



## Whole School Personal Care Policy and Procedures (Including EYFS)

### Sleep Policy in the Nursery:

All children develop at different rates. As a result, our Nursery practice and provision is adapted in order to meet these needs throughout the day. As children grow, they usually develop a routine in which they can reduce the length or frequency of daytime sleeps. With this in mind, although not offered as routine, the youngest children at the Nursery will have the opportunity to rest if they need or want to. At these times, the staff will create an environment for the children to rest, i.e. a quiet area to cuddle up with a book or access to a sectioned-off quiet zone with a sleep mat.

Whilst parental wishes will be taken into consideration when allowing a child to sleep, staff cannot force a child to sleep, to wake up or stay awake against his or her will.

### General Guidelines:

- Staff are present in the Nursery at all times and where possible, a member of staff will sit with any child/ren who are in the process of going to sleep.
- Nursery staff will position themselves to be within sight and/or sound of sleeping children so that they can monitor them.
- Sleeping children will be checked by gentle touch every 10 minutes and these checks are documented.
- Children will be placed on fold-out sleep mats with their own cover sheets and blankets, all of which will be cleaned regularly and kept in good condition. No pillows are used.
- When children are collected, feedback will be given verbally about their sleep by the child's Key Person.
- In line with the '**Whole School Medical and First Aid Policy and Procedures**', parents will be contacted to arrange collection of a child who may have fallen asleep due to illness or from feeling unwell during the day.
- To help with transition into the Reception class, older children will be encouraged to engage in activities consistently rather than sleep.

### Nappy Changing and Personal Care in the EYFS:

No child is excluded from participating in our setting who may, for any reason, not yet be toilet trained and who may still be wearing nappies or equivalent.

We work with parents towards toilet training, unless there are medical or other developmental reasons why this may not be appropriate at the time.

The Nursery has made adjustments to bathroom provision and hygiene practice in order to accommodate children who are not yet toilet trained. We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgmental concern of adults. This policy has regard to the 'Statutory Framework for the Early Years Foundation Stage' *Safeguarding and Welfare Requirement: Health (3.60 Premises: 'Providers must ensure there are suitable hygienic changing facilities for changing any children who are in nappies')*.

This policy is available to all staff in the Policies folder on the R: Drive. It is also available to parents and interested parties on the School website. It is reviewed annually, and when events or legislation requires, by the Headmaster, Head of EYFS and EYFS Governor. The next review date is September 2021.

### **Key Personnel:**

The Key Person or Head of EYFS should be contacted should you have any questions or concerns regarding this document.

### **EYFS Key Themes and Commitments:**

This policy corresponds with the following 'EYFS Key Themes and Commitments':

- [A Unique Child \(1.2 Inclusive Practice, 1.4 Health and Well-being\)](#)
- [Positive Relationships \(2.2 Parents as Partners, 2.4 Key Person\)](#)
- [Enabling Environments \(3.2 Supporting Every Child\)](#)
- [Learning and Development \(4.4 Areas of Learning and Development: Health and Self-care\)](#)

### **Procedures:**

- Young children should normally wear 'pull-ups' or other types of trainer pants to Nursery as soon as they are comfortable with this and their parents agree;
- A member of staff known by the child will undertake changing of pupils;
- All staff are familiar with hygiene procedures and carry these out when changing nappies;
- Changing areas are warm with safe areas to lay children;
- Gloves are put on before changing starts and aprons are available to staff;
- In addition, EYFS staff ensure that nappy changing is relaxed and a time to promote independence in young children. Young children are encouraged to take an interest in using the toilet; they may just want to sit on it;
- Children are encouraged to wash their hands with soap and towels/a hand dryer are always to hand;
- Key Persons are gentle when changing; they avoid making facial expressions and negative comment about nappy 'contents';
- Key Persons do not make any comments about young children's genitals when changing their nappies;
- Older children access the toilet when they have the need to and are encouraged to be independent;
- 'Pull-ups' are disposed of hygienically. Any faeces in 'pull-ups' is flushed down the toilet and the nappy or pull-up is bagged and put in the nappy disposal bin;

- Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are bagged for the parents to take home, unless otherwise directed by the parent;
- Staff recognise that we have a duty of care to all children at the Nursery. Care is taken to ensure that no child is left in wet or soiled nappies or 'pull-ups' by the logging of changing times and status of the last change for every child.

