



## **Intimate Care (Toileting) Policy**

### **ABERTILLERY LEARNING COMMUNITY**

*Achieving continence is one of many developmental milestones and should not be considered more significant than any others. Educational establishments are expected to meet the individual needs of children with delayed personal development in the same way they would meet the needs of children with delayed language or any other kind of delayed development.*

*Children should not be excluded purely because of incontinence issues and providers should work in partnership with parents and carers to address this issue in a positive and supportive manner.*

*Date of ALC Policy March 2017*

**Revised Policy Accepted by Governing Body-October 2023**

**Date for Review - October 2025**

## Intimate Care (Toileting) Guidance

The aim of an Intimate Care (Toileting) Guidance is to ensure that wetting and soiling incidents are minimised, but when they do occur they are dealt with in an appropriate manner.

The Intimate Care (Toileting) guidance applies to all children throughout the school as incontinence issues may occur at any age.

Further guidance in relation to toileting can be found in 'A Guide to Helping Early Years Settings and Schools Manage Continence' produced by ERIC (Education and Resources for Improving Childhood Continence).

### Principles

This guidance encompasses the United Nations Convention of the Rights of the Child seven core aims for children and young people, which have been adopted by the Welsh Government:

- A flying start to life
- Access to education, training and employment
- To be healthy and free from exploitation
- Access to play, leisure, sporting and cultural activities
- To be listened to and treated with respect
- To live in a safe home and community
- To not be disadvantaged by poverty

In order to achieve this and to comply with the Equality Act 2010, all children must be treated as individuals and continence issues should be assessed on an individual basis.

Achieving continence is one of many developmental milestones and should not be considered more significant than any others. Educational establishments are expected to meet the individual needs of children with delayed personal development in the same way they would meet the needs of children with delayed language or any other kind of delayed development.

Children should not be excluded purely because of incontinence issues and we will work in partnership with parents and carers to address this issue in a positive and supportive manner.

## Abertillery Learning Community

### Toileting Guidance

#### Admission

- No child will be refused admission to school based solely on incontinence issues.
- In line with the Equality Act 2010, any reasonable adjustments will be considered in order to meet the needs of an individual child.
- If a child has complex continence needs, an Intimate Care (Toileting) Plan may be required when they start school and relevant healthcare professionals will be closely involved in this process.

#### Procedures for Personal Care

- Children who are in nappies are checked regularly and changed immediately if required. Nappies, wipes, changes of clothes etc will be provided by parents/carers.
- Children who are not fully continent will be prompted to use the toilet throughout the day.
- Children have access to toilet facilities at all times. Where appropriate, children's seats, potties, steps are available.
- Help and assistance is given where needed; however, independence is encouraged and privacy is respected at all times.
- Children are accompanied to the toilet as soon as they indicate their need.
- Personal care is delivered only by fully checked members of staff.
- Children are taught good hygiene practice in relation to their own personal care as they grow to independence.
- Warm water, soap and paper towels are available for children to wash their hands.
- Water temperature is controlled.
- Toilets and potties are checked regularly and cleaned/disinfected, in line with infection control guidelines.
- Changing mats and related equipment are disinfected after each child.

