



# **Toileting & Intimate Care Guide**

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## **Toileting Guidance**

### **Aim of this guidance**

The aim of this guidance is to share best practice and statutory legislation with those adults in a wide variety of early years settings and schools who work with and have responsibility for children who are in nappies, not yet toilet trained or who have additional developmental or medical needs affecting toileting.

While general principles apply it is expected that a toileting plan for each child will be personalised to meet their individual needs. Should queries arise about interpretation and application of this guidance, you can seek clarification from the Health & Safety Manager.

### **Our Ethos and Principles**

Toileting issues should not prevent any child from accessing education and should a child have toileting needs it is the expectation that schools will address this as part of their holistic education and development.

## **Intimate Care – All settings**

### **Definition**

Intimate care can be defined as any care which involves washing, touching or carrying out an agreed procedure to intimate personal areas in order to care for another person. This may be due to their young age, physical difficulties or special needs. Examples include continence and menstrual management as well as washing, toileting or dressing.

Intimate care tasks are associated with bodily functions, body products and personal hygiene that demands direct or indirect contact with, or exposure of the genitals.

It also includes supervision of children and young people involved in intimate self-care.

### **Best practice includes ensuring that:**

- All intimate care is provided in a manner so as to maintain the child's or young person's dignity and confidence.
- The child or young person is cared for in a way that avoids distress, embarrassment or pain.
- Staff are regularly trained regarding child protection and health and safety, (which may include manual handling), and are fully aware of infection control, including the need to wear disposable aprons and gloves.
- A member of the trained staff (who is ideally familiar to the child/young person) will work alongside a new or more inexperienced colleague when they are introduced to a child and their toileting routines.
- Staff work in partnership with the child or young person's parents or carers, to discuss their needs, routines or preferences.
- Individual Health Care plans are written and agreed with parents/carers and where appropriate with the young person.
- All children and young people are supported to achieve the highest level of autonomy that is possible, given their age and ability. Staff will always encourage the child or young person to do as much as possible for him/herself as possible.
- As an additional safeguard, staff involved in meeting intimate care needs will not usually be involved in the delivery of sex education to the same children, wherever possible.
- Where a child or young person's care plan does not include 'intimate care', parents/carers will be informed the same day if their child has needed help with meeting intimate care needs. (e.g. if soiled or passed urine).
- Information regarding intimate care is treated as confidential and communicated in person, by telephone, or by sealed letter, not through the home/school diary, or by any other method which is not confidential.
- Every child's right to privacy is respected.
- Careful consideration is given as to how many staff might need to be present when a child or young person needs help with intimate care.
- Adults who assist a child or young person one-to-one are employees of the school and have DBS checks at the appropriate level.
- If two members of staff are present to assist with intimate care procedures that they do not talk over the child or young person.
- Staff inform another colleague when they are going to assist a child with intimate care.
- Cameras and mobile phones are never taken into bathroom areas.

- Whenever possible, staff should care for a child of the same gender.

This intimate care policy should be read in conjunction with the schools' policies as below (or similarly named):

- Safeguarding policy and child protection procedures (including whistleblowing)
- Staff code of conduct and guidance on safer working practice
- Health and safety policy and procedures
- Special Educational Needs policy

**Plus**

- iHasco online training - Moving and handling people
- Aspire policy for the administration of medicines

## **Early Years Settings**

Toilet Training in Early Years settings must be recognised as intimate care.

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.

Intimate care is defined as any care which involves washing, touching or carrying out an procedure that most children and young people learn to carry out for themselves, but which some are unable to do because of their age, physical difficulties, special needs or ill health.

All children must be supported and encouraged to achieve the highest level of autonomy that is possible, given their age and ability.

All Staff must be DBS checked and regularly trained regarding child protection and health and safety, (which may include manual handling), to ensure that they are fully aware of infection control, including the need to wear disposable aprons and gloves.

