

**Toileting Guidance**

**St Andrew’s School follows Aberdeenshire’s Intimate Personal Care guidance.**

Toileting and intimate care are part of the general day at St Andrew’s School and we will ensure the provision of facilities which afford accessibility, privacy and modesty. These will be clearly marked. Screening will be provided where necessary e.g. when an individual requires changing.

There will be sufficient space, heating and ventilation to ensure the individual’s safety and comfort.

There will be appropriate and specialised toilet seats provided for the size and physical needs of the child or young person. A step may be necessary for younger children. NHS Grampian occupational therapists will advise as required and resources may be purchased.

Staff will receive training in good working practices, which comply with health and safety regulation, such as wearing of appropriate disposable gloves for certain procedures and methods of dealing with body fluids. Staff will adhere to the guidelines in the latest risk assessments for COVID 19 which can be found on the school website. All staff will receive training in the use of PPE and this will be incorporated into practice whilst toileting.

St Andrew’s School will ensure that adequate facilities are provided, such as toilet paper, liquid soap, paper towels, bins for disposal of soiled pads.

St Andrew’s School will ensure that supplies of suitable cleaning materials must be provided for cleaning and disinfecting areas.

St Andrew’s School will ensure that items of protective clothing such as disposable gloves and aprons must be provided and readily accessible.

Parents/Carers should ensure that supplies of fresh clothes from home should be available when required.

Some children may only have a single or infrequent occurrence of soiling. Where a child has the need to be assisted regularly there should be an intimate care protocol in place. This protocol should be written in collaboration with parents and professionals involved and wherever possible with the child or young person. This protocol should be based on a risk assessment of all aspects of the task to be carried out. Any issues, such as staffing required for the task should be based on that risk assessment. This protocol should be reviewed regularly especially when any circumstances change.

Some children and young people may prefer to be changed by a single member of staff for reasons of privacy and dignity. Where an individual expresses a clear preference, this must be respected if possible. It is acceptable for a single member of staff to change a child providing they ensure that:

* Another member of staff is aware of what is happening.
* The event is recorded and initialled by the member of staff who changes the child. Any issue or problem, such as bad nappy rash, which may have arisen or been noticed should also be recorded. This should be shared with the parent/carer and a copy of the written record supplied.
* The task has been risk assessed as being safe for one person to carry out

It may be necessary, however, to have more than one member of staff to help while toileting a child or young person because of health and safety or other considerations. Children who are heavier and with physical disabilities may require hoists and a hydraulic changing table and these should be provided. Staff must be trained in the use of these aids and equipment.

All staff must be made aware of good hygiene and its implications and clear up bodily spills using an approved procedure.

**How St Andrew’s School will be Involved**

Toilet training can be a very daunting process for families. At St Andrew’s School we will support families by discussing expectations of toilet training and be involved in the agreement with all professionals involved.

As an educational establishment and to assist with toilet training St Andrew’s School will:

* Engage in discussion with all relevant parties e.g. parents, health, regarding toileting.
* Create an intimate care plan, risk assessment and record of toileting if a child needs assistance regularly. Advice will be taken from health professionals including the school nurse/doctor and the bladder and bowel service
* Engage in regular communication with parents to ensure practice is taking place both at home and school.
* Regularly review agreed plan.

Children with disabilities may experience the same bladder and/or bowel issues as their typically developing peers. However, they are more likely to develop lower urinary tract symptoms and/or constipation. Furthermore, they may face additional obstacles to achieving and maintaining continence.

* Restricted mobility may make getting to the toilet more challenging.
* communication difficulties can hamper requests for help.
* reduced social awareness may impact on their desire to learn to use the toilet.
* sensory issues may make them unwilling to use school toilets.

Some of the articles of the UNCRC relate directly to the management of bladder and bowel issues in schools including:

Article 3, the best interests of the child should be the primary consideration.

Article 6, the rights to healthy development.

Article 16, the right to privacy.

Article 23, the right to special care, support and access to education for those with a disability.

Article 24, the right to good quality healthcare

Article 28, the right to education.

**Information and techniques that St Andrew’s School will use to help with toileting:**

There are several things that need to be considered when thinking about toilet training and it is important that these are discussed before the joint process begins. Children are at school 6 hours per day for 5 days a week so most of the training will take place at home which is why it is so important that school parents/carers work together.

