



Westbourne  
House School

CHICHESTER

## **INTIMATE CARE & TOILETING POLICY** ***(including Nocturnal Enuresis)***

**This is the policy of Westbourne House School, which incorporates the Prep School, Pre-Prep, Early Years Foundation Stage as well as provision for boarding**

### **Policy Statement**

At Westbourne House, we aim to meet the needs of all our children and promote their welfare. We recognise and assist children with intimate care where needed, and ensure that the children are treated with courtesy, dignity, and respect at all times.

This policy supports the safeguarding and welfare requirements of Early Years Foundation Stage (EYFS) Framework 2025 and the Equality Act 2010 (which replaced the Disability Discrimination Act 2005). Westbourne House will ensure that:

- No child's physical, mental or sensory impairment will have an adverse effect on their ability to take part in day-to-day activities.
- No child with a named condition that affects personal development will be discriminated against
- No child who is delayed in achieving continence will be refused admission
- Adjustments will be made for any child who has delayed incontinence

### **Aims**

This policy aims to manage risks associated with the intimate care and toileting needs and ensures that staff do not work outside the remit of their responsibilities set out in this policy.

Where a child has intimate care needs, a designated member of staff takes responsibility to provide their care. We address issues on an individual basis.

Due to the developmental stages of the children that we work with, we support them with their personal care: reminding the children to go to the toilet, hygiene etc to develop their independence. As outlined in the Early Years Foundation Stage curriculum, it is clear that the role of the adult involves supporting the child's whole development, particularly their Personal, Social and Emotional development including supporting the transition between settings/stages. One of the Early Learning Goals for children to achieve by the end of the Foundation Stage is to "manage their own basic hygiene and personal needs successfully, including dressing, going to the toilet independently...".

On some occasions, children come to our Nursery setting in nappies. We support children sensitively and with dignity in this matter. Also, from time to time some children will have accidents and need to be attended to. Parents are asked to supply a bag of clean clothes for their child in a drawstring bag to be hung on their child's peg.

These are taken into the toilet facilities prior to changing. However, a supply of spare clothing is available if necessary and parents are asked to return this as soon as possible.

If a child has needed help with meeting intimate care needs (has an accident), this is treated as confidential and shared with the parents, in person, at the end of the day.

### **Definition**

Intimate care is defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body. It also includes helping a child use a potty or toilet.

Care tasks involve dressing and undressing (underwear/nappy), cleaning/wiping/washing intimate parts of the body, touching or carrying out a procedure to intimate personal areas which some children may need support in doing because of their young age, physical difficulties or other special needs.

### **Implementation**

#### **Staff Training**

All staff are knowledgeable about intimate care/personal care. They are aware of their responsibilities, relevant policies and procedures in place (including adhering to Child Protection, Health and Safety, Confidentiality). The designated employed adult is trained, DBS checked and has received training for very specific intimate care procedures where relevant. They follow the child's care plan, and they undertake their duties in a professional manner at all times. They are fully aware of best practice including hygiene and are made aware of the Child Protection (Safeguarding) Policy and the First Aid & Medical Policies (including Appendix 5 - Pre-Prep Accident and Health Procedures and Appendix 16 - Policy on Infection Control and Communicable Disease and Infection which gives details of Waste Management).

#### **Intimate Care/Personal Care Plan**

If a child requires regular assistance with intimate care, staff meet with the parents to discuss the child's needs and devise an agreed intimate/personal care plan. Relevant health personnel are involved if needed. We monitor and review the plan on a regular basis. A plan is put into place for special circumstances such as residential trips which is agreed in discussion with parents, the child and staff.

#### **Practice**

The practitioner who provides the care forms a strong, trusting relationship with the child. They ensure that it is a positive experience that is safe and comfortable for all. Whilst the child is having their needs met, it is treated as a time to converse and promote their personal development.

The child is encouraged to undertake as much of the procedure for themselves as possible, including washing intimate areas, dressing/undressing and hygiene.

The Nursery/Early Years toilet area is used to attend to a child's needs and every effort is made to ensure privacy and modesty.

Most procedures are carried out by just the designated/key person within sight and/or hearing of another member of staff. However, careful consideration is given to the child's individual circumstances to determine how many practitioners might need to be present when a child needs help with intimate care. If a child is unhappy or anxious about the care being provided, the issue will be addressed to ensure that we continually meet a child's needs.

The normal process of changing a nappy or supporting toileting should not raise child protection concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the nappy changing process to ensure that abuse does not take place. However, in some instances it may be appropriate for two members of staff to change/support a child, i.e. if a child gets very distressed or has made an allegation previously.

