Practice for the Protection of Children and Staff in Education Setting" February 2005

Glossary of Terms

Correct Hand Washing Techniques

Safe Use of Latex Medical Gloves

CHILTERN PRIMARY SCHOOL EARLY YEARS SETTING 1

Suggested Toileting plan for [CHILDS NAME]

Drawn up by [Name of parent/carer and name of staff member]

CHILD is currently in nappies and is not yet showing any awareness of being wet or soiled. At home, CHILD is changed on a regular basis to ensure s/he is comfortable.

CHILD will be attending SETTING for 4 sessions per week in the Spring term [year].

Agreed action plan

[STAFF NAME & STAFF NAME] to be responsible for changing CHILD whilst at SETTING. This will ensure continuity of care, privacy for CHILD and that if one staff member is absent, there is a member of staff available who knows the CHILD'S needs.

PARENT/CARER to provide nappies, wipes and nappy sacks and spare clothes, labeled with the child's name.
SETTING to provide gloves and changing mat. CHILD and STAFF are not known to be allergic to latex gloves and a risk assessment has been carried out.

CHILD will be changed on a changing mat on floor in area in the children's toilets. As this is busy at particular times of the session, STAFF to change CHILD when fewer or no other children present.

CHILD will be able to lay themselves down and get up with assistance from an adult guiding them.

STAFF will record on log time of changing and whether CHILD was wet/dry/soiled. This information to be shared with PARENT/CARER on a regular basis.

Due to the lack of disposal facilities, nappies/used wipes will be stored in nappy sacks and given to the parents in a carrier bag at the end of the session.

Signed by Name of parent/carer and name of staff member

Date **Date for review**

CHILTERN PRIMARY SCHOOL EARLY YEARS SETTING 2

Suggested Toileting plan for [CHILDS NAME]

Drawn up by [Name of parent/carer and name of staff member]

CHILD is currently in nappies and is showing some awareness by pointing when wet or soiled. At home, CHILD is changed after indicating s/he is wet or soiled and checked at regular intervals.

CHILD will be attending SETTING for 5 sessions per week in the Spring term [year].

Agreed action plan

[STAFF NAME & STAFF NAME] to be responsible for changing CHILD whilst at SETTING. This will ensure continuity of care, privacy for CHILD and that if one staff member is absent, there is a member of staff available who knows the CHILD'S needs.

PARENT/CARER to provide nappies, wipes and nappy sacks and spare clothes, labeled with the child's name.
SETTING to provide gloves and changing mat. CHILD and STAFF are not known to be allergic to latex gloves and a risk assessment has been carried out.

CHILD will be changed on an adjustable changing table the disabled toilet area.

CHILD is unable to lay themselves down and get up without the assistance of an adult guiding them. STAFF to lower table to assist child to get on, then raise table to comfortable working height, ensuring safety rail in place.

STAFF will record on log CHILDS communication, time of changing and whether CHILD was wet/dry/soiled. This information to be shared with PARENT/CARER on a regular basis.

Due to the lack of disposal facilities, nappies/used wipes will be stored in nappy sacks and given to the parents in a carrier bag at the end of the session.

Signed by Name of parent/carer and name of staff member

Date **Date for review**

IDEAS TO HELP CHILDREN WITH TOILET TRAINING

For any child toilet training can be a difficult skill to master, Young children do not usually feel the desire to become toilet trained, rather they acquire the skill to please their parent, so this social motivation is a critical factor.

For children with social awareness difficulties the social motivation for toilet training is rare. Equally, due to understanding difficulties, the child may not understand what is being expected of them. Organising and sequencing the information needed to follow the steps in toileting and staying focused on the task can also be a big problem. The child may have problems changing from familiar nappies to unfamiliar pants. An additional problem for some children may be the difficulty in integrating sensory information and establishing the link between having the sensations and what they need to do as a result. Also for those with a heightened awareness of sounds the sound or running water may be frightening, as may be the big hole in the toilet seat with water beneath. Children who respond badly to changes in temperature and to removing clothes or replacing them may also have difficulties with toilet training.

