Troedyrhiw Community Primary School Toileting and Continence Policy

It is not the role of schools to toilet train children entering nursery. Toileting for most pupils will have been achieved prior to school entry. However, under the terms of the **Equality Act 2010**, schools must not refuse entry to a child who is not toilet-trained because of a **disability**. It is the parent/carer's duty to inform the school of any special toileting needs that a pupil may have, prior to school entry. Where this may be the case a positive and structured approach developed in partnership with parents and carers is likely to be successful.

Definition of Disability in the Disability Discrimination Act (DDA)

The DDA provides protection for anyone who has a physical, sensory or mental impairment or medical condition that has an adverse effect on his/her ability to carry out normal day-to-day activities. The effect must be substantial and long-term. It is clear therefore that anyone with a named condition that affects aspects of personal development must not be discriminated against. However, it is also unacceptable to refuse admission to other children who are delayed in achieving continence. Delayed continence is not necessarily linked with learning difficulties. However, children and young people with global developmental delay, which may not have been identified by the time they enter nursery or school, are likely to be late achieving independence with toileting; some may never achieve independence with toileting.

School Admission

In compliance with the DDA, children with toileting difficulties will be considered for admission to school in the same way as any other child. The school will take "reasonable adjustments" to support them. This is reflected in the school's Access Plan.

This school recognises our obligation to meet the needs of children and young people 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 will not be excluded from normal pre-school or school activities solely because of incontinence.

Before the child begins attending the school will:

- Gather information from parents, child and any professionals involved

- Establish effective partnership with parents/carers, child and any professionals involved

- Focus on health and safety implications and determine whether a risk assessment is required

- Decide, in consultation with parents/carers, whether any further advice is required from Health or the Additional Learning Needs Team

- Should a child with complex continence needs be admitted, the Health Visitor and Specialist Nurse for Disabled Children will need to be closely involved in forward planning and specific training for the individual child.

- Arrange for any specialist advice, training, resources to be in place before the child begins attendance

- Agree a plan with parents/carers and child which will work towards maximum independence and support the child's attendance in the educational setting and make a written note of the agreement

- Make sure that all staff are informed and clear about their responsibilities.

- Arrange for all parties to monitor and review the plan regularly to ensure it is still appropriate and meeting the changing needs of the child.

Health and Safety

The school has Hygiene and Infection Control advice as part of our Health and Safety policy. This is a statement of the procedures we will follow in case a child accidentally wets or soils themselves, or is sick while on the premises. The same precautions will apply for nappy changing.

Each individual case of incontinence must be judged on its own merits. Children may wet themselves or soil themselves in very different circumstances either on:

- an irregular basis due to being unable to hold the bladder or bowel, infection: in these circumstances if a child is distressed or ill then parents will be asked to take their child home
- a regular basis due to a health condition or continence not being achieved: in these circumstances the school may request extra resources to meet this child's special needs and will cater for their needs in school

The school has decided

- Designated changing area is *the nursery toilets*

- Resources will be provided and kept in *cupboard in nursery toilet specifically for continence items*
- Staff must wear disposable gloves and aprons and follow health and safety guidelines
- Wet or soiled disposable pants or nappies must be double wrapped and disposed of via the normal domestic waste route.
- Soiled clothing must be stored in a suitable place for collection by parent / carer at end of the day.
- The changing area must be cleaned after use
- Hot water and liquid soap should be used to wash hands as soon as the task is completed
- Hot air dryer or paper towels available for drying hands
- Staff will maintain a record of each instance of changing a pupil (see example, Appendix 1).