### **Safeguarding**

Staff are trained on the signs and symptoms of child abuse, in line with government publication as detailed fully in the schools Child Protecting (Safeguarding) Policy.

If a member of staff is concerned about any physical or emotional changes, such as marks, bruises, soreness, distress etc they will inform the Designated Safeguarding Lead (DSL) immediately. The Safeguarding Policy will then be implemented.

Should a child become unhappy about being cared for by a particular member of staff, the Head of Early Years, Head of Pre-Prep and/or Headmaster will look into the situation and record any findings. These will be discussed with the child's parents/carers in order to resolve the problem. If necessary, advice will be sought from other agencies.

If a child makes an allegation against a member of staff, the procedure set out in the Safeguarding Policy will be followed.

### **Working with Parents**

*Consent for staff to provide personal or intimate care ie: toileting is sought from parents on the Medical Questionnaire.*

We work closely with parents to identify and ensure consistency of care and that the needs of the child are met and complies with parental wishes. Each episode of intimate care is recorded in the child's personal file and consent forms signed by the parents and child (if appropriate).

Cultural and religious values are respected when planning for their child's care. We also seek to engage in regular communication with parents and monitor and review the plan together.

## **Nappy Changing**

No child is excluded from participating in the Nursery at Westbourne House 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.

We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgemental concern of adults. All children are treated with dignity, care and compassion during nappy changing/toileting. Staff will ensure this time is relaxed; they do not make negative comments about nappy/potty/toilet contents.

We aim to provide the opportunity for all children to use the toilet independently and to provide assistance for children who require it. Where children are in pull-ups, we will remind them at frequent intervals to use the toilet. If a child is in nappies, these will be changed as necessary.

### **Procedures for Nappy Changing:**

- At Westbourne House, we will maintain each child's privacy.
- During nappy changing, staff will interact with the child, and if upset will reassure and comfort them. They will praise them verbally throughout the nappy changing experience.
- All staff are familiar with the hygiene procedures and carry these out when changing nappies.
- Staff will wear protective gloves when changing nappies/pull ups. These will be disposed of after each use.
- Nappy changing will take place throughout the session at timed intervals, also as and when required. Children will also be checked periodically and changed as needed.
- Where possible, key workers change their own key child's nappy. If this is not possible, another member of staff (with whom the child is familiar/comfortable with) will undertake this task.
- Staff are gentle when changing; they avoid pulling faces and making negative comments about 'nappy contents'.
- Staff ensure that nappy changing is relaxed and a time to promote independence in young children.
- All children are changed in the Nursery's toilet area where the changing unit and nappies etc are located. Every effort is made to ensure privacy and modesty.
- The changing mat is wiped down with antibacterial wipes/spray after each nappy change.
- Staff will wash their hands with hot, soapy water and dry on disposable towels immediately after completing the task.
- All used pull-ups and nappies are disposed of in the allocated nappy bin.
- Only staff members with DBS Enhanced Disclosure clearance will undertake nappy changing. Another staff member will be within sight and/or hearing.

- Parents are requested to send a bag containing a clean change of clothes for their child in case of accidents. These clothes will only be used for that child.

**Procedures for children that are toileting or being trained to use the toilet:**

- At Westbourne House, we will maintain each child's privacy.
- All staff are familiar with the hygiene procedures and carry these out when toileting children.
- During toileting staff will interact with the child, and if upset will reassure and comfort them. They will praise them verbally throughout the experience.
- Staff will wear protective gloves when supporting children during toileting.
- These will be disposed of after each use.
- Children will be shown the toilet areas before they actually need to use them, to help promote confidence and familiarity in a new environment.
- At Westbourne House staff will remind children to use the toilet regularly.
- On occasions a potty will be used for children that find it difficult to use the toilet or those who feel more confident using a potty.
- Young children are encouraged to take an interest in using the toilet; they may just want to sit on it and talk to a friend in the next cubicle who is also using the toilet.
- All children will be encouraged to adopt good personal hygiene by washing their hands properly using soap provided or on occasion special soap will be provided by parents if their child has sensitive skin. The school will provide visual reminders to show good hand washing practice.
- Staff will wash their hands with hot, soapy water and dry on disposable towels immediately after completing the task.
- Activities and routines will also include reminders about the need for good personal hygiene.
- Only staff members with DBS Enhanced Disclosure clearance will undertake toileting duties. Another staff member will be within sight and/or hearing.
- Parents are requested to send a bag containing a clean change of clothes for their child in case of accidents. These clothes will only be used for that child. If these have not been provided, we will use the school's spare clothes

**Dealing with body fluids**

Urine, faeces, blood and vomit will be cleaned up immediately and disposed of safely and correctly (as detailed in our First Aid & Medical Policies). When dealing with body fluids, staff wear protective clothing (disposable plastic gloves) and wash themselves thoroughly afterward. Soiled children's clothing will be bagged to go home – staff will not rinse it. Children will be kept away from any affected area until the incident has been completely dealt with.

