WELLESBOURNE CE PRIMARY AND NURSERY SCHOOL

INTIMATE CARE AND TOILETING POLICY AND PROCEDURES

1. KEY PRINCIPLES

At Wellesbourne Primary and Nursery School we 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. We are committed to ensuring that children are treated with sensitivity and respect when intimate care is given. No child shall be attended to in any 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.

2. DEFINITION

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 contact with intimate personal areas. 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, cleaning a pupil who has soiled him/herself or vomited. It is also associated with other accidents that may require a child to remove their clothes. These include changes required as a result of water play, messy play, sickness and weather. Very young or disabled pupils may be unable to meet their own care needs for a variety of reasons and will require regular support.

3. EXPECTATIONS

The school expects that most children will be toilet trained and out of nappies before they begin school. However, it is inevitable that from time to time some children will have accidents and need to be attended to. In addition to this, there are an increasing number of children and young people with disabilities and medical conditions and a significant number of these pupils require adult assistance for their personal and intimate care needs.

4. LEGISLATION

The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010, 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.

5. TYPES OF INTIMATE CARE

It benefits children if they are out of nappies or at least working towards this by the time they start nursery or school. The school can help with advice on toilet training or signpost you to where to get support.

5.1 Nappy Changing

Any child wearing nappies will have an intimate care plan, which must be signed by the parent/carer. This plan will outline who is responsible in school for changing the child, and where and when this will be carried out. This agreement allows the school and parents to be aware of all issues surrounding the task from the outset. Permission to change nappies is sought as children enter the Early Years Foundation Stage (EYFS) and consent forms are kept on record. Where a child has continuing incontinence problems (i.e. past EYFS) these procedures will continue to apply.

5.1.1 Procedures for changing a nappy

Staff in the EYFS area have access to changing area with a toilet and hand basin with warm water. There is also a stock of baby wipes, plastic bags and disposable protective gloves and aprons for staff to use.

Nappy changing takes place in accordance with the child's individual needs, with all children being checked at 10.30am and 2.30pm.

Nappies are changed in the Nursery bathroom; staff must wear gloves; gloves must be changed between changing each child and the change mat cleaned with anti-bacterial spray.

There are no doors on the bathrooms where nappies are changed; the change mat is placed on the floor, inside the cubicle to ensure privacy for the child but still allow the practitioner to be seen at all times.

Records of the changes must be kept for parents including time, type of change and practitioner initials.

Parents provide all nappy changing materials.

All dirty nappies must be placed in a nappy sack in the nappy bin which will be emptied at the end of each day.

A child will be encouraged to dress themselves or supported with dressing themselves in clean clothes if their original clothes are soiled or wet. Soiled/Wet Clothes will be bagged and placed inside a child's bag ready for the end of the day. Staff members will not attempt to wash or rinse the clothes.

- Staff must wash their hands with hot water and an appropriate soap/hand cleaner both before and after nappy changing.
- Gloves should be worn while nappy changing. The changing area should be cleaned after each use and the nappy should be disposed of hygienically in an appropriate container. Any spillages must be cleaned up immediately.
- Staff must be mindful of the need to preserve the dignity of the child (for example, do not allow other children to watch nappy changing).
- Staff should record times/frequencies of nappy changing and note any concerns (for example unusual bowel movement), which should be reported to parents/carers when the child is collected.
- An adequate supply of nappies must be kept on the premises at all times. Where parents/carers provide the nappies, staff should notify them well in advance when the stock is depleting. In KS1/2 changing will take place in the disabled toilet and wherever possible by a member of staff known to the child. The same procedures will be followed.

5.2 Accidents and Changing Clothes

The above guidelines for nappy changing apply to supporting a child after they have had an accident and either wet or soil themselves. Staff will need to use some judgement in how much support to offer the child depending on the situation. It is important though that the child is not reprimanded, and is reassured and then supported – as much as possible to clean themselves and change. If a child soils themselves during school time, a familiar member of staff will help the child:

- 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
- Wrap soiled clothes in plastic bags and give to parents to take home.

Children will be encouraged to undress and clean themselves independently with disposable wipes, where possible. When a child is unable to undress and clean themselves, familiar staff will establish if the child is happy and comfortable with being supported and helped to change. The adult will try to verbally support the child at first. If further support and care is needed with undressing and cleaning, the adult will ask the child how they would like them to help and will talk to the child throughout, telling them what they are about to do before each step.