### **Starting toilet training.**

- This should be planned and agreed in co-operation with the parents/carers.
- There should be a written plan, including timing of toilet visits (e.g., after snack and lunch times), and who will be responsible for this in the setting (named key person and another adult well known to the child). See sample toileting plans- Appendix 1
- There should be liaison with parents/carers to ensure continuity with routines at home (Does boy stand or sit? do you use a potty or insert seat? Does your child need help with their clothing?).
- If parents are using 'pull ups' there should be a consideration of individual needs discussion with parents about the reasons for phasing out of these, without causing the child confusion. Many children use pull ups in the same way as a nappy and they can prolong toilet training as a child does not feel that they are wet. They also mean that any accidents do not have to be dealt with straight away, so a child can become confused, especially if they are swapping between pull ups at nursery and pants at home. For individual children, pull ups may still be agreed as the most appropriate option.
- When a child has a specific medical or developmental condition which could impact on toileting management, then advice from the Paediatrician should be sought either by the parent/carer or with permission, the designated adult e.g. teacher or SENCO. Children receiving chemotherapy – it is advisable to contact the child's Oncology Nurse for specific guidance. Contact details should be available from the parent/carer.
- To maintain the young person's dignity, appropriate facilities should be available e.g. adult visitors or disabled toilet, rather than pupil toilet. This should be clean, warm and safe and have a lockable cupboard for equipment.

Parents/carers should be reassured that if their child has an accident, it is not a problem and children will not be made to feel that it is an issue.

## Best Practice

- Every child's right to privacy will be respected. Careful consideration will be given as to how many staff might need to be present when a pupil needs help with intimate care.
- Cameras and mobile phones should never be taken into bathroom areas by staff or children.

## Hygiene management

- See Aspire Health and Safety Policy
- All staff should follow good hygiene practices, which should include:
  - Disposable gloves should be worn. Disposable plastic apron should be worn
- Systems should be in place to deal with spillages appropriately and safely. Spillages must be cleaned according to Aspire policy.
- Soiled disposable nappies should be placed in the nappy bin disposal unit in the designated areas.
- Soiled clothing to be placed in double plastic bags and returned to parent/carer where facilities for sluicing are not available.
- Correct hand washing techniques should be followed.
  - a) For adults, use hot water and soap. Dry hands with disposable paper towels. Antibacterial gel can then also be used.
  - b) For child, hand washing to be done by, or supervised by adult.

## Setting

- Advance consideration should be given to arrangements for offsite activities.
- Every child's right to privacy must be respected.
- To maintain the child's dignity, they should be changed only in a designated changing area.
- This area should be clean, warm and safe.
- Appropriate facilities must be available – such as changing mat, toilet seat or potty.
- Parents will be asked to provide all necessary consumables which could include: nappies, baby wipes, nappy sacks, and plastic bags for soiled clothing.
- Changes of clothing should be made available by parents/carers.

## **Reception and Key Stage 1 & 2 Changing Policy**

Toilet Training, and routine support with personal hygiene in Primary settings must be recognised as intimate care.

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.

Intimate care is defined as any care which involves washing, touching or carrying out an invasive procedure that most children and young people learn to carry out for themselves, but which some are unable to do because of their age, physical difficulties, special needs or ill health.

All children must be supported and encouraged to achieve the highest level of autonomy that is possible, given their age and ability.

All Staff must be DBS checked and regularly trained regarding child protection and health and safety, (which may include manual handling), to ensure that they are fully aware of infection control, including the need to wear disposable aprons and gloves.

### **Toileting and changing children**

- This should be planned and agreed in co-operation with the parents/carers.
- There should be a written plan, including timing of toilet visits (e.g., after snack, lunchtimes and the end of the school day. lunch times), and who will be responsible for this in the setting (named key person and another adult well known to the child). Always consider the type of support required relevant to the child's level of independence.
- There should be liaison with parents/carers to ensure continuity with routines at home (Does boy stand or sit? do you use a potty or insert seat? Does your child need help with their clothing?).
- If parents are using 'pull ups' or pads there should be discussion with parents about the phasing out of these, without causing the child confusion. Many children use pull ups in the same way as a nappy and they can prolong toilet training as a child does not feel that they are wet. They also mean that any accidents do not have to be dealt with straight away, so a child can become confused, especially if they are swapping between pull ups at nursery and pants at home. For individual children, pull ups may still be agreed as the most appropriate option.
- When a child has a specific medical or developmental condition which could impact on toileting management, then advice from the Paediatrician should be sought either by the parent/carer or with permission, the designated adult e.g. teacher or SENCO. Children receiving chemotherapy – it is advisable to contact the child's Oncology Nurse for specific guidance. Contact details should be available from the parent/carer.
- To maintain the young person's dignity, appropriate facilities should be available e.g. adult visitors or disabled toilet, rather than pupil toilet. This should be clean, warm and safe and have a lockable cupboard for equipment.