Basic principles are start with the premise that if your child asks to go to the toilet, we will allow them to go, or they may simply try to avoid urinating and/or defecating. A big, hard, painful stool will scare the child, and to stop it happening again they simply hold on. We will assist to make sure any constipation is well managed before attempting to change toileting behaviour.

Some children fear the toilet itself and others are worried by splashback from stools. This fear will need to be overcome before they can start learning to sit on the toilet. For example, if your child fears the flush, then parents/carers can start by flushing it while the child stands by the bathroom door and then gradually ask them to come a little closer. This process could be replicated at school at the start of the toilet training process. When they are near enough, they could be encouraged to put just a little bit of toilet paper in the toilet to flush away. If they are worried about the water splashing back when they use the toilet then some toilet paper can be placed at the bottom of the pan to stop this happening.

To start with, sitting on the toilet should have nothing to do with going to the toilet. The emphasis should be completely on relaxed, happy sitting. To start with this may be a five second sit, once a day, fully clothed. Please praise them for this as we will to reward them for sitting and resist the temptation to mention wee or poo. The key now is moving forward gradually, so each little step forward is an achievable goal.

Next plan when the toilet/toilet sitting should take place – aim for 20-30 minutes after eating as that is the best time to for defecation in particular. Make sure your child’s bottom and feet are firmly supported and consider using a footstool if needed. Over time we will build up a regular toileting programme, with your child sitting on the toilet for 5-10 minutes at intervals throughout the day. These intervals will be set under discussion, but it is very important not to make too much of an issue out of the process. Visits every 40-60 minutes are generally ample. It is important to avoid taking them to the toilet at set intervals (as a just in case) as this will increase their frustration and set back the toileting plan. It may also lead to children not learning to hold a full bladder and therefore ultimately delay the process. If it has been decided (in conjunction with Health/OT/Bladder and bowel that the process of toilet timing (taking them at regular intervals) is more appropriate, then we will look at ways of achieving this.

Clothing is important and parents/carers should ensure that the child is dressed in clothes that are easy to pull up and down, and will supply several spare pants, trousers, socks etc.

Accidents are fully to be expected until children learn to recognise the sensation of needing to go to the toilet by wetting/soiling.

All school staff are aware of a child’s current stage of toilet training to confirm consistent approach and they should make sure that a record is kept of successful toilet/toilet visits as well as wetting/soiling incidents to monitor child’s progress.

**Please be patient – this may take a long time, but it will be worth it!**

**Changing Procedure**

**1. Equipment required**

* Visual symbols
* Hand wash basin, hot and cold running water, liquid soap, disposable paper towels
* Waterproof change mat
* Disposable sheet (paper blue roll) for change mat/changing area
* Disposable apron and gloves (PPE)
	+ Child’s own personal cream/nappies/ pull ups /wipes
* Nappy bags for soiled nappies / pullups / Sealed plastic bags for soiled clothing
* Lidded foot operated waste bin
* Disposable cloths
* Detergent
* Disinfectant

**2. Guidance**

Assisting a learner to change his / her clothes: On occasions an individual child may require some assistance with changing if, for example, he / she has an accident at the toilet, gets wet outside, or has vomit on his / her clothes etc.

* A Risk Assessment should determine if one or two members of staff (or more) are required. This should be included in the Toileting Plan.
* Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given (e.g. to take off their socks, pull shirt over their head).
* Staff will always ensure that the child can change in private, unless the child is in such distress that it is not possible to do so.
* Parents will be informed if the child becomes distressed.

**Changing a learner who has soiled him/herself:**

* Staff will always wear PPE
* The staff will ensure the child is happy with who is changing him / her.
* The child will be given the opportunity to change his / her underwear in private and carry out this process themselves.
* Staff will not assist in the wiping or intimate procedures, only provide support, reassurance, and resources to the child.
* Staff who have assisted a pupil with intimate care will complete record sheet.
* The staff will be responsive to any distress shown.
* Staff will seal any soiled clothing in a plastic bag.