All Reception parents/carers will be asked to provide their child with a named spare change of clothes, in a bag, to be kept in school on their peg. Parents/Carers will make their child's class teacher aware if their child is allergic to disposable wipes.

Students should not change pupils, unless supervised at all times by a permanent member of staff, and only then with parents'/carers' consent. If consent is not gained from a parent, but a child has a toileting accident in school and needs changing, a member of the Senior Leadership Team should be consulted and a decision made on next steps with the interest of the child in mind.

Older children may wish to change their own clothes, but they should always be supervised/assisted by a member of staff to ensure that they are clean and dry before putting on the new clothes. Wet or soiled clothing should be securely wrapped and kept in an appropriate place until it can be given to parents at the end of the day. Any disposable wipes used by the child or the member of staff providing the intimate care, will be bagged and disposed of in the sanitary bin.

5.3 Diurnal Enuresis (daytime accidental wetting)

Pupils with diurnal enuresis will have an Individual Care Plan agreed with them and their parent /carer.

5.3.1 Nocturnal Enuresis

Where children regularly wet the bed at night and this is having an impact on them during the day, the school will work with the child and the family to ensure that there is support from other professionals. Staff must also be vigilant to the possibility that this may be a safeguarding concern and therefore must follow the agreed procedures.

5.4 Puberty and Menstruation

Normal puberty onset can be between 8 – 13 years of age. The age of first menstruation has declined over the last 50 years and there is wide ethnic disparity. The school has the following facilities in all the girls' toilets:

- Disposal facilities for sanitary protection
- Soap and water

5.4.1 Procedures - Leaving the classroom

Girls who think they have started their period, or are having their monthly period should be allowed to leave the classroom if they request to and staff should be mindful of any distress this may cause. The class teacher must be made aware when a girl begins menstruating in order to be able to offer support.

5.4.2 PE, games and swimming

It is the expectation of the school that girls who are menstruating continue to take part in all activities, including Games and PE. Pupils will be excused from swimming and a note/email will be required from their parent/ carer.

5.4.3 Links to attendance

The school will monitor any patterns of absence, which may be related to menstruation or continence issues and act in accordance with the Attendance Policy.

5.4.4 Easing pain

If a child needs medication to ease pain a medical note is needed and a medical form completed and signed by the parent. In all of the above situations, members of staff must pay attention to the level of distress and the comfort of the child. If the child is ill the member of staff will telephone the parent/carer. The school will ensure that pupils do not experience additional embarrassment and anxiety because of a medical condition or the early onset of puberty.

6. INTIMATE CARE PLAN

Individual Care Plans will be drawn up for any pupil requiring regular intimate care. Parents will know their child has an intimate care plan as it will have been written in collaboration with the school and/or health care professionals.

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 any appropriate medical advice.

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.

Staff will follow this procedure:

- Staff providing intimate care, will be known to the child.
- Staff will follow a child's intimate care plan that has been agreed with parents/carers, the child and school.
- Nappy/clothes checks and changes will take place in accordance with the child's individual needs and at any specified times, detailed on their personal intimate care plan.

- Nappy/underwear changes will take place in the Reception/Nursery bathrooms in the middle cubicle unless stated otherwise on a child's intimate care plan.
- Whilst changing a child's nappy/underwear, the main bathroom door and cubicle door will be left open at all times. A changing mat will be placed on the floor of the middle cubicle to ensure privacy for the child but still allow the practitioner to be seen at all times. The changing mat will be cleaned and dried before and after each use.
- Staff will wear gloves, whilst providing intimate care. Staff will wash their hands prior to putting on gloves and again, straight after taking gloves off. Staff will put new gloves on each time they provide care for a child and change these between providing care for different children.
- Parents/Carers will provide named cleaning wipes and creams to be used/applied with written instructions, several nappies/changes of underwear and clothes and nappy sacks in a named 'freshening up' bag to be kept in the Reception/Nursery bathrooms.
- Children will be encouraged to undress and clean themselves independently, where possible with disposable wipes. When a child is unable to undress and clean themselves, a known staff member will establish if the child is happy and comfortable with being supported and helped to change. The adult will support the child in accordance to their intimate care plan that has been agreed with the parents/carers and the child themselves. The member of staff will reassure the child throughout, talking to them and telling them what they are about to do before each step.
- Parents are asked for written permission for this intimate care to be provided. If permission has not been given, parents may be asked to come and change their child.
- If a member of staff is providing a child with intimate care, this will be done in the presence of another member of staff, where the second member of staff has a line of sight of the child and/or be able to hear the interaction.