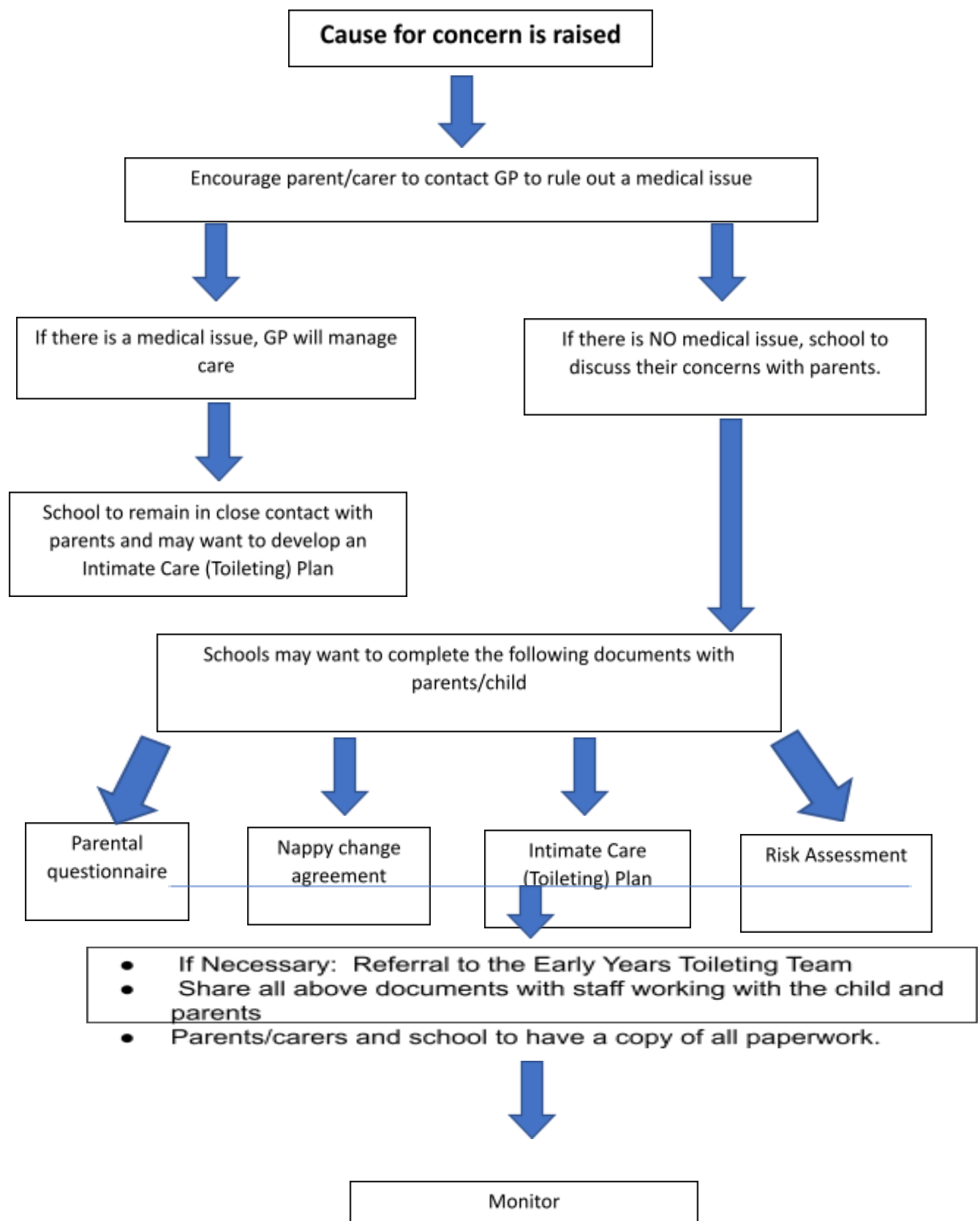
#### In the event of a toileting accident:

- A member of staff will inform the teacher or another member of staff before they take the child to the toilet.
- Two adults to be present when changing a child. Safeguarding procedures must be adhered to at all times.

- The members of staff will ensure that the child's privacy and dignity is maintained throughout.
- All necessary equipment such as gloves, wipes, paper towels, nappy sacks/plastic bags, pants, trousers and socks, which will be provided by parents/carers, will be stored in the toilet area to enable staff to deal efficiently with the situation.
- Wet or soiled clothing will be removed and fresh clothing will be put on.
- Clinical waste will be disposed of appropriately.
- The changing area will be cleaned and disinfected after use.
- If the accident has occurred inside, or if the child had been sat on a piece of equipment, the remaining staff will ensure that the surfaces are cleaned and disinfected.
- The parent of the child will be informed discretely of the occurrence at the end of the session.
- In the event of significant wetting and/or soiling, parents/carers may be contacted to assist with the situation.
- Frequent episodes of soiling and/or wetting will be discussed with parents to establish the best course of action for the child (see Appendix 1 – Intimate Care (Toileting) Pathway).