WHAT TO DO

- Discuss with parents/ carers and agree a plan of action that is relevant at both the child's home and in your school/ Early years setting.
- Identify a suitably motivating reward that is practical for the child's home or setting to use or carry, make sure all rewards are available instantly when required.
- Use a simple chart to collect information about the child's readiness for toilet training. Take the child to the toilet/potty to check every hour and record if they use the toilet/potty and if they are dry/wet/dirty before. Do this for a week if possible to try to establish a pattern.
- Think ahead and plan to start the above in a week when you know that you will have the time to continue it without causing you problems. If you are stressed at trying to find the time, your child is likely to become anxious as well.
- If during the week you start picking up signs of when the child is wetting or soiling themselves then tell them to 'wait' then take them to the potty/toilet even if it is too late. This will help to establish the relationship between what the child is feeling and what should happen next.
- If the child is dry for 2 hours or more at a stretch this indicates that the child is physically ready to be toilet trained, i.e. the muscles have developed control.
- During the week observe whether the child is beginning to follow, or seems to be aware of, any part of the routine.
- Find a realistic goal having observed and assessed where the child is in understanding the toileting process – independent toileting may be many steps away.
- Establish a positive and meaningful routine around toileting.
- Break down the toileting routine into small steps e.g. enter the bathroom, pull clothes down by self or allows adult to pull, sit on toilet/potty, get tissue, wipe with tissue, stand up, throw tissue in toilet, pull clothes up, flush toilet, wash

hands, leave bathroom. Keep to the routine that you set up to give continuity whilst your child is learning. Changes in routine can seem like a new activity to some children.

- It can be useful to only undertake toilet training in a set room to build up the association with one place e.g. the bathroom.
- It may be necessary to add support for feet etc. to give security to the child when seated.
- If sounds in the room cause problems, try playing a favourite tape whilst the child is in there to reduce anxiety.
- Once you have decided on your goal consider whether visual prompts would help to keep the child focused on the task.
- An object or a picture may be needed to help the child realise what is to happen. For some children it may be necessary to have a series of pictures relating to each step of the process with a visual cue for what activity is to follow. Use this reward as a motivator by choosing an activity that the child enjoys.
- To help the child know how long to sit, you can try a timer or a song/tune on the tape recorder.
- If the child is afraid of the flush, only flush if there is something to flush or flush once the child has left the room. This can be changed to when the child is at the door or away from the toilet as the fear subsides. Try allowing the child to work the flush.
- Some children, who love the flush or the water in the toilet need to be distracted from this with interesting toys, etc.
- Children who play with the toilet roll could try having a visual cue, e.g. a peg placed where to tear or a line marked on the wall for where to stop. Build this into your toileting routine. Alternatively roll out the amount of paper needed ahead of time.
- If the child resisted being cleaned, try using different materials and consider the temperature of the materials that you are using. If it helps take turns with a favourite doll/soft toy.
- When the child is ready to initiate the toilet routine find a way for the child to show you their need. If you used an object or picture it may be meaningful for the child to point to this or to bring it to you. Always use speech alongside the object/picture for when the child is able to make their needs know verbally.

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REMEMBER

Set small step goals

Do not try to move on too fast.

Routine and Toileting Programme Information

At Chiltern School staff will encourage your child to make regular visits to the toilet, in addition to their usual changing routine, to encourage this concept.

We have a range of resources, i.e. mini toilet seat inserts, step stools, etc. to assist all children of the group to use the facilities independently, although staff will assist them if they wish them to.

All children are encouraged to wash their hands after each toilet trip – hygiene issues will form an important part of the toileting process.

If you feel 'pull ups' will assist your child, please send them in these. However, it has often proved best for them to wear routine pants and to deal with any accidents if/as they happen – we have no problem with this and children will not be made to feel it is a big issue.

Spare laundered underwear and clothes are available in these situations – parents may wish to provide a bag of named spares for their child, which can be hung on the coat peg.

Staff will keep a record of loaned clothes and we would appreciate it if these could be returned as soon as possible and ensuring they have been laundered.

We would like to reassure parents that your child's privacy will be respected during the toileting process, adult assistance will be offered, but not enforced upon your child. Where possible, your child will be toileted by their allocated Key Worker.

All staff have had clearance checks by the Criminal Records Bureau via Early Years OFSTED and work within the National Standards and our Health and Safety and Hygiene policies.

Home/Pre-School diaries may be used to keep a record on progress at home with regards to success or otherwise of the toileting programme. Parents may wish to make notes if any soreness/rashes occur and we will assist if requested, with any treatments for these as required.

Reward charts may also be used to help boost your child's self esteem during the process.

Again, we must highlight that these programmes can only prove a success if all parties work together to assist the child to achieve independence

Questionnaire for Parents re: Toileting

This questionnaire is to help us set up a tailored programme that best suits your child – it will help us to reinforce the familiar routine, method and language you use with your child at home, etc.

Working together is vitally important to assist your child to achieve this developmental milestone.