7. PROMOTING INDEPENDENT TOILETING

Time spent changing a child is not dissimilar to the amount of time that might be allocated to work with a child on any other developmental need and the time spent changing the child should be used as a positive learning experience. Children will be encouraged to use the toilets independently. Where children are still working towards this, the necessary support will be given.

Staff can often pick up clues if this is the case, and should use the child's name to get their attention and suggest a trip to the toilet.

All adults will praise children for using the toilet appropriately to reinforce good habits.

8. **PARTNERSHIP WORKING**

It is important that staff talk openly and positively with parents about supporting children with their toileting at transition into the school. Staff should also support children to become familiar with toileting arrangements in their school.

The responsibilities and expectations between the school and the parents will be discussed in order to support the child to achieve continence.

The school agrees to:

- Change the child should they soil themselves or become wet.

- Inform parents should the child be distressed or in physical discomfort (this is separate from any action taken in response to any safeguarding concerns).

- Praise the child for successful use of the toilet.

- Review arrangements on a regular basis.

The parent agrees to:

- Ensure that the child is changed at the latest possible time before being brought to the school.

- Provide the school with spare nappies, nappy cream (if needed), cleaning wipes, nappy sacks and/or a change of clothing.

- Inform the school should the child have any marks/rash.

- Review arrangements on a regular basis.

9. **ROLES AND RESPONSIBILITIES**

<u>Headteacher</u>

- To ensure the policy is understood and followed.
- To ensure that the best interests of pupils are supported.
- To ensure the adequate training of staff to ensure children's needs are met.
- To ensure, with the Inclusion Lead and EYFS Lead, adequate training is provided for staff to carry out their duties and responsibilities safely.

<u>Teaching Staff</u>

- To be aware of the Intimate Care and Toileting Policy and work in line with it.
- To carry out intimate care in line with whole school policy and procedures.
- To monitor arrangements for intimate care within classrooms.

- To be responsible for supporting safeguarding arrangements and being accountable for who is involved in supporting children with intimate care needs within their classroom.
- To keep records of intimate care/toileting care provided.
- To liaise with the Inclusion Lead and EYFS Lead to ensure children's needs are met and concerns raised around health and well-being.

Support Staff

- To be aware of the Intimate Care and Toileting Policy and work in line with it.
- To carry out intimate care in line with whole school policy and procedures.
- To keep records of intimate care/toileting care provided.

7. TRAINING

All staff at the school will be made aware of the policy and appropriate procedures to follow. This will also be included in new staff induction.

Staff named on a child's Intimate Care Plan will receive the appropriate training, according to the needs of the child, which will change over time. They will understand and follow the child's care plan.

8. CHILD PROTECTION POLICIES

The Governors and staff at Wellesbourne CE Primary and Nursery School recognise that children with disabilities are particularly vulnerable to all forms of abuse. The needs and wishes of children and parents will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation.

All members of staff carrying out intimate care procedures have enhanced DBS checks. Students should only do so under the supervision of a trained member of staff. Volunteers must not carry out intimate care procedures.

Child Protection/safeguarding procedures will be adhered to at all times. If a member of staff has any concerns about physical changes in a child's presentation such as unexplained marks, bruises or soreness for example, he/she will immediately report concerns to a Designated Safeguarding Lead. 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 LA procedures and reported to the LADO.

10. RECORD KEEPING

All staff who attend to a child/pupil with regards to intimate care must record this on the appropriate pro-forma and file/log with the appropriate person. Written parental consent form should be completed and kept with other records.

11. MONITORING

All records will be logged and analysed on a regular basis to identify any significant trends and issues. This information will be reported termly to the Governing Body.

