



The Fenland Federation

Marshchapel Infant School

Grainthorpe Junior School

Child Hygiene and Toileting Policy and Procedure

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Starting school or nursery is an exciting and important stage for a child. It is a time for growth and very rapid development. As with all developmental milestones there is a wide variation in the time at which children will master certain skills. Toileting is a key skill contributing to independence and self-belief.

Children present in many ways with regards to their toileting independence as they begin to attend part or full time school.

- Fully toilet trained across all settings
- Fully toilet trained but regress for a little while in response to the stress and excitement of starting school
- Be fully toilet trained at home but prone to accidents in new settings
- Be on the point of being toilet trained but require reminders and encouragement.
- Not toilet trained at all but likely to respond quickly to a well-structured toilet training programme.
- Be fully toilet trained but have disabilities or learning difficulties.
- Have delayed onset of full toilet training in line with other development delays but will master these skills during the first few weeks
- Have special education needs or disability (SEND) that make it unlikely that they will be toilet trained in the immediate future.

Admitting children who have continence problems into Foundation Stage and Key Stage 1 provision can present a challenge to schools. The purpose of this policy and guidelines is to identify best practice to achieve the full inclusion of such children.

Child Protection

The normal process for assisting with personal care, such as changing a nappy should not raise child protection concerns. There are no regulations that state that a second member of staff must be available to supervise the nappy changing process to ensure that abuse does not take place. DBS checks are rigorous and are carried out to ensure the safety of children with staff employed at our school.

Section 18 in the government guidance 'Safe Practice in Education' states that:

'Staff should ensure that another appropriate adult is in the vicinity and is aware of the task to be undertaken.'

It is recommended the adult who is going to change the child informs the teacher/ another member of classroom staff, that they are going to do this. There is no written legal requirement that two adults must be present and schools will make this judgement in conjunction with the child and their family.

Location of changing

Whenever possible it is recommended that:

- Mobile children are changed standing up
- If this is not possible the best alternative is to change a child on a mat on a suitable surface. Children in Year 1 and above should only be changed either on a changing bed or in a toilet cubicle standing up. Staff should consider the child's preference for changing and the outcome of any risk assessments.

Resources

Changing time can be a positive learning time and an opportunity to promote independence and self-worth. The Fenland Federation ensures there is:

- Hot running water
- Paper towels
- Aprons and Gloves
- Nappy Bags
- Cleaning equipment
- Nappy Bin

Parents need to ensure they supply spare clothes, wipes and nappies.

Working with Parents/carers

At The Fenland Federation we will work with parents when attending to changing routines. If a child has any disability or medical needs that may affect their personal care routine, an Individual Educational Plan (IEP)/Health Care Plan will be drawn up in agreement with parents/carers.

Parents will be asked when their child first starts whether their child has any special words/actions/particular needs during their nappy changing procedure. Any significant observations made during a nappy changing procedure will be notified to the parents at the end of the session (i.e. badly soiled nappy/strong urine etc.)

Protection for Staff

Changing procedures and toileting routines will be carried out by the child's Key Person/Teacher or Teaching Assistant, protection being afforded to the single member of staff in the following ways:

- If a situation occurs that causes staff embarrassment or concern, a second
- member of staff should be called if necessary and the incident reported to the

- Manager and recorded.
- Where staff are concerned about a child's actions or comments whilst carrying out the personal care procedure, this should be recorded and discussed with the Headteacher immediately.
- Risk Assessments will be carried out for Toileting and Nappy Changing procedures.
- Staff will be trained in Intimate/Personal care for children with specific needs and procedure for safe moving and handling.

Home/School Management Agreement

Parents/carers:

- Agree to change the child at the latest possible time before coming to school
- Provide spare nappies, wet wipes and a change of clothes
- Understand and agree procedures to be followed during changing at school
- Agree to inform school should the child have any marks/rash
- Agree how often the child should be routinely changed if the child is in school for the day and who will do the changing
- Agree to review the arrangements, in discussion with the school, should this be necessary agreeing to encourage the child's participation in toileting procedures wherever possible.