## Personal Care:

### General Information:

Schools and Nursery schools are increasingly admitting a number of children onto their rolls who have toileting/continence difficulties. The reasons for these difficulties are likely to be many and various but may include such causes as:

- General development delay;
- Congenital abnormalities;
- Long-term medical conditions;
- Short-term infections;
- Psychological issues;
- Latter stages of normal acquisition of toilet training;
- Lack of appropriate parental guidance.

Whatever the cause of such problems, Cranford House School may be asked to cope with the practical effects of incontinence amongst some of its pupils on a daily basis. There are a number of sensitivities with regard to children who have toileting/continence difficulties, not least of which concern the child's and family's self-esteem, the need for privacy and confidentiality, and the potential for name-calling/bullying owing to body odour.

The potential vulnerability of members of staff who are likely to be involved in assisting children with continence problems also needs to be acknowledged.

Before admitting a child who has toileting/continence difficulties, the Headmaster, Matron and relevant teachers should check that the facilities which they have available can assist in coping with any potential problems. It should be noted that admission to the School cannot be refused simply because the child has difficulties with continence, as this may breach the '*Disability Discrimination Act*' 2001. It is also worth noting that continence may be just one of a range of problems affecting a child; if this is the case and the child also has a statement of special educational needs and/or disabilities, further information on continence as it affects the child should be included within the statement itself.

In such a case the School may find it helpful to obtain as much information as they can about the child and his/her difficulties from the child's parents and from the G.P or specialist consultant. How parents cope with an incontinent child at home, the effects of incontinence on other members of the family, sharing points of detail about a child's development and behaviour can be of immense practical help when putting together a management plan for meeting a child's toileting needs. However, approaches to parents need to be handled with the utmost care given the general sensitivities around this topic.

## General Issues:

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

- Socialisation of the child;
- Maturation of the nervous system.

Normally continence is achieved by the time a child reaches 3 years of age, with most children achieving full control by the age of 4 years. It should be remembered, however, that a percentage of 3 and 4 year olds are not likely to be fully toilet trained and therefore, when working with nursery age children in particular, 'accidents' will frequently happen.

Schools may encounter minor difficulties with some young children who may have incontinence problems owing to a general delay in acquiring bowel and bladder control. However, children in this category will normally remain clean and dry provided they are prompted and reminded to go to the toilet. This does depend on them having regular and frequent breaks throughout the day and open access to the toilets at all times. No other management/treatment method is required. The structured day within the School setting and the wish to conform will help to speed up the learning process as most children do not like to be seen to be different.

Promoting continence in children is important, not only from a social but from a health point of view. Factors which need to be taken into account include:

### (i) **Clothing:**

For all children items of clothing need to be easy to pull up or down and items of clothing can be adapted for ease of use in these situations. Zips and buttons can be difficult to undo if the need is pressing, particularly with very young children! Cranford House staff will not be required to launder soiled clothing and, in appropriate cases, parents should be requested to provide a change of clothing to keep at the School and their advice sought on the disposal of soiled items.

### (ii) **Toilets:**

Toilets need to be:

- Safe, pleasant and warm;
- Accessible at all times and easy to reach;
- Able to provide privacy;
- Cleaned and flushed regularly. (For deep cleaning, contact the Facilities Manager);
- Provided with toilet paper;
- Provided with adequate hand washing facilities, soap and paper towels/dryer;
- Nappy bags/wipes should be provided by the School along with antiseptic hand gel;
- The EYFS staff at Cranford House ensure that a Toilet Check Sheet is maintained throughout the day.

### (iii) **Intake of Fluids:**

Children need to drink regular amounts of fluid during the school day and a minimum recommendation is for 3 - 4 full drinks per School day (one full drink = 200mls).

This should be increased when children are exercising or during spells of hot weather. Inadequate fluid intake can result in concentrated urine which can irritate the bladder and create incontinence problems. Likewise inadequate fluid intake can also contribute to the development of constipation and/or dehydration, both of which can lead to difficulties in concentration.

### **Describing Common Symptoms:**

#### **(i) Daytime Wetting:**

##### **(a) Frequency:**

The child may feel the need to pass urine at frequent intervals, which can be as often as every 15 minutes or so. This can obviously be distressing for the child and also disruptive if the child has to leave class frequently to go to the toilet. However, it is wise to check with the parents as to whether or not the child may have an infection which is causing these symptoms.