1. Does your child wear 'pull ups' or pants?

2. Do you use an insert seat and/or step at home?

3. Boys only: Does he sit or stand when going to toilet?

4. Does your child need help with pulling their clothes up/down?

5. Does your child need help being lifted on/off seat?

6. Does your child need help with wiping their bottom?

I give permission for Pre-School's staff to assist my child during the session.
I will supply 'pull-ups' and nappy disposal bags in a named bag, if my child is using them.

Parents Name…… *Signature ……*

Child's Name …… *Date ……*

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TOILET TRAINING

Please make a note to say if the child had any bruises

NAME	MON		TUES		WEDS		THURS		FRI	

KEY: W D BO SAT ON POTTY/TOILET SUCCESS

Specific issues relating to older children

Toileting issues are an emotive subject for most parents with young children and the ability to achieve bowel and bladder control is an important milestone in any child's life. There are a significant number of children who will continue to have difficulties with toileting beyond the early years setting. This group of children may suffer from delayed toilet training due to a variety of reasons, including toilet phobia, global delay, autism, Aspergers Syndrome, inflammatory bowel disease, chronic constipation and constipation with overflow soiling, urinary tract infections, poor diet as well as psychological and social factors. Others may develop symptoms at any stage throughout their school career
Although many children are referred to the Consultants or seen by their GP's every year, it is not always evident within the classroom setting that the child is experiencing problems. However, the small group of children who soil or wet themselves at school on a regular basis, or whose medical condition necessitates their missing school frequently, present a particular challenge to the school, to health professionals, and to parents alike.

It is important to recognise that children who soil usually do not have any control over their bowel functions and are often unaware that they have soiled. Therefore a punitive response to their difficulties is unhelpful.

Teachers might be unaware of the difficulties experienced by children with enuresis unless they also wet themselves during the day. However there are likely to be associated psychological problems, which will have an adverse affect on their education and prevent them from entering fully into school life. For example, there will be a reluctance to sleep away from home or they may become a target for bullying.

The following problems have been identified:

- Children are often very reluctant to use school toilets.
- School staff may have no, or an incomplete, understanding of the child's' particular condition.
- Irregular attendance at school leads to ever widening gaps in education, lack of continuity and disengagement.
- It is often difficult to determine if the child's medical problem has become a mental health, behavioural issue or a combination of all three.
- Professionals and parents feel frustrated by the long-term nature and unpredictability of the problem.
- The child experiences the reactions of his classmates to the smell, and sometimes the stigma, often resulting in name calling or bullying. Acute discomfort, embarrassment, low self-esteem and the resulting reduced ability to concentrate and learn are usually present. The teacher experiences disruption to lessons, problems with classroom hygiene, unpleasant odours.

- For all there are feelings of helplessness and a tendency to pass responsibility to others; not only by the child or the family, but also to some extent the professionals involved.

Best practice identified:

- Confidentiality and respect for the child is at the centre of management.
- Intervention occurs as early as possible.
- Schools accept that this is a medical problem and that each individual situation will be different.
- Schools seek advice from the community paediatrician, school nurse or other health professions involved.
- A named person is in place to facilitate information sharing and monitoring.
- There is regular liaison between parent/carers, health and education from the outset.
- There are regular information sharing meetings to monitor progress. These involve minutes being taken, targets set, action agreed and partnership plans in place if a variety of professional teams are involved.
- An application for a Statement of Medical Need is made if the problem is likely to be long term.
- A member of staff who, with parents/carers consent, will implement toileting programs, and encourage the child to manage their condition, is identified within school or employed with this as part of her role.
  .A healthy diet and adequate fluid intake is encouraged.
- The child is encouraged towards independence and ownership of the problem. He/she is praised for this rather than for being 'clean'.
- The child is supplied child with a 'self-help pack' (wipes, change of clothes, disposal bags for dirty laundry) and the facilities to use this discreetly.
- Assessment and advice by Educational Psychologist is requested. There is an investigation of any hidden problems that may impact on or be causing the condition. E.g. specific learning difficulty, bullying, stress or exam pressure.
- Advice from Hospital and Outreach may be requested for either advice or further involvement.

<u>An extract from</u> DfES
Guidance for Safe Working
Practice for the Protection of
Children and Staff in Education Settings
February 2005

Produced by:

The National Network of Investigation and Referral Support Co-ordinators

<u>Intimate Care</u>

All children have a right to safety, privacy and dignity when contact of an intimate nature is required (for example assisting with toileting or removing wet/soiled clothing). A care plan should be drawn up and agreed with parents for all children who require intimate care on a regular basis.

Children should be encouraged to act as independently as possible and to undertake as much of their own personal care as is practicable. When assistance is required, staff should ensure that another appropriate adult is in the vicinity and is aware of the tasks to be undertaken.

