



KETTERING PARK
JUNIOR ACADEMY

Toileting Policy

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September 2022

This Policy is reviewed annually

Introduction

1.1 This Policy is written in accordance with the philosophy of this school that all people are equally valued whatever their race, religion, gender or ability and have the basic human right to be safe and treated with dignity, respect and privacy at all times.

1.2 At Kettering Park Junior Academy, we will provide arrangements that are “additional to or different from” those children who need additional support in order that all children achieve the same entitlement.

1.3 This policy is owned and implemented by all members of the school: governors, all staff, pupils and parents.

1.4 The school’s Toileting Policy will, at all times follow the Equal Opportunities Policy, Inclusion Policy, Anti-bullying Policy and the Child Protection Guidelines and Procedures.

1.5 This policy must be read in conjunction with the Policy for Supporting Pupils with Medical Conditions.

1.6 This policy has been written with guidance from Northamptonshire County Council advised by Health and Safety, Northamptonshire Area Child Protection Committee (NACPC) Ofsted, and supporting children with the medical conditions. New Guidance December 2015.

1.7 The policy is available on the school admin system.

1.8 The policy (hard copy) is available to parents and on request at reception.

2. Aims

2.1 This policy aims to provide guidelines for staff working with children who are in nappies, not yet toilet trained or have additional medical needs affecting toileting in school.

2.2 Staff following this guidance will be acting with the knowledge and consent of the Local Authority and so will be indemnified by the Local Authority Insurers.

2.3 This policy will provide a protocol for working with children with additional toileting needs to ensure that their needs are met and that no child is excluded.

2.4 This policy will provide a consistent and positive approach to helping all children achieve their full potential in every aspect of their development.

3. Statutory Requirements

3.1 The Equality Act (2010) previously Disability Discrimination Act (DDA2005) states that no child should receive “Less favourable treatment” than someone else for a reason relating to the child’s disability that cannot be justified - definition of disability under the Equality Act 2010.

3.2 Guidance for Safe Working Practice for the protection of Children and Staff in Educational Settings: March (2009) DFES

3.3 Keeping children safe in education September 2022

Intimate care:

All children have a right to safety, privacy and dignity when contact of an intimate nature is required (for example assisting with the 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 adult is in the vicinity and is aware of the tasks to be undertaken.

3.3 Additional vulnerabilities that may arise from physical disability or learning difficulty should be considered with regard to individual teaching and care plans for each child. As with 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.

4. Parents and Carers

4.1 Parents and carers are the best source of information relating to a child.

4.2 Complete a questionnaire with parents/carers in order to establish current needs and the arrangements in place at home. See Appendix 1.

4.3 In conversation with parents/carers make any necessary, reasonable adjustments to arrive at arrangements that will be best for the child while in school. Parents/carers must ensure that they provide all relevant information to school, as soon as possible, so that the needs of their child can be met. This includes the nature of their child’s needs, details of any healthcare professionals/consultations or advice given to support their child’s needs as well as any changes in their medication, care or condition.

4.4 If a learner is incontinent frequently and this is causing concern either for the learner's wellbeing or in terms of management, parents and an appropriate healthcare professional should be consulted. Parents may be asked to provide washable pants as an alternative to disposables, although each case should be assessed individually.

4.5 Parental permission is required to talk to any agency about a specific child for support and guidance on individual cases.

4.6 Episodes of incontinence may occur for a variety of reasons. If it is known that a child may have bladder and/or bowel difficulties their parents should ensure that sufficient clothes/equipment for individual requirements are available in school at all times.

4.7 Parents/carers should work with school to develop and agree a care plan.

4.8 Parents/carers must ensure that school always has their emergency contact details.

5. Records

It is not acceptable for school to suggest that a learner goes back into disposable continence containment products (nappies or disposable pants) as a means of managing incontinence. Washable 'protective' or 'padded' continence pants are acceptable. Disposable continence containment products reduce the sensation of wetting and soiling and may give the learner the impression that it does not matter where they pass urine or open their bowels. Disposable continence containment products should only be used to manage incontinence in school if recommended by a healthcare professional who is involved in treating the learner's bladder/bowel issue.

5.1 Each child will have an individual care plan for the toileting which will include:

What care is required.

Which members of staff will support the child (including emergency cover).

Where the child will be changed.

Where the waste will be disposed of.

When the child will be changed

When the arrangements will be next reviewed

How communications with home will be maintained.

NOTE: it is not good practice to reduce a child's lesson time due to toileting needs unless all those involved agree that the child is not yet ready for that length of lesson. See Appendix 2.

5.3 To help identify overall patterns of progress and assist changes to the care plan, a Toilet Training Record should be kept showing:
whether a child was wet/dry/soiled
successful use of toilet
any bruising, nappy rash, soreness etc.
name of person who assisted the child. See Appendix 3.

6. Hygiene Routine

6.1 Staff must wear gloves and when necessary, a disposable apron while changing/toileting.

6.2 Staff to wash hands with hot soapy water after changing/toileting, disposal and cleaning is completed.

6.3 Children also to wash hands or have hands wiped if appropriate.

6.4 All areas and spillages to be cleaned up immediately after changing/toileting.

6.5 Nappies/pull-ups to be disposed of in nappy sacks provided and placed in yellow bin in the medical room.

6.6 If nappies, pull-ups, pants or other soiled clothing are to be sent home at the end of the day, these must be double bagged.