Parents/carers and the child should be reassured that if the child has an accident, it is not a problem and children will not be made to feel that it is an issue.



## Best Practice

- Every child's right to privacy will be respected. Careful consideration will be given as to how many staff might need to be present when a pupil needs help with intimate care.
- Cameras and mobile phones should never be taken into bathroom areas by staff or children.

## Hygiene management

- See Aspire Health and Safety Policy
- All staff should follow good hygiene practices, which should include:
  - Disposable gloves should be worn. Disposable plastic apron should be worn
- Systems should be in place to deal with spillages appropriately and safely. Spillages must be cleaned according to Aspire policy.
- Soiled disposable nappies should be double wrapped and placed in the nappy bin disposal unit in the designated areas.
- Soiled clothing to be placed in double plastic bags and returned to parent/carer where facilities for sluicing are not available.
- Correct hand washing techniques should be followed.
  - c) For adults, use hot water and soap. Dry hands with disposable paper towels. Antibacterial gel can then also be used.
  - d) For child, hand washing to be done by, or supervised by adult.

## Setting

- Advance consideration needs to be given to offsite / residential visits including swimming / hydrotherapy pool usage where applicable.
- Every child's right to privacy must be respected.
- To maintain the child's dignity, they should be changed only in a designated changing area.
- This area should be clean, warm and safe.
- Appropriate facilities must be available – such as changing mat, toilet seat or potty.
- Parents will be asked to provide all necessary consumables which could include: nappies, baby wipes, nappy sacks, and plastic bags for soiled clothing.
- Changes of clothing should be made available by parents/carers.

## **Children and Young People with Autism Spectrum Disorders (ASD)**

Parents are to provide nappies/pull-ups/ pads, wipes, nappy sacks, plastic bags for soiled clothing, spare clothing

### **Toilet training**

- This should be done in cooperation with the parents/carers, young person, relevant keyworker/staff and professionals involved where appropriate.
- There should be an agreed plan (a signed and reviewed document & parent questionnaire would be best practice) which records timing of toilet visits (on arrival, after snack and lunch times, during double lessons, break times etc) , fluid intake, (some children with autism avoid drinks to avoid the toilet and it is also a good way to build up a holistic picture), how to handle soiled/wet clothing, named adults/support workers, sensory preferences, communication methods, interests/motivators, stands/sits, potty/toilet/insert seat, dressing skills .
- Completing a toilet readiness questionnaire may be useful

Autism is part of the autism spectrum and is sometimes referred to as an autism spectrum disorder, or an ASD.

The three main areas of difficulty which all people with autism share are sometimes known as the 'triad of impairments'. They are:

- difficulty with social communication
- difficulty with social interaction
- difficulty with social imagination

### **Social Communication**

Children and young people with autism may have difficulties with both verbal and non-verbal language. Many have a very literal understanding of language, and think people always mean exactly what they say (wee on the toilet may mean the actually wee on the toilet seat rather than in the toilet). Think about the language you use. Do they understand "potty", "nappy", "dry pants", "toilet", "bathroom" or "toilet? Can the child express the urge or need to use the toilet? It will be important to be able to read their cues and/or teach a way to express the need or urge to use the toilet (PECS, IT communicative equipment, signing). Children with autism may have difficulty understanding what being asked of them or what they need to do. It helps if other people speak in a clear, consistent way and give people with autism time to process what has been said to them.

### **Social imagination**

Social imagination allows people to comprehend other people's behaviour, make sense of the facts, and to imagine different situations that are not the same as our daily routine. Difficulties with social imagination may mean that children and young people with autism may find it hard to cope with new situations such as toilet training. Predicting what will happen next and understand change such as going from using nappies to sitting on a toilet or wearing pants.

## Social interaction

Children and young people with autism may have difficulty recognising or understanding other people's emotions and feelings, and also how to express their own. They may not understand social rules and what is expected of them when being toilet trained. They may behave inappropriately or may want to be left to do their own thing rather than joining others or being taken alone to go to the toilet.