Additional vulnerabilities that may arise from a physical disability or learning difficulty should be considered with regard to individual teaching and care plans for each child. As will all arrangements for intimate care needs, agreements between the child, those with parental responsibility and the organisation must be negotiated, agreed and recorded. In addition, the views and/or emotional responses of children with special educational needs, regardless of age and ability must be actively sought in regular reviews of these arrangements.

This means that adults should:

- ***1 Adhere to the school's intimate care guidelines***
- ***2 Make other staff aware of the task being undertaken***
- ***3 Explain to the child what is happening***
- ***4 Consult with colleagues where any variation from agreed procedure/care plan is necessary***
- ***5 Record the justification for any variations to the agreed procedure/care plan and share this information with parents.***

Glossary of Terms

Enuresis: is an inability to control the flow of urine.
The usual definition of nocturnal enuresis is bedwetting over the age of five years.
Primary nocturnal enuresis (bed wetting): when a child has never developed complete night-time bladder control
Secondary nocturnal enuresis: when a child has accidental wetting after having bladder control for six or more months.

Bedwetting occurs on most nights in 15% of five year olds and is still a problem for up to 3% of 15 year olds. (www.bupa.co.uk)

For further information see:
Enuresis Resource and Information Centre (ERIC)
0117 969 3060
http://www.enuresis.org.uk

The Continence Foundation
0845 345 0165
http://www.continence-foundation.org.uk

'Three in every 100 children entering primary school at five years will still be soiling. Between seven and eight, about two out of 100 children are soiling. At 12 years, about 1 in 100 boys (and some girls) are still soiling. Because of the shame about the problem and the attempt by some families to keep this a secret the figures quoted are likely to be under estimates.'
The British Psychological Society.

Constipation: The term constipation is used to describe delayed defecation, painful defecation, and the degree of hardness of the stool. Chronic constipation leads to loss of muscle tone, an enlarged bowel and failure to recognise and respond to the messages from the anal nerves that there is a need to go to the toilet,

Constipation with over flow (soiling) Sometimes called Encopresis: The longer faeces stays in the bowel the more water is drawn out and the harder it gets. Stools collect in the rectum and block the passage of softer stools building up behind. Watery faeces seeps through the blockage resulting in frequent episodes of soiling. This soiling is often mistaken for diarrhoea.

Encopresis: Often associated with behavioural problems, this term is normally used to describe a condition where the child passes a stool anywhere but in the toilet.

Anal Fissure: This is a tear in the inside lining of the wall of the anus, running from the outer margin of the exit directly upwards. The main symptom is a burning pain on defecation. This may be very severe and last for some hours afterwards. This is often a reason why a few young children are reluctant to use the toilet and become constipated as a result.

Hirschsprung's Disease: A Genetic disorder caused by the absence of nerve cells in the wall of the bowel. The portion of the bowel that is without nerve cells does not work and normal peristalsis does not take place. Surgery may take place shortly after birth to remove the diseased segment. Or for some daily rectal washout may be used until the constipation is resolved.
Children not diagnosed at birth might present with:

- Chronic constipation from infancy
- Bouts of diarrhoea
- Abdominal distension
- Abdominal pain/discomfort
- Failure to thrive.

Inflammatory Bowel Disease: This includes Ulcerative Colitis and Crohn's Disease.
Both are chronic illnesses that involve severe inflammation of the digestive tract. However, Crohn's disease tends to be the more serious of the two.

Ulcerative Colitis: This mainly affects the lining of the large intestine, which becomes inflamed, swollen and covered in ulcers.

Crohn's Disease: The onset of Crohn's is often gradual with pain and swelling in the appendix area due to inflammation of the tissues usually in the small intestines. However the disease can manifest itself anywhere along the digestive tract including the mouth and anus, but is most commonly found in the small and large intestine.

Symptoms of Crohn's vary greatly but can include severe abdominal pain, vomiting and nausea, persistent diarrhoea, dramatic weight loss, tiredness anaemia, and mouth ulcers.

Sometimes symptoms do not suggest bowel disease at all with a child or young adult feeling very lethargic with loss of appetite, joint pains, skin rash or failure to grow or develop puberty.

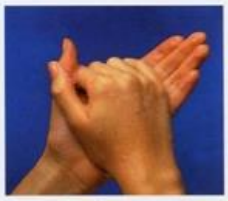
Coeliac Disease (also Known as Celiac Disease): This is an inflammatory condition caused by sensitivity to the protein in gluten, which is found in wheat, rye and barley.

The condition is very common and can be kept under control by a strict gluten-free diet.