In order to deal with a situation where a child accidentally wets or soils themselves, or is sick while on the premises

- *The EYFPh practitioner or the class LSA or the first available LSA will look after the child*
- Changing will take place in *the nursery toilet.*
- Resources will be provided and kept in a *box in the nursery toilet*
- Resources to be provided by the school: disposable aprons and gloves, plastic bags for contaminated clothing, cleansing wipes, soap, towels, paper towels available for drying hands
- A child will have an individual health care plan if accidents occur frequently.
- The use of any anti-allergic creams according to specific needs of individual child will be provided by parents. Parents must check to see creams supplied are not out of date. Creams must be clearly labelled by the parent with the child's name. These creams will be kept in the nursery toilet area (boxed)
- Wet or soiled disposable nappies or disposable pants should be double wrapped and disposed of directly to the outside bin, the normal domestic waste route.
- Sanitary pads will be disposed of in an appropriate sanitary bin.
- Soiled clothing will be wrapped and stored in a suitable place and sent home to be dealt with by parents the same day.
- Hygiene measures are set out in the school safety policy
- Staff have a duty of care and would report concerns to the Child Protection Coordinator if they notice marks or injuries or suspect improper practice
- Staff will maintain the confidence and dignity of pupils while they are being cared for.
- The teacher will review arrangements with parents if accidents are frequent

Asking parents of a child to come and change a child is likely to be a direct contravention of the DDA, and leaving a child in a soiled nappy, wet or soiled clothing for any length of time pending the return of the parent is a form of abuse**.**

Safeguarding

The normal process of changing a nappy should not raise safeguarding concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the nappy changing process to ensure that abuse does not take place.

Personnel checks (including CRB) are carried out to ensure the safety of children with staff employed. If there is perceived risk of allegation by a child then a single practitioner should not undertake nappy changing or other personal care needs. The school will consult the Social Worker whenever planning toilet training or special toileting arrangements for pupils on the Child Protection Register.

A student on placement should not change a nappy unsupervised.

It is more appropriate that female pupils are changed by female staff.

The school aims to provide facilities which afford privacy and modesty in order to maintain the emotional well-being and the dignity of the child when dealing with such intimate and personal needs.

All members of staff are encouraged to remain highly vigilant for any signs or symptom of improper practice, as they would for all activities carried out on site.

Promoting Independence

The older child will be encouraged to complete as much of the task themselves as they are able. If the child is fully dependent on an adult, the member of staff will talk to the child about what they are doing and give them choices where possible. Pupils will be issued a toilet pass if appropriate, to ensure they can access the toilet promptly and discreetly.

Resources

Consideration will need to be given to the implication of a member of staff leaving the room / area in order to change an individual child. A system of cover therefore needs to be in place in order to maintain an appropriate adult presence. This will not entail additional staff, it may be re-organising rooms and activities or re-deploying staff. However, if several children not yet independent with toileting enter the school there may be resource implications. The school management team will be made fully aware

of the possible implications in order to ensure that resources are available to meet both group and individual needs appropriately.

Children who have physical difficulties may require hoists and a hydraulic changing table. These are provided where necessary and designated staff will receive regular training in their use.

Partnership Working

Parents of new pupils will be given information about how the school will deal with toilet accidents.

In order to achieve a clear understanding of the responsibilities of each partner, staff and parent /carers in cases where a child has not achieved continence and is liable to have more than one accident a week, the school will draw up a continence plan in conjunction with the parents/carers of the child which will define each others expectations.

Roles and responsibilities

The parent / carer:

- Agreeing to ensure that the child is changed at the latest possible time before being brought to school
- Providing the school with spare disposable nappies or pull-ups, underwear, a change of clothing and any prescribed creams
- Understanding and agreeing the procedures that will be followed when their child is changed at school – including the use of any cleanser or the application of any prescribed cream
- Agreeing to inform the school should the child have any marks / rash
- Agreeing to a 'minimum change' policy i.e. the school would not undertake to change the child more frequently than if they were at home
- Agreeing to adopt a consistent approach between home and school
- Agreeing to review arrangements should this be necessary

The school will:

- Identify the key person and staff engaged in the child's personal care
- Agree the child's care routines with the parents/carers
- Agree to change the child during a single session should the child soil themselves or become uncomfortably wet
- Agree how often the child would be changed should the child be staying for the full day
- Agree to monitor the number of times the child is changed in order to identify progress made
- Agree to discuss any marks or rashes seen

- Agree to review arrangements.

Complaints

Parents/carers should inform the headteacher in the first instance of any concerns, following the normal school's complaints procedure.