It is paramount that all staff maintain high standards of personal hygiene and will take all practical steps to prevent and control the spread of infection.

**Monitoring and review**

The school will review and monitor the effectiveness and compliance of this policy (and appendices – if appropriate). This policy will be kept up-to-date and amended to take account of legislative and regulatory changes.

<b>Last Review Date</b>	<b>Next Review Date</b>	<b>Reviewer(s)</b>
September 2025	September 2026	Senior Nurses Head of Early Years Head of Pre-Prep

## **Appendix 1 – Nocturnal Enuresis Policy**

### **Introduction**

The medical term for bed-wetting is 'Nocturnal Enuresis'. Bed-wetting is a common condition that many children are living with and it happens when there is an involuntary loss of urine during sleep.

Bed-wetting is normal in children under 5 years old and the majority of children will wet the bed at some stage. However, it sometimes affects children who are over 5 and occasionally young adults. Bedwetting is more common than people think and support/advice can be sought from the GP or a referral can be sought to the community Healthy Child Programme School Nurses.

There are two types of bed-wetting:

- **Primary Nocturnal Enuresis:** involuntary bed-wetting during sleep in a child aged 5 or over.
- **Secondary Nocturnal Enuresis:** where bed-wetting returns after a dry period of at least 6 months or more.

### **Causes**

The development of bladder function control and night time urine production can be a slow process. In most cases there is a delay in the development of normal bladder function control within the brain and nervous system. Other contributory factors include genetics, hormones, stress, anxiety, constipation, urinary tract infection and occasionally diabetes or kidney failure. Daytime enuresis or loss of bladder control is less common.

### **Symptoms**

Other than waking to a wet bed/ bed clothes, there aren't generally any other symptoms. Symptoms, such as pain on passing urine, chronic constipation and sudden increased thirst could indicate a possible underlying cause and medical advice should be sought.

### **Supporting the pupils/boarders with Nocturnal Enuresis**

At Westbourne House, we are supportive of all our pupils/boarders and understand that nocturnal enuresis can cause embarrassment. If a pupil/boarder wets the bed it is important for them to know that it is not their fault and that they have no control over it. Under no circumstances should a child be punished, as this can have harmful psychological effects such as lowering their self-esteem or increasing their levels of anxiety.

If a child does suffer from Nocturnal Enuresis then staff should help and support pupils in a sensitive and dignified manner.

We aim to support our boarders with the following approach:

- Staff will encourage the pupil/boarder to take a morning shower in a sensitive manner within a confidential space.
- The process of bed changing etc should be discussed with the pupil/boarder and a mutual agreement and routine reached. A code word/action could be agreed upon to be used to communicate with staff in a confidential way to avoid drawing the attention of other pupils.
- The pupil/boarder should help staff to change the bed if in Year 5 or over, otherwise staff will change the bedding. Any bed changing should be left until all of the other children have left the dorm for the day in order to maintain the boarders' dignity. Wet bedding should be placed in the 'yellow' bags to launder.
- The mattress cover should be cleaned with a suitable cleaning agent and, once dried, the bed remade.
- Any wet clothing should be placed in a separate yellow bag and taken to the Resident matron for laundering if the pupil is boarding again the next night. If they are returning home that day then the clothing should be placed in a waterproof bag to be taken home.
- It is important to ensure the pupil/boarder is totally comfortable and aware of the agreed process and does not feel intimidated or embarrassed.
- The above protocols can be adapted as required for each pupil/boarder so as to ensure the best/personalised care is given. This will be mutually agreed with parents.

Staff can also support pupils by introducing specific routines prior to going to bed to support the routines in place at home; these could include:

- No drinks after a certain time if agreed by a medical practitioner (tea and fizzy drinks are natural diuretics and should be avoided).
- Encouragement to go to the toilet before bed and to sit for a longer period of time on the toilet, to allow complete bladder emptying.
- Before staff go off duty, gently wake the pupil/boarder and let them go to the toilet.
- Free access to the toilets.

Parents are responsible to inform the boarding/nursing staff of any incontinence issues on either the initial boarding paperwork and/or the medical questionnaire. These will be documented on iSAMS so as to share information confidentially between boarding and nursing staff in order to best support the pupil/boarder.