12. FURTHER INFORMATION/LINKS TO SCHOOL POLICIES

When reading this policy please be aware of and refer to the following related documents:

- Safeguarding Policy
- Equalities Statement
- Health and Safety Policy
- Meeting the Equalities Duty
- Special Education Needs and Disability Policy
- Supporting Medical Conditions Policy
- Accessibility Plan
- Special Toileting Needs in Schools and Early Years Settings https://api.warwickshire.gov.uk/documents/WCCC-1090-184

Appendix 1

WELLESBOURNE CE PRIMARY AND NURSERY SCHOOL

PERSONAL CARE PERMISSION FORM

Dear Parent/Carer,

If your child wets or soils themselves whilst they are at school, it is important that measures are taken to have them changed and if necessary cleaned as quickly as possible. Our staff are experienced at carrying out this task, however if preferred, the school can contact you or your emergency contact to come into school to do this.

The school has an Intimate Care and Toileting Policy which is available to view on our website or a copy can be obtained from the school office.

Please fill out the permission slip below stating your preferences.

Thank you for your support,

Permission For School To Provide Intimate Care	
Name of child	
Date of Birth	
Please tick or cross the below statements to indicate your permissions	
I give permission for the Nursery/School to provide appropriate intimate care to my child (e.g. changing soiled or wet nappies or clothing and washing/cleaning of affected area).	
I will advise the Nursery/School of anything that may affect my child's personal care (e.g. any allergies, medication taken or changes to this or if my child has an infection).	
I have read the intimate care and toileting policy and understand the procedures that will be carried out and I will contact the school immediately if I have any concerns	
I **do not** give consent for my child to be washed and changed in case of a toileting accident or soiled/wet nappy. Instead, the school will contact me or my emergency contact and I/they will organise for my child to be washed and changed. I understand that if the school cannot reach me or my emergency contact, staff will need to wash and change my child, following the school's intimate care policy, to ensure comfort and remove barriers to learning	
Parent/Carers Name	
Parent/Carers Signature	
Relationship to the child	
Date	

APPENDIX 2

Record of Intimate Care Intervention

Nappy/Accident Changing and Toileting Record

For a nappy change please indicate type of nappy e.g. W=wet, S=soiled and procedure you carried out e.g. wiped and changed nappy.

For an accident change please note type of accident e.g. W or S, procedure you carried out e.g. helped cleaning child with wipes and circumstance/reason for accident e.g. didn't get to the toilet in time.

Date	Child's Name	Change 1	Change 2	Staff Member(s)

Appendix 3

Intimate Care Plan Initial Parent/Carer Meeting

Welcome and Introductions

Share meeting purpose and expectations

Example Questions:

- What strengths does X have with toileting independence? E.g. knowing that they need to go to the toilet, pulling down pants, sitting on toilet, wiping themselves, flushing, redressing, washing hands?
- What areas does your child need support with when toileting?
- Has toilet training been introduced in the past?
- What happens at home with toileting?
- What established routines does the child have at home that can inform us here at school e.g. toilet or potty, where is child changed, does child wipe themselves? Etc.
- Are there any particular anxieties, worries, difficulties or behaviours your child demonstrates or has around toileting?
- Are there any strategies that you use that are proving successful?
- Are there are key times each day that accidents happen?
- Are there any behaviours or clues your child displays to show they need the loo e.g. dancing about etc.?
- Are there any religious/cultural sensitivities related to aspects of intimate personal care that should be taken account of?
- What words/terminology do you use with your child for body parts, bodily functions, clothes, toileting routines?
- Are there any cues you use at home to remind/discreetly remind your child they need to try for the toilet/change? E.g. symbols, signs, objects, pictures, code words
- Are there any areas of communication that your child may need support with?
- What cues would you like us to use with your child if they have an accident and need to freshen up?
- How do you reward/praise your child at home with their efforts/progress towards toileting independence?
- Does your child have any allergies that need to be considered e.g. to certain wipes etc?

Child's Voice

- Do you like to use the toilet when it is quieter/less children?
- If you need any help with going to the toilet and cleaning yourself, are you happy for the school adults to help you?