## Intimate Care (Toileting) Pathway

## Appendix 1



## Appendix 2

**Name of setting:**  
**Parent Questionnaire: Intimate care**

<b>Child/young person's name:</b>		<b>D.O.B:</b>	
<b>Parent/Carer name:</b>			

This questionnaire is to help us set up a tailored programme that best suits your child. It will help us to reinforce the familiar routine, method and language you use with your child at home. Working together is vitally important to assist your child to achieve this developmental milestone.

<b>How often is your child wet daily?</b>	
<b>How often does your child soil daily?</b>	
<b>Is there a regular pattern?</b> E.g morning, lunchtime etc.	
<b>What language does your child use to indicate they are wet? If no verbal language, what signs indicate they are wet?</b>	
<b>What language does your child use to indicate they are soiled? If no verbal language, what signs indicate they are soiled?</b>	
<b>How do you normally change your child?</b> E.g on a floor mat, changing table or your lap etc.	
<b>Which cleansing agents do you use?</b> E.g water and cotton wool, wipes etc.	
<b>Do you apply any powder or cream afterwards?</b>	
<b>Is there anything else that would be useful to know about the intimate care of your child?</b> E.g songs you might sing, distraction toys used, rewards etc.	

<b>Parent/Carer signature:</b>	
<b>School ALNCO signature:</b>	



Parental  
 Questionnaire - Intimate

### Appendix 3

<b>Name of setting:</b> Home/School - Nappy Change Agreement
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<b>Child/young person's name:</b>	
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<b>D.O.B:</b>	
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<b>The parent/carer:</b>
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- Agreeing to ensure that the child is changed at the latest possible time before being brought to the school
- Providing school with spare nappies, wipes, nappy bags and a change of clothing
- Understanding and agreeing the procedures that will be followed when their child is changed at school
- Agreeing to change the child should the child soil themselves or become uncomfortable wet
- Agreeing to review arrangements should this be necessary

<b>The school:</b>
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- Agreeing to change the child should the child soil themselves or become uncomfortable wet
- Agreeing how often the child would be changed
- Agreeing to monitor the number of times the child is changed in order to identify progress made using the intimate care log
- Agreeing to review arrangements should this be necessary

I give permission for (Name of setting) staff to change my child during the session and use wipes and apply protective cream as necessary. I will supply nappies, wipes, creams and nappy disposal bags in a named bag.

<b>Parent/Carer name</b>	
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<b>Parent/Carer signature</b>	
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<b>Date</b>	
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<b>ALNCo / Inclusive Lead name</b>	
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<b>ALNCo / Inclusive Lead signature</b>	
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<b>Date</b>	
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## Appendix 4

### EXAMPLE

#### Intimate Care (Toileting) Plan

It is advised that a care plan is completed for all learners who have toileting delay/Constipation with or without a medical condition, that affect their day at school. As the care plan is a working document designed to assist school, this should include all the information they require. It should be completed by schools with the parents/carers and involve the relevant professionals. If school settings have any concerns with the child's condition or treatments, please consult with the School health Nursing Team, Early Years Toileting Team or relevant professional.

Name of School.....

Child's/young person's details

<b>Child's name</b>	
<b>Date of Birth</b>	
<b>Year group</b>	
<b>Home address</b>	
<b>School</b>	
<b>School address</b>	

Date of plan: .....

Planned review date: .....