## Sensory profile/preferences

Think about the seven senses:

- ✓ Ask parents to fill out a sensory profile as part of the toilet plan detailing the child/young person's sensory likes/dislikes
- ✓ People with an ASD can be over- or under-sensitive in any or all of these areas. You may hear this referred to as being 'hypersensitive' or 'hyposensitive'

Examples you may need to think plan and support for: -

### Sight

#### **Hypo (under-sensitive)**

- Problems with focusing on a particular item, objects appear quite dark, or lose some of their features.
- Poor depth perception; problems with aiming or sitting on the toilet, may appear clumsy.
- Difficulty judging spatial relationships may bump into objects/people or miss steps on stairs or steps up the changing table.

#### **Hyper (over-sensitive)**

- Sensitive to bright lights; may squint, cover eyes, cry and/or get headaches from the light
- Has difficulty keeping eyes focused on task for an appropriate amount of time due to bright lights or colours/patterns
- Easily distracted by other visual stimuli in the room; i.e., movement, decorations, toys, windows, doorways etc.
- May prefer the lights off/natural day light

### Sound

#### **Hypo**

- May only hear sounds in one ear, the other ear having only partial hearing or none at all.
- May not acknowledge particular sounds.
- Might enjoy crowded, noisy places or bang doors and objects.

#### **Hyper**

- Particularly sensitive to sound. Inability to cut out sounds, difficulties concentrating, cover ears with hands, avoid hand dryers, sound of the flushing, crowded toilets, humming of lights or heaters, or clocks ticking bothered/distracted by background sounds out in corridor, windows, room next door
- Frequently asks people to be quiet; i.e., stop making noise, talking, or singing
- Runs away, cries
- May refuse to go to the toilet
- May decide whether they like certain people by the sound of their voice

## Touch

### Hypo

- Holds others tightly -likes cuddles.
- Has a high pain threshold?
- May self-harm; pinching, biting, or banging his own head
- Enjoys heavy objects/touch (e.g. weighted blankets, neck wraps)
- May crave touch, needs to touch everything and everyone in the toilet-may smear/play with their faeces.
- May not be aware that hands or bottom are dirty and need wiping
- May mouth objects excessively-faeces, soap, wipes, toilet paper
- Thoroughly enjoys and seeks out messy play (faeces, soap, water), craves vibrating or strong sensory input-constantly pulling flush

### Hyper

- May not like to be touched.
- Dislikes having certain clothes on or putting clothes back on, may not wear spare clothes that are not theirs.
- Difficulties washing hands or wiping with toilet paper/wipes as skin may be sensitive.
- Only likes certain types of clothing or textures
- Becomes fearful, anxious or aggressive with light or unexpected touch
- Gets distressed when diaper is being, or needs to be changed, appears fearful of, or avoids standing in close proximity to other people or peers (in lines or groups in the toilet area)
- May be very picky about using a particular brand of wipes, toilet paper, hand soap, towel or paper towels
- Water from running the tap on the skin may feel painful
- May overreact to change in water temperature
- Avoids using hands to do things
- Avoids/dislikes water, soap or may be distressed by dirty hands and want to wipe or wash them frequently.
- Distressed by seams in socks and may refuse to wear them.
- May constantly pull off nappy
- May want to wear long sleeve tops to avoid having skin exposed-will not push up sleeves to wash hands

## Taste

### Hypo

- Eats everything (toilet paper, faeces, soap, wipes, paper towels)
- May lick objects (toilet seats, walls, floor)

### Hyper

- Is a picky eater, only eating certain tastes and textures; may have constipation or loose stools

## Smell

### Hypo

- May lick things to get a better sense of what they are.
- Smells objects and people
- Likes to smell the soap, faeces

### Hyper

- Smells can be intense and overpowering,

- Dislikes people with distinctive perfumes, shampoos, body cream, hairspray. Tells other people (or talks about) how bad or funny they smell
- Offended and/or nauseated by bathroom odours or personal hygiene smells. May avoid toilets due to smell of nappies, faeces, soap, air fresheners.

