Para Hills West Preschool
GUIDELINES AND PROCEDURES ON SUPPORTING PERSONAL DEVELOPMENT
(TOILETING, CONTINENCE, NAPPY CHANGING)

RATIONALE
Para Hills West Preschool supports children and families to develop independence for toileting. Most children achieve continence before starting preschool but some children may still be using nappies or pull ups (due to a medical or special need, having not yet developed or had opportunities to develop independence)- these children are welcome at the Preschool and will not be excluded because they are still learning to be independent with their toileting.

Developing good continence management practice is important for the emotional and social well-being of the child and is a very important self-help skill, improving the person’s quality of life, independence and self-esteem and avoiding stress and embarrassment to the children and families concerned. Children with toileting problems who receive support and understanding from those around them are more likely to achieve their full potential.

GENERAL PRINCIPLES

1. Every effort should be made to encourage independence before a child arrives at preschool.

2. Children must not be excluded from everyday educational activities solely because of a manageable condition.

3. Issues are dealt with on an individual basis, and reasonable adjustments made to meet the needs of each and every child. Where there are identified issues or concerns the preschool works with parents/carers to put in place a care plan which meets individual needs and can be monitored and reviewed.

4. If a child has a medical condition preventing independent toileting the preschool will follow the advice of the child’s medical practitioner or continence management professional to assist where possible. A health (continence management) plan from a doctor should be provided to the preschool to inform the care and provision for a child with a continence problem. It is expected that the preschool and parents will work with the child to support the development of independence and to implement an agreed health or continence management plan.

5. All adults who come into contact with children and young people in their work have a duty of care to safeguard and promote their welfare.

6. Intimate physical contact with children, for example assisting young children with toileting by educators should comply with professional codes of practice and with site policies and procedures.

7. As far as is reasonably practicable, the preschool aims to ensure that staff are able to handle children’s care needs safely and with dignity and support the development of independence skills.

8. The child’s safety, dignity and privacy is paramount but staff aim to be visible to others or it may be appropriate for more than one person to be present to safeguard the interests of both the child and carer (it must also be noted that adequate supervision is required at all times for all children at the Preschool therefore it may not be possible to enable two educators to be directly present when changing a child).

9. Any manual handling and the disposal of contaminated materials (including bodily fluids) must be in accordance with guidelines.
10. All staff have appropriate information and training to manage continence and personal care, including regular reviews of procedure and practice.

**FACILITIES and PROCEDURES**

Procedures for intimate care (changing and supporting the continence of children) are in place to:

- preserve the dignity and promote the independence of children;
- protect and safeguard the health, safety and wellbeing of the child and educators and to protect from harm or allegation;
- carry out the continence treatment or management plan as agreed following an assessment and in consultation with parents/carers;
- enable good pathways of communication from child to the preschool and the parent or carer

1. Children are asked to get their spare clothes from their bag and go in to the bathroom area to change. They are encouraged to do as much as they can by themselves i.e. taking off their shoes, putting the wet or soiled clothes into a plastic bag to take home, putting on their clean clothes. Educators support the children within the children’s toilet area or if appropriate the adult toilet can be used to assist the privacy and effective care of the child. Everyone needs to wash their hands.

2. The Preschool does not have a designated space or provision for changing nappies but has processes and resources in place to do so as required/appropriate.

3. The preschool provides a range of appropriate resources that are readily available for staff (located in the children’s bathroom and the nappy changing box located in the office), including:

- Disposable gloves;
- Disposable wipes and toilet paper;
- disposable (nappy) bags, and
- clean clothing/underwear for children.
- Letters for parents explaining when, why and who changed a child.
- Protective safety/hygiene equipment (hand sanitiser, antibacterial surface wipes, change mat)

**PARTNERSHIP WORKING**

4. Where there is no medical condition preventing independent toileting, the staff will assist with toilet training in partnership with families to facilitate consistency and the development of routines to support independence.

5. In some circumstances it may be appropriate for the preschool to set up a home-preschool agreement that defines the responsibilities that each partner has, and the expectations each has for the other. This might include:

   The parent/carer:
   - agreeing to ensure that the child is changed at the latest possible time before being brought to the preschool;
   - providing the preschool with a spare change of clothing, nappies and other resources;
understanding and agreeing the procedures that will be followed when their child is changed at preschool;

agreeing to inform the preschool should the child have any marks/rash;

agreeing to review arrangements should this be necessary.

The preschool:

agreeing to change the child during a single session should the child soil themselves or become uncomfortably wet;

agreeing how often the child would be changed should the child be staying for the full day;

agreeing to monitor the number of times the child is changed in order to identify progress made and resources required;

agreeing to report should the child be distressed, or if marks/rashes are seen; and

agreeing to review arrangements should this be necessary.

This kind of agreement should help to avoid misunderstandings that might otherwise arise, and help parents/carers feel confident that the school is taking a holistic view of the child’s needs.

TOILET TRAINING PROGRAMME

6. Where there is no medical condition preventing independent toileting, the staff may consider developing a jointly agreed toilet training programme with families. The aim would be to establish a pattern of regularity for the child to support the development of independence:

• record all trips to the toilet on the chart;

• look out for gestures which indicate that the child needs the toilet;

• give appropriate praise when the child’s prompts are successful;

• make visits to the toilet enjoyable and reasonably short;

• establish a suitable “toilet” language and use it consistently with the child;

• make sure the child is wearing clothes which are easy to pull down/ manage;

• ensure regular dialogue with the child’s parents/carers in order to evaluate progress.