(The plan should be reviewed at least 6 weekly or more frequently if the child's situation changes)

Name of person(s) completing plan and their role:



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**Family contact information**

<b>Name</b>		
<b>Relationship to child</b>		
<b>Telephone number</b>	Home: Work: Mobile:	
<b>Email</b>		
<b>Address if different to child</b>		
<b>Name</b>		
<b>Relationship to child</b>		
<b>Telephone number</b>	Home: Work: Mobile:	
<b>Email</b>		
<b>Address if different to child</b>		
<b>Siblings' names</b>		

**Health contacts**

<b>School Health Nurses</b>	
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<b>Early years Toileting Team</b>	
<b>Consultant</b>	
<b>General Practitioner</b>	
<b>Health Visitor</b>	

**Description of child**

Give brief details of child's interests, behaviour and relevant conditions, e.g. speech and language, mobility, toileting need.

**Description of toileting support needed**

**Goals for toileting management**

Describe how the child's bladder and bowel health is going to be promoted and maintained and how potential and independence are going to be appropriately promoted. You may include goals for parents, child and /or staff depending on individual needs.

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**Medication**

Details of medication. If any medication needs to be taken in the school/ early Years Setting refer to the policy and follow the procedures.

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**Details of help required for personal care, who will provide this, where and how?**

**Arrangements for sporting activities, school visits/trips etc**

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**Name of parent/carer**

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**Signature of parent/carer**

..... **Date**  
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**Name of school representative**

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.....

**Role/job title of representative**

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**Signature of representative** ..... **Date**

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**Name of child/young person**

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.....

**Signature of child/young person (if appropriate)**.....

**Date** .....





## EXAMPLE

## Appendix 5

<b>School Toileting Plan</b>
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<b>Child/young person's name</b>		<b>D.O.B</b>	
<b>Parent/Carer name</b>		<b>Date plan agreed</b>	
<b>Staff name</b>		<b>ALNCo</b>	

	<b>Details</b>	<b>Implemented by</b>
<b>Working towards independence:</b> e.g taking child/young person to toilet at timed intervals, using sign or symbol, any rewards used		
<b>Arrangements for nappy/pad changing:</b> e.g who, where, arrangements for privacy		
<b>Level of assistance needed:</b> e.g undressing, dressing, hand washing, talking/signing to child/young person		
<b>Infection control:</b> e.g wearing disposable gloves, nappy disposal		
<b>Sharing information:</b> e.g if the child/young person has a napkin rash or any marks, any family customs/cultural practice		
<b>Resources needed:</b> e.g special seat, nappies/pull-ups, creams, disposable sacks, change of clothes, toilet step, gloves, changing table, clinical waste bin, aprons		

<b>Parent/Carer signature</b>		<b>Review Date:</b>
<b>Key members of staff signatures</b>	1.	
	2.	
	3.	
	4.	

	5.	
ALNCo signature		

## Appendix 6

### HANDWASHING

Hands should be washed:

- After using the toilet
- Before handling, serving or eating food
- Before helping pupils with the toilet
- After helping pupils with the toilet
- After cleaning up any bodily fluids ( eg vomit, diarrhoea)
- After removal of gloves
- After blowing or wiping noses
- After digging in soil
- After handling pets
- After any procedure that might make your hands dirty – e.g. handling waste, soiled linen, equipment, etc.

### BROKEN SKIN

Staff should cover their broken skin, such as a cut or graze, small patches of psoriasis or eczema on their hands, and arms, with a waterproof dressing

### RECOMMENDED HANDWASHING

- Do not wear jewellery (other than a wedding band)
- Keep nails short and clean
- Wet hands first
- Use liquid soap whenever possible, enough to cover a 50 pence coin
- Rub palm to palm to make a lather, then part the fingers to wash in between
- Wash the back of one hand with the palm of the other, then change over parting the fingers to wash in between
- Hold the fingers of one hand with the fingers of the other and rub in half circle motion then change over
- Wash the thumbs well
- Come back to the palms, one palm with the fingers of one hand and then change over
- Wash wrists