### **Balance ('vestibular')**

#### **Hypo**

- A need to rock, swing or spin to get some sensory input.
- In constant motion, can't seem to sit still
- Is a "thrill-seeker"; dangerous at times (climbing over toilet/doors/sinks, out of windows) Always running, jumping, hopping etc. instead of walking. Rocks body, shakes leg, or head while sitting

#### **Hyper**

- Difficulties with controlling their movements.
- Difficulties stopping quickly or during an activity.
- Difficulties with activities where the head is not upright or feet are off the ground.
- moves slowly and cautiously and avoids taking risks
- May physically cling to an adult they trust
- May appear terrified of falling of the toilet
- Afraid of heights, even the height of the toilet or footstall
- Fearful of feet leaving the ground
- Fearful of going up or down stairs or walking on uneven surfaces
- Afraid of being tipped upside down, sideways or backwards or legs being held up
- Startles if someone else moves them

### **Body awareness ('proprioception')**

#### **Hypo**

- Stands too close to others, because they cannot measure their proximity to other people and judge personal space.
- Hard to navigate rooms and avoid obstacles.
- May bump into people.
- Seeks out jumping, bumping, and crashing activities
- Frequently falls on floor or off toilet intentionally
- Loves pushing/pulling/dragging objects-may pull all the toilet paper off the roll

#### **Hyper**

- Difficulties with fine motor skills: manipulating small objects like buttons or shoelaces.
- Moves whole body to look at something.
- Misjudges how much to flex and extend muscles (putting legs into pants/trousers) Misjudges the weight/force of an object, such as soap, picking it up with too much force sending it flying or spilling, or with too little force and complaining about objects being too heavy. Slamming objects down (toilet seat)

### **Things to consider:**

- ✓ Keep a box of favourite things/toys/books/chew buddies to occupy and use during the nappy/pad changing routine (positive reinforcements)
- ✓ Sing a song/play calming music

- ✓ Use a calm tone of voice
- ✓ Take the child/young person when the toilet is empty
- ✓ Warn the child/young person before you touch them
- ✓ Use the child's name before giving an instruction/prompt

### **Visual support**

Many children and young people with ASD are visual learners, so offering information in a visual way can help with communication, understanding, following routines and the ability to process information. It can also promote independence, lessen anxiety and the unknown.

Visual support should be appropriate to the child and young person and appropriate for their development. What works for one person may not work for another and once you start using a visual support it should be used consistently so that the child or young person with an ASD becomes used to it.

- Think about whether schedules will be left/right or top/bottom
- Think about whether you will use object of reference, photos or symbol pictures
- Visual supports should be at the child/young person's eye level
- You can use favourite characters or pictures to make it personalised
- Using visual warnings can also be helpful (timers, now/next, first/then, traffic light system)
- Rewards or make a deal token system can be helpful to motivate the child
- Scaling- (five point) to help manage any anxieties, behaviour or noise levels

### **Schedules**

Different types of schedules from objects, pictures and words, just words, flow charts or a written tick list to just plain lists can be useful to help with following the routine and understanding the different steps of a sequence (hand washing toilet or the whole routine).

### **Social stories**

A social story is a story appropriate for the child/young person's development that is a description of a particular situation, event or activity and includes specific information about what to expect in that situation and why.

Social stories may help children to understand why they should wash their hands; flush the toilet, what happens when they go into the toilet area.

## Risk assessment for medical gloves used in toileting procedures

### Introduction

This document is concerned with the use of medical gloves by adults working with children and young people in educational and early years settings who require assistance with toileting.

In compiling this document, reference has been made to the 2012 guidance produced by the Royal College of Nursing for health care staff on glove use and the prevention of contact dermatitis.

Whilst more detailed guidance on the safe use of medical gloves (latex and non-latex) for first aid or general health care purposes is available separately, this document is intended to provide a simple, generic risk assessment for the use of medical gloves in a toileting context.

### What does the law require?

The Control of Substances Hazardous to Health Regulations require employers to carry out a risk assessment of the circumstances in which employees may be exposed to hazardous substances. Employers must then identify steps to prevent exposure to those substances, or where this is not possible, to reduce and adequately control exposure.

Where risks to health and safety cannot be adequately controlled in other ways, the Personal Protective Equipment (PPE) at Work Regulations require PPE to be supplied that is fit for purpose, maintained / stored properly, provided with instructions on how to use it safely and used correctly by employees.

The following fulfils these requirements.

### Generic risk assessment

By the very nature of assisting a child or young person with their toileting needs, the adult(s) involved will be exposed to biological agents (bacteria and other micro-organisms in body fluids) that have the potential to cause disease. There is also the potential for cross-contamination to others if good hygienic practice is not followed between assisting one individual and the next.

As this exposure cannot be totally avoided if the assistance is to be provided to the child or young person concerned, appropriate medical gloves will need to be worn in conjunction with good hand hygiene techniques.