**Assisting a child who requires additional support due to medical or disability need**

Learners with healthcare / disability needs may require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in their IEP or PPR and will only be carried out by staff who have been trained to do so. It is particularly important that staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

**3. Procedure**

1. Wash hands and put on disposable apron and gloves (PPE)

2. If change plinth is required, place a clean disposable sheet over the change mat (e.g. paper blue roll)

3. Remove the soiled nappy / pull up / clothing and clean the child with wet wipes or equivalent (agreed in the Intimate Care Plan)

4. Place soiled nappy / pull up and used baby wipes into nappy bag/ or place soiled clothing in sealed plastic bag and used wet wipes into separate nappy bag for disposal in agreed bin

5. Apply cream (if agreed in Intimate care plan) – change gloves or use a clean spatula to dispense the cream

6. Place nappy sack containing soiled nappy or pullup in agreed bin OR Place nappy sack containing soiled clothing in designated sealed lidded container / tub (you may need to label the clothing if there is more than one item)

7. Replace with clean nappy / pull up / clothing

8. Remove disposable sheet, place into agreed bin

9. Clean and disinfect change mat and any other areas that may have been touched during the change:

* Clean - use warm water and detergent (provided and follow protocols for product)
* Disinfect

10. Thoroughly dry the change mat and surrounding area with disposable paper towels

11. Dispose of PPE and wash hands thoroughly

**Continence Pad Change Procedure**

**1. Equipment required**

* Visual symbols
* Hand Wash basin hot and cold running water, liquid soap, disposable paper towels
* Waterproof change mat/changing area that is able to be decontaminated
* Disposable sheets for change mat/changing area
* Disposable plastic apron and disposable gloves
* Individuals own personal creams/pads/wipes
* Bags for soiled pads lidded
* Foot operated, lidded waste bin
* Disposable cloth
* Detergent (provided and follow correct protocols for product)
* Disinfectant

**2. Procedure**

1. Wash hands and put on disposable plastic apron and disposable gloves

2. Place a clean disposable sheet over the change area (if required)

3. Remove the soiled continence pad and clean the skin

4. Place soiled pad and wipes into plastic bag

5. Apply cream if needed – change disposable gloves or use a clean spatula to dispense the cream

6. Place plastic bag into waste bin

7. Change pad

8. Remove disposable sheet, place into waste bin (if used)

9. Clean and disinfect change area and any other areas that may have been touched during the procedure:

10. Thoroughly dry change mat and surrounding area/change area with disposable paper towels

11. Dispose of PPE and wash hands thoroughly

12. Clean and disinfect after each pad change even if there is no visible contamination.



**ERIC The Children’s Bowel and Bladder Charity**

**Assessment of Readiness:**

The first stage of toilet training is to recognise when the child is ready.

It is essential that the child is:

* Pooing at least one soft poo a day
* Staying dry for at least an hour and a half between wees

Other signs to look out for are:

* Showing interest in the toilet
* They can follow simple instructions
* Able to sit themselves on the toilet and get up again
* Starting to show signs of awareness of when they have done a wee or a poo.
* Showing awareness that other family members and peers don’t wear nappies, and that they use the toilet.

**Delivery:**

The school should ensure that:

Suitable facility is offered – either toilet, or toilet with suitable foot support and toilet seat insert. (Child needs to sit with feet flat and firmly supported, knees above hips).

Boys to be guided to sit down to wee –

* In the early stages children cannot differentiate between the need for a wee and the need for a poo. If they wee standing up they may hold onto the poo and can easily become constipated.
* The correct mechanism of weeing is triggered by relaxation – it is much easier to relax when seated.
* They may empty their bladder better sitting down.
* It is more hygienic as they are less likely to wee on the floor/over the toilet seat.

Optimum timing for toileting is observed –

* toilet visits planned for 20-30 minutes after meals (the most likely time for a child to poo)
* suitable interval left between prompts to wee (the bladder needs to be full to empty correctly)

The school should work with family to ensure a consistent transition from nappies to pants in one step to avoid confusing the child with a mixture of nappies/pull-ups/pants. N.B. The child will still need a nappy for naps initially.

**Communication:**

Ensure all staff are aware of a child’s current stage of toilet training to confirm consistent approach.

Ensure a record is kept of successful toilet/toilet visits as well as wetting/soiling incidents in order to monitor child’s progress. Daily diary/record sheet may be used.

Regular updates to be shared about progress at home.

**Toilet training is a joint effort!**