- **DRY HANDS THOROUGHLY – using hand driers or disposable towel**





## Appendix 7

### Risk Assessment – Children who are not toilet trained when they start schools

<b>HEALTH AND SAFETY RISK ASSESSMENT FORM</b>		
<b>GENERIC RISK ASSESSMENT FOR: Children who are not toilet trained when they start School Nursery/ Reception</b>		<b>ASSESSMENT UNDERTAKEN BY: Primary School/Early Years Setting</b>
<b>DATE OF ASSESSMENT:</b>		<b>REVIEW DATE:</b>

Please use this for to assess generic or specific tasks, work activities or equipment. The person undertaking the assessment must be competent to do so.

HAZARDS	WHO COULD BE HARMED AND HOW?	WHAT ARE YOU DOING ALREADY?	WHAT FURTHER ACTION IS NECESSARY?	BY WHOM	BY WHEN	COMPLETED (DATE)
When assisting a child with their toileting needs,	Members of staff who assist children with their toileting	Staff who are required to change/assist children with				

<p>changing their nappies, etc, there is a risk the member of staff could come into contact with bodily fluids that, without appropriate safeguards and controls in place, could cause the member of staff health concerns</p>	<p>needs could come into contact with viruses of the oral/faecal route – for instance if faeces come into contact with an open wound.</p> <p>Potential health risks include E-Coli0157, Salmonella, Cryptosporidium and possibly Hepatitis A</p>	<p>their toileting needs are provided with:-</p> <ul style="list-style-type: none"> <li>• Disposable gloves – non-latex Nitrile or vinyl gloves</li> <li>• Disposable aprons</li> <li>• Face masks (type 11R – fluid resistant)</li> <li>• Face visors – (in certain circumstances)</li> </ul> <p>(Arrangements are in place to dispose of the gloves, aprons and face masks immediately once the child has been changed – they are only worn once and a new set put on to change the next child. If a face visor is used then this will be cleaned at the end of the toileting process each time before it used again.</p> <p><b><i>Adherence to the measures that are in place</i></b></p>				
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		<p><b><i>in the setting for preventing the spread of COVID will need to be borne in mind when changing a child when the pandemic is still prevalent)</i></b></p> <ul style="list-style-type: none"> <li>● Access to non-bleach cleaning chemicals to clean any surfaces that may be contaminated during the toileting process – eg work surfaces, changing beds and plinths, changing mats if used.</li> </ul> <p>Arrangements are in place to lock the cleaning chemicals away when they have been finished with</p> <p>Staff involved in assisting children with their toileting needs follow good hygiene arrangements – they wash</p>				
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		<p>their hands before the toileting process starts and when it is finished, and they have removed the disposable gloves –( the technique for good handwashing is attached as an appendix 2 to the Continence Policy)</p> <p>The child is taken to a suitable toilet area to be changed</p> <p>As far as possible the child's privacy and dignity is observed maintained when he/she is being changed.</p> <p>All staff who may be required to change a child will have already been cleared safe to be working with children through the D.B.S process</p>				
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		<p>The School has sought support from the Early Years Toileting Team..</p> <p>Whenever possible, arrangements are made to change a child in a standing up position. If, however a changing mat is used, arrangements are in place to clean it before and after use for each child, using a non-bleach cleaning solution</p> <p>If there is a spillage of human waste when the child is being toileted or having its nappy changed, the spillage is cleaned using a non-bleach cleaning solution. Staff cleaning the spillage dilute the chemical in line with the manufacturer's guidelines and C.O.S.H.H assessments, and follow</p>				
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		<p>any identified safety precautions.</p> <p>The child being changed is encouraged and shown how to wash their hands once the toilet procedure has been completed using the technique for good hand washing attached as an appendix 2 to the Continence Policy.</p> <p>Hand driers or disposable towels are used to dry hands and not hand towels. Hand washing is done at sinks in toilet areas and not at sinks in kitchens (During the pandemic hand driers might not be used )</p> <p>Arrangements have been made for heavily soiled garments to be given to the parents/carers as per care plan.</p>				
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		<p>A toileting plan and home to school toileting agreement has been drawn up for the child, in conjunction with the parents/carers and other relevant professionals</p> <p>All used PPE (gloves, face masks and aprons), nappies and any item deemed too soiled to be washed is disposed of – as the amount generated by Abertillery Learning Community is classed as being a small, it is disposed of in normal waste</p> <p>Staff changing children will follow the contents of this risk assessment. If the child soils himself/herself on a regular basis a further risk assessment will be carried out specifically on</p>				
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		the child and the child's needs				
When assisting a child with their toileting needs, changing their nappies, etc, there is a risk the member of staff could sustain musculoskeletal injuries from manual handling	Members of staff who assist children with their toileting needs could receive manual handling injuries if they were lifting and carrying the child/children	In the majority of cases children are changed in standing up position – which negates the need to lift and carry the child into a lying down position and significantly reduces the likelihood of a manual handling injury from occurring				
		If any manual handling injuries do occur to staff when they are toileting children, the details are recorded, so that they can be referred to when the generic risk assessment is reviewed. An accident reporting form completed and the accident reporting procedure followed.				
When assisting a child with their	During the toileting procedure there is a	The situation is monitored.				