Children in this category will normally require a more formal type of intervention, which could include medication in some cases in order to help achieve normal bladder control. Treatment usually involves a bladder re-training programme, necessitating ready access to a toilet and to drinks.

A typical programme may involve the child going to the toilet 'by the clock' at 1- 2 hourly intervals initially. The child will also require extra drinks during the School day.

##### **(b) Urgency:**

With urgency the child feels the need to pass urine straight away, without the ability to 'hold on'. Urgency is commonly seen in conjunction with frequency although it can occur on its own or as a result of an infection. Unless the child has immediate access to a toilet there will be a problem of continence.

A child with urgency problems will require prompting to go to the toilet, for example at the end of a lesson, to ensure that the bladder is emptied regularly. The child will also need to undergo a training programme established in collaboration with the parents/carers and the child's doctor or specialist consultant in order to learn to recognise and respond appropriately to signals from their bladder.

#### **(ii) Encopresis:**

Encopresis is nowadays generally used as a term to describe the passing of normally formed stools in a socially unacceptable place and is thought to be behavioural in origin. Children with encopresis normally do not have an underlying constipation which causes the soiling. The involvement of local Child and Adolescent Mental Health Services or the local Educational Psychology Team may be appropriate in these cases.

#### **(iii) Overflow Soiling:**

Overflow soiling, by contrast, is the uncontrolled passing of faecal matter into the underclothes as a direct result of chronic constipation, all of which remains totally outside the child's voluntary control. Faecal matter may be liquid or solid.

The child may be unaware that soiling has taken place and of the associated smell. Many children suffer from feelings of low self-esteem and shame because of the condition and treatment programmes can become protracted if no early solution is found. Easy access to appropriate toileting, changing and washing facilities is an essential part of any treatment programmes.

(iv) **Conditions/Disabilities:**

There are various medical conditions and disabilities which can have an effect on a child's continence. These could be amongst the following conditions or disabilities:

- Autistic Spectrum Disorder: a lifelong, non-progressive neurological disorder characterised by language and communication deficits, withdrawal from social contacts and extreme reactions to changes in the immediate environment.
- Crohn's Disease: an inflammatory bowel disease characterised by severe chronic inflammation of the intestinal wall or any portion of the gastrointestinal tract.
- Hirschsprung's Disease: a rare disorder of the bowel, the symptoms of which can include constipation, distension of the bowel, and vomiting.
- Imperforate Anus: a congenital abnormality in which the anus is not fully formed.
- Irritable Bowel Syndrome: a bowel condition characterised by abdominal pain and by wide variations in the frequency and predictability of bowel movements.
- Spina Bifida: the incomplete development of the spinal column which can cause difficulties with bladder and bowel control.
- Various infections: which are of a temporary nature can also affect bowel or bladder control.

**Assisting Children:**

Some ideas for assisting children who have special toileting needs are given below:

- Sensitive arrangements should be in place to allow children to toilet themselves at intervals to suit their needs and not at the demand of school routine or class requirements;
- Boys may need to sit on the toilet even at an older age if standing balance is not good. Give the child a choice;
- Use of a male or female 'bottle' may have to be considered for children who are wheelchair users.

For further information on these items of equipment contact:

School Health Service: Continence Adviser (Local Primary Health Care Trust) PromoCon

- Rails or a smaller seat are useful for a child with poor balance or poor postural security or anxiety (seek Occupational Therapy advice);

- A foot box (small step) to support feet or help the child get onto the toilet could be useful in some cases (seek Occupational Therapy/Health and Safety advice prior to use);
- Place a potty on a firm surface in a corner rather than in the middle of the toilet area;
- Adolescent children who have cerebral palsy sometimes experience difficulty with their bowel movements and need to sit for a long time;
- Sitting while leaning forward over a pillow/V cushion can provide a comfortable position for a child with cerebral palsy;
- A potty can be lined with a disposable nappy or other soft material if the child is 'bony';
- Give the child sufficient time to empty bladder/bowels fully;
- There are certain chairs/toilets available which can help with these issues. Advice should be sought from Occupation Therapy/School Health Service.;
- Schools need to be sensitive to the issues of smell and privacy and should check that they have the appropriate number of toilets readily available for their pupil populations;
- Some pupils, particularly those in the older age-group, are capable of cleaning themselves and may only require minimal supervision. Indeed, the ability to clean him/herself is an important life skill which will assist in promoting independence in later life. In appropriate cases agreement should be obtained from the pupil and the pupil's parents/carers, and procedures established, (including the degree of supervision required) which could be included within a Personal Care Plan;
- If an accident happens in class, the TA and the teacher should share the responsibility for assisting the child, depending on how appropriate it is at that moment for the teacher to stop teaching. In the playground, TA's should be prepared to assist, although without leaving the pupils unsupervised.