7. Best Practice

7.1 Confidentiality and respect for the child is at the centre of management.

7.2 Intervention should occur as early as possible.

7.3 Acceptance that this is a medical problem and that each individual situation is different.

7.4 Advice sort from the school nurse, pediatrician or other health professionals Involved.

7.5 Regular liaison with parents/carers, health and education to share information and monitor progress.

7.6 A member of staff who, with the consent of the parents/carers, will implement the Toileting Arrangements, and encourage the child to manage their condition, is identified.

7.7 Good relationships are nurtured with parents/carers and blame is not apportioned.

7.8 A healthy diet and good fluid intake is encouraged.

7.9 The child is encouraged towards independence and ownership of their needs. He/she is praised for this rather than for being clean.

7.10 The child is provided with a 'self-help' pack (e.g. wipes, clean clothes, nappy sack) and encouraged to use these discreetly.

7.11 Staff should receive training on manual handling and a risk assessment should take place.

7.12 A regular toilet training routine should be set up and shared with all adults involved with the child so that there is continuity and consistency. See Appendix 4

7.13 The views of the child should actively be sought.

7.14 When assistance is required, staff should ensure that another adult is in the vicinity and is aware of the tasks to be undertaken.

7.15 The toilet door should be wedged slightly ajar to ensure the safety of the adult and child, while still maintaining the child's privacy.

7.16 All staff are DBS checked.

Appendix 1

Questionnaire for parents/carers 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. Working together is vitally important to assist your child to achieve this developmental milestone.

1. Does your child wear nappies, pull-ups or pants?
2. How often is your child wet daily?
3. How often is your child soiled daily?
4. Is there a regular pattern?
5. What language or sign does your child use to indicate that they are wet/soiled?

6. What words do the adults and child use?
7. How do you change your child?
8. Do you use an insert seat or step at home?
9. Boys only: does he sit or stand when using the toilet?
10. Does your child need help with pulling their clothes up or down?
11. Does your child need help being lifted on/off the seat?
12. Does your child need help with wiping their bottom?
13. What rewards do you use to reinforce achievement?

Appendix 1

I give permission for Kettering Park Junior Academy School Staff to assist/change my child during school time.

Parent/carers name.....

Signed.....

I will supply

.....
.....

Child's name.....class.....

Appendix 2

Toileting Arrangements

This plan is for:

.....
Year group / Class:

.....
Parent / Carer:

.....
Some historical background / outline of current problems regarding toileting:

.....
.....
.....

Agreed Action

Staff to be responsible for supporting your child will be –

.....
.....

Parent / Carer Responsibility:

As Parent/Carer please provide spare clothes that can be kept at school. Your child should be dressed in appropriate clothing to help encourage independent use of the toilet. Please ensure school have the correct and up to date contact details for you in case the office need to contact you.

School Responsibility:

School to provide gloves, wipes, more spare clothes, nappy sacks and disposal facilities in hygienic bin. Adult will record in log time of changing and whether wet/dry/ soiled and successes. Rewards to be used to reinforce achievements. Information to be shared with parent/carers regularly.

Child Responsibility:

Child will remove own clothing with guidance from adult assisting.

Routine

Your child will be taken to the toilet by the named adult/s at the times indicated on the toilet training record.

Your child will be supported with their needs but encouraged to take some responsibility for their own personal care.

A record will be kept to aid with developmental milestones and will be shared with the child and parent / carer.

Parents / Carers will be kept updated by school staff as to the progress being made by your child / if any care plans need to be reviewed.

Parent/carer.....

School staff.....

Date.....

Review date.....

Appendix 3

Toilet Training Record

Name..... Class.....

	9.00	10.00					
Mon							
Tues							
Wed							
Thur							
Fri							

Key: W – wet; D – dry; S – soiled



- successfully used toilet

Appendix 4

Toilet Training

1. Use a toileting record chart to establish whether the child is ready for toilet training. Take the child to the toilet every hour (plan times to avoid 'rush' or stress) and record if they use the toilet and if they are dry/wet/soiled. Do this for a week to establish a pattern.
2. If during the week you pick up signals that the child is wetting or soiling then tell them to 'wait' then take them to the toilet even if it is too late. This will establish a relationship between what the child is feeling and what should happen next.
3. 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.
4. Observe whether the child is beginning to follow, or seems to be aware of, any part of the routine.

5. Find a realistic target – very small steps as this may take a very long time.
6. Establish a positive and meaningful routine.
7. Break down the routine into small steps e.g. knock on the bathroom door, enter room, pull down clothes by self, sit on toilet, get tissue, wipe with tissue, stand up, throw tissue in toilet, flush, wash hands, leave bathroom. Picture clues may be needed. Keep to routine – small changes in routine can seem like a different activity to some children.
8. Some children may need a foot support if nervous.
9. A timer can/may be needed or sing a song so child knows how long they have to sit.
10. If child is afraid of the flush, only flush when there is something to flush or flush for them when they are at the door.
11. Children may need a picture/word card to indicate that they want the toilet – always use speech along side the card so that the child is learning the correct words to use.
12. Set small goals, don't try to move too fast.