Appendix 4

Example of an Intimate Care Plan

Care Plan for	Date:	Review Date:	
Issue	**Actions**	**Who**	**Feedback**
X likes to wear nappies and is not keen to use the toilet.	**X** to wear a pull up to support steps towards wearing underwear. **X** to have nappy changed in Reception toilet area/bathroom at home to support understanding of what this area is for. **X** to choose a specific numbered cubicle to use at school. Number poster sent home to mirror routine at school. Staff/Parents to regularly share toilet social story with **X** to support understanding of what a toilet is for.	**Agreed members of staff** **Parents**	
X can forget/not realise they need the toilet.	Staff/Parents will use agreed cue (picture card/word) to prompt and remind **X** to use the toilet. Staff/Parents will prompt **X** at these given times throughout the day … **X** will be encouraged to try to use the toilet following snack and lunch and other times agreed with parents.	**Agreed members of staff** **Parents**	
X forgets to clean and redress themselves after using the toilet.	A numbered toileting routine will be displayed in the Reception toilets to support **X** with remembering the full routine to follow. A copy of this and a personalised social story will be sent home for Parents to share regularly and display in bathroom at home to support with **X**'s toileting routine at home. If **X** forgets to part of the toileting routine, staff will use the social story and toilet routine posters to remind **X** of the steps to follow.	**Agreed members of staff** **Parents**	
X struggles to clean themselves after going to the toilet.	Staff/Parents will encourage **X** to try clean himself/herself before they offer to clean **X**. Staff/Parents will use the agreed phrases/instructions to support **X** with cleaning themselves … Parents will send in flushable wipes, to support **X** with learning to clean himself/herself. **X** will be praised (verbally/sticker) for all efforts towards cleaning or helping to clean himself/herself If **X** is unable to fully clean himself/herself after trying themselves, a staff member will ask **X** if they would like help. Then as agreed with parents, a member of staff will help **X** to finish cleaning themselves.	**Agreed members of staff** **Parents**	
X has an accident/leak and doesn't realise.	Staff/Parents to use agreed cue/phrases for changing e.g. "Let's go freshen up." Staff to use this phrase/cue discreetly and quietly away from other children.	**Agreed members of staff**	
X has an accident/leak.	**X** will need privacy and space to change. Parents to provide a freshening up bag with wipes, bags, spare underwear, clothes etc. for **X** to change into. If none are available, **X** will be given appropriate spare clothes from school. **X** will be encouraged to clean and change independently whenever possible. If **X** is unable to fully clean themselves after trying themselves, a staff member will ask **X** if they would like help. Then as agreed with parents, a member of staff will help **X** to finish cleaning themselves. Any soiled or wet clothing will be bagged up and tied and placed in **X**'s bag just before home time.	**Agreed members of staff** **Parents**	
Feedback and Communication with Parents	Staff will communicate via phone or email with **X**'s parents if there has been an accident/change/support with cleaning given at school. **X** will remain in school unless parents and school suspect accident/leak is related to another issue e.g. virus or stomach bug. Any incidents will not be discussed in front of **X**. Parents will provide an update via email or phone call, if there is a pattern emerging or anything they feel staff need to be aware of.	**Agreed members of staff** **Parents**	

Reviewed by:		
Parents:	Signed:	Date:
School Staff:	Signed:	Date:

Appendix 5

WELLESBOURNE CE PRIMARY AND NURSERY SCHOOL

Intimate Care Plan

Dear Parent/Carer,

To enable us to carry out your child's agreed intimate care plan, we please ask for your support in providing the following:

1) A freshening up bag with spare underwear/nappies, clothes, wipes and nappy sacks.
2) Clothing to support your child with toilet training and allow them to be as independent as possible. e.g. Velcro shoes (no laces) and elasticated trousers and skirts (no buttons).

Thank you for your continued support,

The EYFS Team

Appendix 6

Intimate Care and Toileting Risk Assessment

Risk Assessment Form

SEVERITY	LIKELIHOOD: VERY UNLIKELY	UNLIKELY	LIKELY	HIGH LIKELY	ALMOST CERTAIN
NEGLIGIBLE	LOW	LOW	LOW	LOW	LOW
MINOR	LOW	LOW	LOW	MEDIUM	MEDIUM
SERIOUS	LOW	MEDIUM	MEDIUM	MEDIUM	HIGH
SEVERE	LOW	MEDIUM	MEDIUM	HIGH	HIGH
VERY SEVERE	MEDIUM	MEDIUM	HIGH	HIGH	HIGH

Risk Assessment for (Activity/Process/Operation)		**Toileting/ Intimate Care**			
School	**Wellesbourne CE Primary School**	**Pupil**			
Assessment Date	**October 2023**	**Review Date**	**September 2024**	**Reference Number**	