toileting needs, changing their nappies, etc, there is a slight risk that the child may demonstrate violence or aggressive behaviour towards the member of staff	possibility a child may demonstrate challenging behaviour towards the member of staff changing him/her mainly because the child is upset or confused in terms of what is happening and what is required of him/her	If a member of staff does experience any violence when they are changing the child – e.g. bites, scrams, etc., the details will be noted and a specific risk assessment on the child will be carried out. Details of injuries sustained when the child is changed will be recorded on an accident report form and the process for reporting accidents followed				

## Appendix 8

### Risk Assessment for a child where soiling takes place on a regular basis

HEALTH AND SAFETY RISK ASSESSMENT FORM		 Cyngor Bwrdeistref Sirol <b>Blaenau Gwent</b> County Borough Council
RISK ASSESSMENT FOR: Risk Assessment for INSERT NAME – Problems with toileting		ASSESSMENT UNDERTAKEN BY:
DATE OF ASSESSMENT:		REVIEW DATE:

Please use this for to assess generic or specific tasks, work activities or equipment. The person undertaking the assessment must be competent to do so.

HAZARDS	WHO COULD BE HARMED AND HOW?	WHAT ARE YOU DOING ALREADY?	WHAT FURTHER ACTION IS NECESSARY?	BY WHOM	BY WHEN	COMPLETED (DATE)
INSERT NAME is soiling himself/herself several times a day	As staff have to change INSERT NAME more often, there is an	Staff who are required to change/assist INSERT NAME with				