Useful contacts:

Health Visitors Kim Thomas 2nd Floor Keir Hardie Health Park Aberdare Road Merthyr Tydfil CF48 1BZ 01685 351311 Or Aberfan Health Centre Cottrell Street Aberfan Merthyr Tydfil CF48 4QU 01443 692622 07971104746	**Early Years Advisory Teacher** Sha Poloha Integrated Children's Centre Duffryn Road Pentrebach Merthyr Tydfil CF48 4BJ Tel. No: 01685 727374	**Additional Learning Needs Team** Schools Department MTCBC Unit 5 Triangle Business Park Pentrebach Merthyr Tydfil CF47 8XD Tel. No: 01685 724642 / 724605

Specialist Nurse for Disabled Children Helen O'Keefe Children's Centre Ysbyty Cwm Cynon New Road Mountain Ash CF45 4BZ Tel. No: 01443 715300	**ALN Training & Enhanced Provision Coordinator** (arranges manual handling training for school staff) Liz Heaven Schools Department Unit 5 Triangle Business Park Merthyr Tydfil CF48 4TQ Tel. No: 01685 724642/ 727221	**School Nurses** Sharon Griffiths **(Team Leader)** 2nd Floor Keir Hardie Health Park Aberdare Road Merthyr Tydfil CF48 1BZ Tel. No: 01685 351322 07919591536
Community Continence Nurse Lydia Moran Keir Hardie Health Park Aberdare Road		

Merthyr Tydfil CF48 1BZ (open referral with parental permission) Tel. No: 07786541705		

Appendix
Background Information on Continence

Becoming continent is the result of the interaction of two processes:

- Socialisation of the child
- Maturation of the nervous system

Normally, continence is achieved by the time a child reaches three years of age, with most children achieving full control by the age of four years, albeit that "accidents" may still occur.

Children with a general delay in acquiring bowel and bladder control can often remain clean and dry if they are reminded to go to the toilet and given the opportunity for regular and frequent breaks throughout the day. Clothing which is easily removed is obviously important but so is fluid intake.

Inadequate fluid intake can result in concentrated urine which can irritate the bladder and actually create continence problems. Likewise, inadequate fluid intake can also contribute to the development of constipation. A minimum recommendation is for children to drink at least 3-4 full drinks per school day (one full drink = 200 mls).

The underlying premise of this guidance is that for many children, a consistent approach to toileting can yield positive results.

Common Conditions/Symptoms

(i) Daytime Wetting

(a) Frequency

The child may feel the need to pass urine at frequent intervals, which can be as often as every 15 minutes or so. This can obviously be very distressing for the child and also disruptive if the child has to leave class frequently to go to the toilet. However, it is wise

to check with the parents as to whether or not the child may have an infection which is causing these symptoms.
Children in this category will normally require a more formal type of intervention, which could include medication in some cases in order to help achieve normal bladder control. Treatment usually involves a bladder re-training programme (i.e. teaching the bladder to "hold on"), necessitating ready access to a toilet and to drinks.
A typical toileting programme may involve the child going to the toilet "by the clock" at 1-2 hourly intervals initially. The child will also require extra drinks during the school day.

(b) Urgency

With urgency the child feels the need to pass urine straight away, without the ability to "hold on". Urgency is commonly seen in conjunction with frequency although it can occur on its own or as a result of an infection. Unless the child has immediate access to a toilet there will be a problem in continence.
A child with urgency problems will need to undergo a bladder re-training programme established in collaboration with parents/carers and the School Health service in order for the child to learn to recognise and respond appropriately to signals from their bladder.

(ii) Encopresis

Encopresis is nowadays generally used as a term to describe the passing of normally formed stools in a socially unacceptable place and is thought to be behavioural in origin. Children with encopresis may not have an underlying constipation, which causes the soiling. The involvement of one of the community nursing services may be appropriate in these cases.

(iii) Overflow Soiling

Overflow soiling, by contrast, is the uncontrolled passing of faecal matter into the underclothes as a direct result of chronic constipation, all of which remains totally outside the child's voluntary control. Faecal matter may be liquid or solid.
The child may be unaware that soiling has taken place and of the associated smell. Many children suffer from feelings of low self-esteem and shame because of the condition and treatment programmes can become protracted if no early solution is found. Easy access to appropriate toileting, changing and washing facilities is an essential part of any treatment programme. A referral to either the continence service or the School Nursing service should be considered.