### **Procedures for the Management of Incontinence:**

1. If it is known that a child has a problem with continence, a meeting should be arranged prior to starting school with the Headmaster, class teacher, School Matron, parents and relevant health professionals involved. The child should also be included if old enough to contribute to the meeting.
2. Likewise, if a problem over continence comes to light in the School, a meeting should be convened as in (1) above.
3. A full assessment of the child's difficulties should be undertaken with assistance from the child's G.P or relevant specialist and some form of monitoring system put into place.

The child's progress can then be measured against a set of agreed targets and reviewed at agreed intervals of time. If the problem is a persistent one, the School expects the family to work with them and provide support.

4. It might be appropriate also to develop a Personal Care Plan for the child in collaboration with the relevant health professionals and the child's parents.

5. Targets for improving continence can include:
- increasing the child's awareness that there is a problem;
  - going to the toilet at regular intervals or at specific times;
  - going to the toilet independently;
  - ability to clean him/herself after using the toilet, e.g. wiping bottom.
  - ability to tell an adult if he/she has had an 'accident';
  - ability to wash hands after using the toilet.
6. An assessment of the facilities available in the School and of the child's daily toileting routines should be included as part of this process. It is also important to establish that the child can go to the toilet when he/she feels the need to go.
7. Where a child has particular difficulties it is suggested that the use of disabled toilet facilities is considered.
8. The teacher and any named carers in School who are to be involved with the child should be given individual guidance and training on the relevant issues by the health professional(s) responsible for the child. The parents and the child should also be included in the guidance/training session if appropriate.
9. If it is decided to complete a Personal Care Plan, a copy of the Plan should be retained on the child's School file and a copy given to the child's parents.
10. The Personal Care Plan should include advice and guidance on managing the child's toileting needs on school trips and other visits away from the School premises.
11. Assistance with the disposal of soiled waste material can be obtained from local Environmental Health Departments or from specialist sanitary collection service.
12. Members of staff who are involved in changing/cleaning children with continence difficulties should use appropriate protective garments and latex or plastic gloves.

### **Personal Care Plan:**

Responsibility for completing the Plan should ultimately rest with the School although advice and guidance from parents and colleagues from various services, particularly the child's GP or specialist consultant, are likely to be sought during its preparation. Personal Care Plans should be reviewed at regular intervals and maintained for as long as they are felt to be needed.

Within the Personal Care Plan itself it will be helpful to be consistent with terminology used by the child and family for bodily functions so that the child can fully understand any prompts.

**CRANFORD HOUSE UNDERTAKES TO BE AWARE AT ALL TIMES OF THE CHILD'S DIGNITY, INDEPENDENCE, NEED FOR PRIVACY AND SELF ESTEEM**



### Personal Care Plan

(To be completed by Form Tutor/Class Teacher/Key Person with assistance from Matron and consultation with parents)

**Name of Pupil.....**

**Date of Birth.....**

**Year Group.....**

| Problem Area  | Action to be Taken  |
|---|---------------------|
|   |                     |
| <b>Any Additional Issues for Educational Trips: (e.g. transport, ease of access to public conveniences)</b> |                     |
| <b>Medication</b>   | <b>Side Effects</b> |
|   |                     |

Does the pupil require a change of clothing to be kept at School? Yes/No      Does the pupil require separate towels to be kept at School      Yes/No

Name of GP..... Contact Number.....

Name of Consultant..... Contact Number.....

Name of School Doctor/Health Visitor..... Contact Number.....

Date Plan Completed.....

Signed (Headmaster/SENCo/Teacher)..... Date.....

Signed (School Matron/School Doctor) ..... Date.....

Parent .....

Date.....