These measures must be used by the adults concerned and arrangements must be in place to ensure sufficient supplies of appropriate medical gloves (type, sizes, etc) are available along with adequate provision for hand hygiene and disposal of used gloves / waste materials.

All gloves must be disposable, single-use items but due to the health risks (types of dermatitis) associated with latex gloves it is considered appropriate to **recommend the use of non-latex versions** such as nitrile, neoprene or vinyl (polythene gloves are not suitable).

### **Information, instruction and training**

Adults assisting children or young people with their toileting needs should be informed of the findings of this risk assessment and provided with sufficient information, instruction and training to enable them to carry out their work safely and without significant risk to their health or that of others.

#### **Points to be communicated:**

- Arrangements for obtaining gloves
- The correct method of putting on and removing gloves
- Good hand hygiene techniques
- Arrangements for the disposal of used gloves
- The importance of reporting any personal ill health issues related to glove use and any concerns regarding the gloves being used (poor fit, tearing, lack of supplies, etc).

Adults should also be made aware that the use of gloves is not a substitute for hand hygiene and do not provide a failsafe method of preventing hand contamination.



## **Assessing the Risks of Facilities**

It is good practice to carry out a formal risk assessment of the toileting / changing facilities in the premises being used to identify existing hazards, evaluate the risks presented by those hazards and implement suitable and sufficient control measures.

Adults assisting children or young people with their toileting needs should be informed of the findings of this risk assessment and provided with sufficient information, instruction and training to enable them to carry out their work safely and without significant risk to their health or that of others.

To assist with undertaking this risk assessment, the following factors should be taken into consideration:

- The age and ability of the children concerned
- Special needs / behaviour management issues
- Ease of access to the facilities for all including wheelchair users
- Privacy afforded by the facilities
- Available free space within the facilities
- General cleanliness / maintenance
- Hinge protection to doors
- Heating / ventilation (methods, types, adequacy)
- Sanitary fittings provided (WC, washbasin etc)
- Special equipment provided (changing mat, fixed / adjustable changing table, hoist etc)
- Appropriate inspection / testing of equipment (lifting equipment, electrical appliances etc)
- Floor finish (e.g. non-slip with integrated cover skirting, standard vinyl flooring, quarry tiles etc)
- Exposed pipework (risk of burning if hot water pipe is touched)
- Water supply (hot and cold taps, scalding risk or thermostatically controlled)
- Hygiene arrangements (provision / availability of soap and disposable towels, antibacterial gel, disposable gloves / aprons, spillage/clean-up materials, etc)
- Secure storage for materials etc that may be required
- Waste disposal arrangements
- Means of summoning assistance generally and in an emergency
- Defect reporting procedure

Please note that this list is not presented in any particular order of importance and that additional factors not referred to here may be relevant for individual premises.

To ensure the risk assessment remains current, it is good practice to review it on an annual basis or if the circumstances change following an accident / incident.

## Handwashing Technique



# Hand-washing technique with soap and water



1 Wet hands with water



2 Apply enough soap to cover all hand surfaces



3 Rub hands palm to palm



4 Rub back of each hand with palm of other hand with fingers interlaced



5 Rub palm to palm with fingers interlaced



6 Rub with back of fingers to opposing palms with fingers interlocked



7 Rub each thumb clasped in opposite hand using a rotational movement



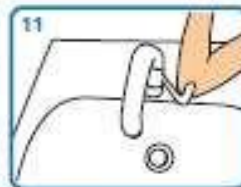
8 Rub tips of fingers in opposite palm in a circular motion



9 Rub each wrist with opposite hand



10 Rinse hands with water



11 Use elbow to turn off tap



12 Dry thoroughly with a single-use towel



13 Hand washing should take 15-30 seconds



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Adapted from World Health Organization Guidelines on Hand Hygiene in Health Care



## Appendix One

### Example Toileting Plan for use in Early Years Settings

Toileting Plan for: .....

Date: .....

*(Child's name)* is currently in nappies/pull ups and is not yet showing any awareness of being wet/soiled OR is currently in nappies/pull ups and is showing some awareness by (e.g.: going to changing area/verbally saying)

*(Key person's name)* will mainly be responsible for changing *(child's name)* whilst at *(Setting/school name)* to ensure continuity of care. However, *(named other staff)* will also be aware of his/her needs and will be available to change him/her when required.