The School:

- Agree to change the child should they soil themselves or become wet
- Agree how often the child should be routinely changed if the child is in school for the full day and who would be changing them
- Agree a minimum number of changes
- Agree to report to the Headteacher/Designated Safeguarding Lead should the child be distressed or if mark/ rashes are seen.
- Agree to review arrangements, in discussion with parents/carers should this be necessary
- Agree to encourage the child's participation in toileting procedures wherever possible discussing and taking the appropriate action to respect the cultural practices of the family.

Asking or telling parents to come and change their child (unless the parents have expressed a preference for this) or leaving a child soiled could be considered as a form of abuse since it places the child at risk of significant harm. The process for the management of a child's personal care needs should be further clarified through a personal care plan. For example, should a child with complex continence needs be admitted, the child's medical practitioners will need to be closely involved and a separate, individual toilet management plan may be required.

Procedure for changing a Nappy/Soiled or Wet Pants (as followed by staff)

- Consider where to change the child
- Wash your hands
- Gather all the necessary items needed before each nappy change, for example, nappy, wipes, nappy sack, cream if necessary (each child should have their own named cream and written permission obtained from the parent)
- Put on gloves and apron. A new set of gloves and disposable apron is used for each nappy change.

- Place the child on a nappy changing mat/table if required.
- Remove the child's clothing to access the nappy/soiled or Wet Pants. Remove them and place them inside the nappy sack.
- If the child's clothes are soiled, you should bag them separately and send them home. You should not rinse them by hand.
- Using the wipes, clean the child from front to back and place the used wipes in the nappy sack. Tie the nappy sack and put it in the nappy bin.
- Put on a clean nappy, applying cream if necessary (see above).
- Take off the gloves and apron and place them in a pedal operated bin.
- Dress the child.
- Help the child to wash their hands if necessary, using liquid soap and warm water.
- Wash your hands using liquid soap and warm water.
- Take the child back to the class.
- Return to the nappy changing area and using anti-bacterial spray and paper towels clean the changing mat, surrounding area and underneath the mat before leaving to dry and then wash and dry your hands.

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Toilet Training

Children who are toilet training will be encouraged to sit on the toilet during their nappy changing period. At this time, staff will talk to the children and provide positive praise and reinforce what the child is doing. Stickers may be offered to reinforce the positive behaviour to the child. A potty may be provided by the parent for their child to use in the setting if they would prefer.

Children will not be hurried in these daily routines to support them in confidently becoming toilet trained and maintaining a positive experience.

We understand that some children display anxiety at becoming toilet trained and will work slowly and sympathetically alongside them whilst updating parents of their progress at the end of each session.

Appendix 1

Intimate Care Policy:

Introduction

The Fenland Federation is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or discomfort. Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of child protection issues. Staff will work in partnership with parents/carers to provide continuity of care.

Definition

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of associated equipment as part of the staff member's duty of care. In the case of specific procedures only the staff suitably trained and assessed as competent should undertake the procedure (e.g. the administration of rectal diazepam).

Our Approach to Best Practice

The management of all children with intimate care needs will be carefully planned. The child who requires care will be treated with respect; the child's welfare and dignity is of paramount importance. Staff who provide intimate care are trained to do so (including Child Protection and Moving and Handling) and are fully aware of best practice. Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from physiotherapist/occupational therapist.

Staff will be supported to adapt their practice in relation to the needs of individual children considering developmental changes such as the onset of puberty or menstruation. Wherever possible staff involved in intimate care will not be involved in the delivery of sex education to the children in their care as an extra safeguard to both staff and children involved. The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as they are able. Individual intimate care plans will be drawn up for children as appropriate to suit the circumstances of the child. Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many staff members will need to be present when the child is toileted.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's personal care plan/Tapestry. The needs and wishes of children and parents will be considered wherever possible within the constraints of staffing and equal opportunities legislation.

The Protection of Children

Child Protection Procedures and Multi-Agency Protection procedures will be adhered to. If any member of staff has concerns about physical changes to a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate designated person for child protection.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of the process to reach a resolution; staffing schedules will be altered until the issue(s) are resolved.