(iv) Conditions/Disabilities

There are various medical conditions and disabilities which can have an effect on a child's continence.
Some children with physical disabilities/long-term medical conditions may also have problems with bowel and/or bladder control:

Crohn's Disease an inflammatory bowel disease characterised by severe chronic inflammation of the intestinal wall or any portion of the gastrointestinal tract.

Hirschsprung's Disease	a rare disorder of the bowel, the symptoms of which can include constipation, distension of the bowel and vomiting.
Imperforate Anus	a congenital abnormality in which the anus is not fully formed.
Irritable Bowel Syndrome	a bowel condition characterised by abdominal pain and by wide variations in the frequency and predictability of bowel movements.
Spina Bifida	the incomplete development of the spinal column which can cause difficulties with bladder and bowel control.

Other children with global developmental delay and/or disabilities of a neurological nature may either lack the cognitive ability to learn to become continent or have an insufficiently mature neurological system.
Children with autism can experience problems with continence. For these children, establishing an appropriate toileting routine early in childhood is essential.
For most children, however, a consistent approach to toileting can yield positive results

Good Toileting Practice for Pupils with Continence Problems ***(School Toilets: Good Practice Guidance for Schools in Wales, 24/01/2012, WAG, Annex C)***

- Pupils should be encouraged to make full use of breaks to visit the toilet.
- Pupils will need the opportunity to make scheduled (perhaps hourly) visits to the toilet.
- It is important for many of these pupils to sit down on the toilet and spend several minutes trying to make sure the bladder and bowels are completely empty.
- Pupils should have the opportunity to visit the toilet in privacy.
- Many of these pupils will have a very short warning of the need to go and may need to go frequently, even if they have just been. They should be allowed to leave the class to visit the toilet immediately, without fuss, and without having to wait for permission. Avoid causing embarrassment or making the pupil 'hang on'.
- Consider where the pupils sit in class in relation to the door and when regrouping for different activities.

- In order to develop their bladder capacity and to help avoid constipation and soiling problems, it is important they drink water regularly throughout the school day.

Further Information and guidance

Enureris Resource & Information Centre (ERIC), 34 Old School House, Britannia Road, Kinswood, Bristo, BS15 8BD. Telephone: 0117 960 3060
Website www.eric.org.uk

Good Practice in Continence Services, 2000. Available free from Department of health,PO Box 777, London SE1 6XH or www.doh.gov.uk/continenceservices.htm

Managing Bowel and Bladder problems in Schools and Early Years Settings (Guidelines for good practice), PromCon, Disabled Living, Red Bank House, 4 St Chad's Street, Manchester M8 8QA. Telephone: 0870 777 4714.
Email: promocon@disabledliving.co.uk Website: www.promocon.co.uk

Keep it clean and healthy, Infection Control Guidance for Nurseries, Playgroups and other Childcare settings. Published by Pat Cole, Hartford Cottage, 1 Longstaff Way, Hartford, Huntingdon, Cambridge, PE29 1XT. Email: pat@cole-hartford.fsnet.co.uk

Mind the Germs! Infection Control Guidance, 2006. Welsh Assembly Government, Cathays Park, Cardiff CF10 3NQ.
www.cymru.org.uk

Managing medicines in schools and early years settings 2005**,** UNISON
Telephone: 0845 355 0845
Email: education@unison.org.uk

Your Guide to Toilet Training Your Child 2008. Mencap, 123 Golden Lane, London EC1Y 0RT.
Telephone: 020 7454 0454
www.mencap.org.uk

References

Disability Discrimination Act 1995, The Stationary Office Ltd.

The Special Educational Needs and Disabilities Act 2001, The Stationary Office Ltd.

School Toilets: Good Practice Guidance for Schools in Wales, 24/01/2012, Welsh Assembly Government, Cathays Park, Cardiff CF10 3NQ.
www.cymru.org.uk