<p>INSERT NAME has problems with constipation</p>	<p>increased risk that they could come into contact with viruses of the oral/faecal route – for instance if faeces come into contact with an open wound.</p> <p>Potential health risks include E-Coli0157, Salmonella, Cryptosporidium and possibly Hepatitis A</p> <p>INSERT NAME will miss out on other elements of his/her education when he/she is being toileted</p>	<p>his/her toileting needs are provided with:-</p> <ul style="list-style-type: none"> <li>• Disposable gloves – non-latex Nitrile or vinyl gloves</li> <li>• Disposable aprons</li> <li>• Face masks (type 11R (fluid resistant)</li> <li>• Possible a face visor ( depending on the circumstances)</li> </ul> <p>(Arrangements are in place to dispose of the gloves, aprons and face masks immediately once INSERT NAME has been changed – they are only worn once and a new set put on when INSERT NAME needs changing again, or when the staff have to assist another child with their toileting needs. If a face visor is used, it will be cleaned once the toileting procedure has been completed. <b><i>Adherence to the measures that are in place in the setting for preventing the spread of COVID will need to be borne in mind</i></b></p>				
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		<p><b><i>when changing INSERT NAME when the pandemic is still prevalent)</i></b></p> <ul style="list-style-type: none"> <li>• Access to non-bleach cleaning chemicals to clean any surfaces that may be contaminated during the toileting process – eg work surfaces, changing beds and plinths, changing mats if used. Arrangements are in place to lock the cleaning chemicals away when they have been finished with</li> </ul> <p>Staff involved in helping INSERT NAME with their toileting needs follow good hygiene arrangements – they wash their hands before the toileting process starts and when it is finished, and they have removed the disposable gloves –( the technique for good handwashing is attached as appendix 2 in the Continence Policy)</p> <p>INSERT NAME is taken to a suitable toilet area to be changed</p>				
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		<p>As far as possible his/her privacy and dignity is observed maintained when he/she is being changed.</p> <p>All staff who may be required to change INSERT NAME will have already been cleared safe to be working with children through the D.B.S process</p> <p>The School/setting has sought support from:-</p> <ul style="list-style-type: none"> <li>• the Early Years Toileting Team regarding INSERT NAME condition.</li> <li>• The School Nurse ( in the case of schools)</li> <li>• The Consultant Paediatrician</li> </ul> <p>The parents/carers of INSERT NAME have been included as part of the consultation process for their views</p> <p>Whenever possible, arrangements are made to change INSERT NAME in a standing up position. If, however a</p>				
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		<p>changing mat is used, arrangements are in place to clean it, using a suitable non-bleach cleaning solution before and after the changing mat is used</p> <p>If there is a spillage of human waste when INSERT NAME is being toileted or having his/her nappy changed, the spillage is cleaned using a suitable non-bleach cleaning solution. Staff cleaning the spillage dilute the chemical in line with the manufacturer's guidelines and C.O.S.H.H assessments, and follow any identified safety precautions.</p> <p>INSERT NAME is encouraged and shown how to wash their hands once the toilet procedure has been completed using the technique for good hand washing attached as appendix 2 to the Continence Policy</p> <p>Hand driers or disposable towels are used to dry hands and not hand towels. Hand washing is done at</p>				
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		<p>sinks in toilet areas and not at sinks in kitchens</p> <p>A toileting plan and home to school toileting agreement has been drawn up for INSERT NAME</p> <p>The parents/carers of INSERT NAME are involved in drawing up the toilet plan and the home to school toileting agreement</p> <p>All used PPE (gloves, aprons and face masks), nappies and any item deemed too soiled to be washed is disposed of as general waste class – as the amount generated by Abertillery Learning Community is classed as being a small amount, it is disposed of in normal waste</p>				
When assisting INSERT NAME with his/her toileting needs, changing his/her nappies, etc, there is a	Members of staff who assist INSERT NAME with his/her toileting needs could receive	The Early Years Toileting Team have recommended that in INSERT NAME's case it would be better to change him/her in standing up position – which negates the need to				



risk the member of staff could sustain musculoskeletal injuries from manual handling	manual handling injuries if they were lifting and carrying INSERT NAME	lift and carry him/her into a lying down position and significantly reduces the likelihood of a manual handling injury from occurring				
		If any manual handling injuries do occur to staff when they are toileting INSERT NAME, the details are recorded, so that they can be referred to when the specific risk assessment for INSERT NAME is reviewed. Details of the injuries sustained in the accident will be reported on an accident reporting form and the process for reporting accidents followed.				
When assisting INSERT NAME with his/her toileting needs, changing his/her nappies, etc, there is a slight risk that he/she may demonstrate violence or aggressive	During the toileting procedure there is a possibility INSERT NAME may demonstrate challenging behaviour towards the member of staff changing	<p>The situation is monitored.</p> <p>If a member of staff does experience any violence when they are changing INSERT NAME – e.g bites, screams, etc, the details will be noted and the specific risk assessment on INSERT NAME will be reviewed and details</p>				

behaviour towards the member of staff	him/her mainly because he/she is upset or confused in terms of what is happening and what is required of him/her	of the injuries sustained recorded on an accident reporting form and the process for reporting accidents will be followed.				
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## Guidance to toileting in schools

Children start the rising three provision in school nurseries the term after their third birthday. Nearly all children will have been toilet trained by the time they start, a small number will still have to master this developmental milestone and will need support in managing their intimate care and self-care needs.