### Example of a Personal care Plan (for Guidance Purposes Only)

**Name of Pupil.....**John Smith.....

**Date of Birth...**01/01/1999.....

**Year Group...**Reception

| Problem Area  | Action to be Taken  |
|---|---|
| 1. Wetting and soiling at various times of the day but not on a daily basis<br>2. Occasional smearing on toilet walls at School<br>3. No change of clothing available at School<br>4. John has low self-esteem  | 1. Monitoring programme with targets to be put in place and reviewed in four weeks' time. For example, a target may be to toilet the child at agreed times during the day.<br>2. Oversight of John's visit to the toilet to be agreed with School staff and parents.<br>3. Change of clothing provided by parents.<br>4. Reward John with positive praise when he goes to the toilet. |
| <b>Any Additional Issues for Educational Trips: (e.g: transport, ease of access to public conveniences)</b><br><br>1. Ease of access to public toilet facilities so that the monitoring programme is not interrupted.<br>2. Need to stop at public facilities if a long journey is to be undertaken.<br>3. Additional items of clothing, latex gloves, wipes. |   |
| Medication  | Side Effects  |
| John has 5ml Lactulose given by his parents at night time.  | 1. Stools too loose.  |

Does the pupil require a change of clothing to be kept at School? Yes/No Does the pupil require separate towels to be kept at School Yes/No

Name of GP...Dr Steven Jones..... Contact Number 01772 123456 .....

Name of Consultant ..No Consultant ..... Contact Number N/A.....

Name of School Doctor/Health Visitor Mrs Mary Ward Contact Number...01775 456123.....

Date Plan Completed 30/9/2003.....

Signed (Headmaster/SENCo/Teacher)..... Date.....

Signed (School Matron/School Doctor) ..... Date.....

Parent .....

Date.....



## Personal Care Programme

In collaboration with a child's parents the School may wish to consider developing a jointly agreed Personal Care Programme. The following items of information and chart are offered to assist with that process if it is felt that this would be a suitable way forward in developing the child's confidence and regularity.

1. Record all trips to the toilet on the chart outlined on the following page;
2. Look out for gestures which indicate that the child needs to go to the toilet, e.g. grunting, going red in the face, fiddling with pants;
3. Give appropriate praise when the child's prompts are successful;
4. Make visits to the toilet enjoyable – keep the visit to the toilet reasonably short, stay with the child and talk to him/her, maybe tell a short story;
5. Establish a suitable 'toilet' language and use it consistently with the child;
6. Make sure the child is wearing clothes which are easy to pull down;
7. Never scold or punish the child;
8. Ensure regular dialogue with the child's parents/carers in order to evaluate progress;
9. The aim must be to establish a pattern of regularity for the child.



### Personal Care Chart

(To be completed by the child's Form Tutor/Class Teacher/Key Person)

Child's Name \_\_\_\_\_

Date Begun: \_\_\_\_\_

| TIME  | DAY 1 |        | DAY 2 |        | DAY 3 |        | DAY 4 |        | DAY 5 |        | DAY 6 |        | DAY 7 |        |
|-------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|
|       | Pants | Toilet |
| 7:00  |       |        |       |        |       |        |       |        |       |        |       |        |       |        |
| 8:00  |       |        |       |        |       |        |       |        |       |        |       |        |       |        |
| 9:00  |       |        |       |        |       |        |       |        |       |        |       |        |       |        |
| 10:00 |       |        |       |        |       |        |       |        |       |        |       |        |       |        |
| 11:00 |       |        |       |        |       |        |       |        |       |        |       |        |       |        |
| 12:00 |       |        |       |        |       |        |       |        |       |        |       |        |       |        |
| 13:00 |       |        |       |        |       |        |       |        |       |        |       |        |       |        |
| 14:00 |       |        |       |        |       |        |       |        |       |        |       |        |       |        |
| 15:00 |       |        |       |        |       |        |       |        |       |        |       |        |       |        |
| 16:00 |       |        |       |        |       |        |       |        |       |        |       |        |       |        |
| 17:00 |       |        |       |        |       |        |       |        |       |        |       |        |       |        |
| 18:00 |       |        |       |        |       |        |       |        |       |        |       |        |       |        |
| 19:00 |       |        |       |        |       |        |       |        |       |        |       |        |       |        |

|  |  |
|--|--|
| <p><b>Pants:</b></p> <p>D = damp<br/> W = wet<br/> BO = bowels open<br/> PU = passed urine<br/> S = soiled</p> <p>'Damp' = a small volume of urine has leaked out</p> <p>'Wet' = a larger volume of urine has leaked out</p> | <p><b>Toilet:</b></p> <p>BO = Bowels Open<br/> PU = Passed Urine</p> |
|--|--|