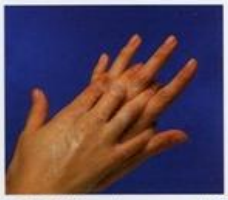
For further information contact Coeliac UK
Tel 01494 437278
http://www.coeliac.co.uk

NHS Direct online Health Encyclopedia

NB: Wet hands thoroughly before applying washing agent.



1. Rub palm to palm.

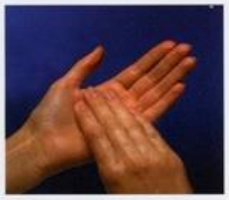


2. Right palm over left dorsum and left palm over right dorsum.

3. Palm to palm, fingers interlaced.

4. Backs of fingers to pposing palms with fingers interlocked.

5. Rotational rubbing of right thumb clasped in left palm and vice versa.



6. Rotational rubbing back and forwards with clasped fingers of right hand in left palm and vice versa.

Rinse and dry hands thoroughly.

GUIDANCE ON THE SAFE USE OF MEDICAL GLOVES

Introduction
This guidance tells you about

- The health problems that may occur if using natural latex gloves
- Which gloves to use to minimise the risks

What is latex?
Natural latex is produced by the *Hevea brasiliensis* tree. It is a cloudy liquid collected by 'tapping' the tree. It then goes through a complex manufacturing process to form latex rubber.

Why is latex used?
Latex rubber is durable, flexible material that gives a high degree of protection from may micro-organisms and is therefore often used in the manufacture of protective gloves.

Where is it used?
As well as gloves, latex is also found in other medical products and devises used in health care such as intravenous tubes, catheters, dressings and bandages.

How can latex harm your health?
Latex exposure can lead to a number of health problems, including:

- **Irritation –** areas of the skin exposed to latex can become red, sore and cracked. This type of reaction is not allergic and when contact with latex ceases the symptoms will disappear
- **Type I Allergic reaction –** symptoms can include a rash, runny nose, red and swollen eyes and asthma like symptoms. This allergic reaction will commence almost immediately on contact. In severe cases it can result in a severe reaction known as anaphylactic shock.
- Type II Allergic reaction –this is an allergic reaction to the chemicals ued in the manufacture of the gloves. Symptoms usually develop between 10 and 24 hours after exposure and may include red, cracked and blistered skin particularly on the hands and arms.

Latex is termed a 'sensitiser' because it is capable of causing an allergic reaction in certain people. The amount of latex exposure needed for an individual to become sensitised is not known. However, once an individual is sensitised then any further exposure to the substance, even the tiniest trace, will cause the symptoms to recur.

What does the law required?
The Control of Substances Hazardous to Health Regulations requires employers to carry out a risk assessment of the circumstances in which the employees may be exposed to latex. Employers must then identify steps to prevent exposure to latex, or where this is not possible, to reduce and adequately control exposure.

Are any latex gloves safe to use?
Due to prolonged and close contact all latex gloves prevent a risk of skin sensitisation. However, the risk is reduced in gloves with lower levels of latex

protein and process chemicals. Powered gloves pose an additional risk because the latex proteins leach into the powder, then when the gloves are removed, the powder becomes airborne and can be inhaled. This may lead to respiratory sensitization. Therefore:

- Powder-free gloves should be used where possible
- Latex free or latex gloves with specified low levels of leachable protein should be purchased (protein levels should be below 50ug/g with accelerator levels of less than 1% - check with your supplier)
- Where employees are sensitised to latex, or may be at increased risk from latex, they should be provided with suitable non-latex gloves and a risk assessment conducted to assess their risk of contact with other latex products.
- Pre-employment health screening should be used to identify those who may be at particular risk from latex, for example because of previous sensitization or a tendency to allergies.

The most appropriate type of glove to wear depends on the activity being performed and the risks the employee is exposed to. Latex gloves are typically worn because of a risk of contact with bodily fluids. In these situations powder free latex gloves with low latex levels are normally suitable.

What should Managers do?

Line mangers should ensure that:

- Risk assessments identify those employees who are or may be exposed to latex, particularly those who use latex gloves
- Only gloves meeting the requirements of this guidance are purchased
- Employees receive information and instruction about the risks associated with latex and control measures that they should follow.

What information should employees receive?

Employees should be made aware of any risk from using latex gloves.
Additionally line managers will need to ensure that employees:

- Are aware of the need for good hygiene practices, such as washing hands after removing gloves and not using barrier creams in conjunction with latex gloves as they may increase the penetration of allergies
- Understand the risks of exposure to latex
- Recognise the symptoms of latex sensitisation and know what to do if they thing they are effected.