There will be children and young people across the age range of 2-19, who are either delayed in acquiring this skill or who, long term, will need support and

Admission policies and practices that require a child to be toilet trained are discriminatory and potentially unlawful

Some children will have underlying problems that need to be addressed with the support of medical professionals. However, there is guidance available which schools can take to reduce the likelihood of children wetting and soiling themselves.

### Pupils with complex toileting needs

For some children their additional medical or physical

## Appendix 9



### FAQs

***Is there need for two members of staff to change a pupil for safeguarding reasons?***

Yes. This is to ensure safeguarding procedures will be adhered to at all times for both staff and learners.

***Will we need a separate room and changing mat to change the pupil?***

If the pupil is able to weight bear, it is good practice to change them standing. This is more respectful as they get older and helps to build towards the skill of using the toilet independently. Disabled toilets will be large enough for this if no other area is available.

## Working together

### How can parents/carers help?

- provide spare clothes/pads.
- establish a routine and share with school.
- **help write the intimate care plan with schools**

### How can health professionals help?

For those pupils below statutory school age the Health Visitor assesses the skills required for toileting and reviews this at around 27 months. They are able to advise schools around routines/skill acquisition for toileting.

For those pupils of statutory school age, school nurses are able to give general advice to schools on promoting healthy bladder and bowel routines and parents would be encouraged to be part of this conversation. Parents can contact school nurses themselves if required. School nurses can give healthy bladder and bowel advice regarding issues at home and signpost on to additional information and other services.

A referral can be made to the Early Years toileting Team.

### How can school procedures and practices help?

Access to water through the day. Children need to drink water regularly throughout the day. They also need to empty their bladder and bowels regularly and fully when the need arises. Having set times for access to the toilet can cause “I’ll go just in case” practices which means the bladder doesn’t get used to holding on until it’s full. Over time, the bladder capacity can reduce, increasing the need to visit the toilet more frequently. A pupil may consciously or unconsciously reduce their fluid intake, or avoid drinking altogether, if they fear not being able to go to the toilet when they need to.

- make sure toilet facilities are inviting with clear signs
- make sure there is enough time to use the facilities.
- have an intimate care policy in place.
- create an intimate care plan for the pupil with input from parents/carers and Health where appropriate.

### Good practice.

- have agreed Intimate Care Plans in place.
- ensure that pupils are actively consulted about their own care plan

### Staff should:

- schools may want to consider the Intimate Care (Toileting) Guidance.
- make other staff aware of the task being undertaken with discretion and dignity.
- always explain to the pupil what is happening before a care procedure begins
- consult with colleagues where any variation from agreed procedure/care plan is necessary
- record the variations to the agreed procedure/care plan and share this information with the pupil and their parents/carers
- always consider the supervision needs of the pupils and only remain in the room where their needs require this.
- Protect dignity and privacy of pupil.

# GOOD PRACTICE AND SUPPORT

## Further advice and support

[Managing bladder and bowel issues in nurseries ...](#)  
[- Bladder & Bowel UK](#)

Occupational Health Toileting Newsletter –  
Aneurin Bevan

Gwent - Early Years Toileting Team

## policies

### Toileting for pupils with healthcare needs

[Supporting learners with healthcare needs: quick guide for support ...](#)

[Healthcare Needs Leaflets - Welsh Government](#)

[Supporting learners with healthcare needs: healthcare needs policy ...](#)

[Supporting learners with healthcare needs | GOV.WALES](#)

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