What are the hazards	Who might be harmed and how?	What existing control measures are in place to reduce / prevent the risk? *(i.e. what are you already doing?)*	Considering existing controls, what is the current risk level	Further Action to be taken to control the risk?	Assigned to	Completed by whom & when
Health Risks	Infection, diarrhoea, vomiting, COVID 19 – risk to staff and pupils	-Staff will be provided with gloves and apron, when providing intimate care. -Staff will change gloves and aprons after each child they provide intimate care for. -Good hygiene practise to be observed and handwashing advice (before and after changing) followed by staff and children. -Posters to be displayed and staff to remind children of good hygiene practise regularly. -Soiled clothes to be bagged, and place in child's bag. -Nappy waste to be bagged and placed into nappy bin. Bin to be emptied daily. -Parents to provide clean clothing where child regularly soils or wets. If none is available child to be given appropriate clothing by school. -Changing mats to be cleaned with cleaning products before and after each use. -Toilet cubicle to be cleaned after use if necessary.	Low/Medium			
Lone Working	Allegations of abuse against staff Injury if child has additional or unpredictable behaviours	-Staff receive safeguarding training yearly and are aware of good practise. -Liaison with parents so they understand and are aware of the intimate care procedures used by the school and Nursery. Intimate care policy shared. -Care plans in place for all children who regularly need support with intimate care, agreed and reviewed as required with parents/carers and other involved professionals. -Parents informed if their child has received intimate care and what care was received. -Nappy and clothing changes to be carried out in middle toilet cubicle, with doors fully open. -Staff to always first try to verbally support and encourage a child to independently clean/wash/change themselves before offering/asking a child if they would like them to help. -Records to be kept of all personal care.	Low			
Inadequate facilities or equipment failure	Major/minor injury to child (ren) and/or staff.	-Cleaning protocol in place. Nappy bin emptied at least once a day. -Regular stock checks of PPE, spare clothing and cleaning products to ensure sufficient levels. -Equipment is checked regularly by staff and faults are reported. -Parents/Carers and School/Nursery staff to meet in person/virtually before child begins -	Low			

		Nursery/School to ascertain if any specialist equipment or facilities are required. -Parents/Carers of children in the Early Years asked to provide a change of clothes for their child to be kept in school. -Parents/Carers of children with a toileting need to provide and top up a freshening up bag (spare clothes, underwear/nappies, wipes, creams, bags) to be kept in school.				
Allergies	Injury to staff and pupils: allergic reaction, soreness or broken skin which is then vulnerable to infection	-Liaison with parents/carers with regards to any allergies child may have. -Nylon gloves to be used by staff not latex – if child is allergic -Damp cotton wool to be used in place of wipes if child is allergic. -Parents/Carers to provide cleaning wipes and creams/lotions for children who regularly require intimate care. All wipes and lotions to be clearly named and written instructions provided on how to apply.	Low			
Children who are non-verbal/have a communication need	Injury or distress if the child feels they are unable to communicate their needs/feelings and becomes frustrated.	-Liaison with parents/carers, school staff and other involved outside agencies to create a personalised toileting care plan, detailing routines, visual supports, signing etc. to be used with the child. -Familiar adult to provide intimate care for the child. With a familiar adult as back up in case first adult is absent.	Low			
Communication of intimate care information to parent/carer.	Distress/upset caused to the child/parent/carer.	Information regarding a child's intimate care to be communicated to a child's parent/carer via phone call, email or letter and not in front of child or other parents.	Low			
Other children becoming aware of another child's toileting need.	Distress/Upset to the child/parents/carers.	-Liaison with Parents/Carers and child about agreed cues (pictures, phrases etc.) and language to be used for toileting reminders/changes. -Staff to carry out reminders, prompts and intimate care quietly, calmly and with discretion. -Child to be asked how they would like staff to help/assist them, e.g. Would you like some help? What would you like me to help you with? Are you happy to get changed when it is busy?	Low			
Children cleaning themselves and managing their own needs independently or semi-independently	Fall, major or minor injury, may become distressed.	-An adult to remain in close proximity to the toilet area and let the child know they are there to help. -Adult to verbally check on child to determine if help is required.	Low			