*(Setting/school name)* will provide a changing mat, gloves and disposable aprons. Parent/carer will provide consumables which could include nappies/pull ups and spare clothes. *(Child's name)* will be changed *(specific location and arrangements)*

For example:

- ✓ *On a changing mat on the floor in the children's toilet area*
- ✓ *On a changing table in the disabled toilet area.*
- ✓ *Other arrangements specific to that individual child can also be included. (This could include whether child needs assistance is laying themselves down or getting up or times that child will be checked or changed. See guidance for Children and Young People with ASD if appropriate).*
- ✓ *To comply with our Safeguarding Procedures (Key person's name) will inform another colleague when they are going to assist (Child's name) with intimate care.*

Used disposable nappies will be placed in a nappy sack and disposed of in a nappy bin.

Staff will record date and time of changing and whether child was wet/dry/soiled. This information will be shared with parent/carer.

This plan will be reviewed as the child's needs change.

Signed:

Parent/carer:

Signed:

Key person/Senco:

**Appendix Two**

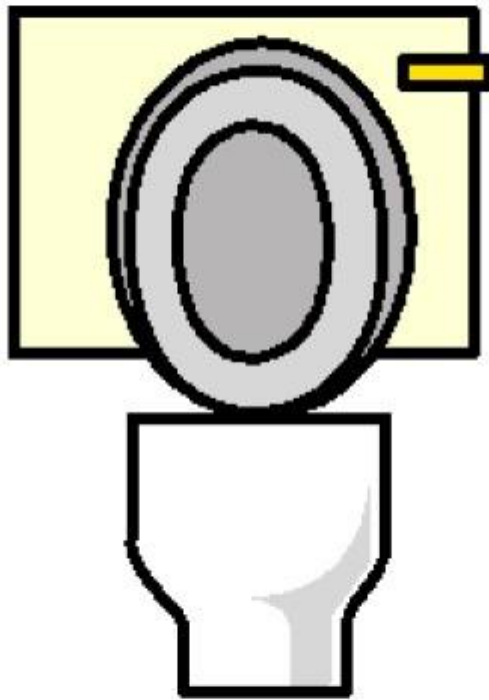
Antecedent Behaviour Consequence Toileting Chart
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Toileting Chart for: .....

Date	Time	Time since last meal/drink	What happened immediately before	Behaviour/physical function	Consequence	urinated	opened bowels
20/5/15	5.30pm	1 hour - tea	<p style="text-align: center;"><b>EXAMPLE</b></p> <p>Left the room / jumped around / cried /went under the table, ran around, wiggled bottom, held self, asked for the toilet, made a verbal noise etc</p> <p style="text-align: center;"><b>WHATEVER IS RELEVANT TO YOUR CHILD</b></p>	<p style="text-align: center;"><b>EXAMPLE</b></p> <p>Wee on floor/in pants, stopped self pooing, clenched bottom, asked for nappy to poo in, poo'd behind the sofa</p> <p style="text-align: center;"><b>WHATEVER HAPPENED</b></p>	<p style="text-align: center;"><b>EXAMPLE</b></p> <p>Smeared poo, attention, praise, dinnertime interrupted, dignity impaired, ran away upstairs</p> <p style="text-align: center;"><b>WHATEVER HAPPENED AFTER</b></p>	✓	

<b>Date</b>	<b>Time</b>	<b>Time since last meal/drink</b>		<b>Behaviour immediately before</b>	<b>urinated</b>	<b>opened bowels</b>

# Using the toilet



My name is Jane and I go to Example school.

I can use the toilet at home and school. I can wee and poo on the toilet at home or school.



I will follow my toilet schedule, it is ok to look at and follow my toilet schedule with help from my teacher, mum or dad.

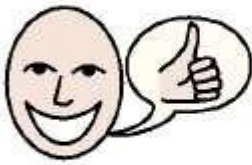


I will sit on the toilet to wee or poo, it's ok to do a wee or poo in the toilet.

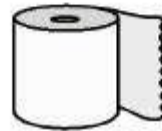
Sometimes it might take a little time, it's ok to sit on the toilet and wait until I wee or poo in the toilet.



I am going to try to wee or poo on the toilet



When I am finished pooing, weeing or sitting on the toilet I need to use toilet paper.



my teacher, mum or dad can help me with toilet paper.

It is ok to have my teacher, mum or dad help me use toilet paper.

I will follow my schedule, sit on the toilet and wash my hands.





## Appendix Four

### Toilet Flow Chart

