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Introduction

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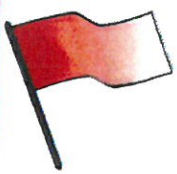
For all parents and children, the transition between home and Early Years settings is a very significant step. Most are ready to make the move and do so easily but for some, this can be challenging. Lack of independence with managing their toilet needs can be one of the barriers. It is important that toilet training is managed sensitively and effectively in order for the child to progress quickly. Also it must be understood that delayed continence is not necessarily linked with learning difficulties or disabilities. However, some children because of immaturity, health or personal development, may be in nappies or have occasional accidents, especially in the first few months after admission into Nursery. One in thirty children between the age of four and five will continue to experience difficulties in reaching the toilet in time to prevent an accident.

In line with the Code of Practice for Wales and the Equality Act 2010, children cannot be refused entry into schools and settings on the grounds that they are not toilet trained. Any admissions practice that sets a blanket standard of continence would be discriminatory and therefore unlawful. Early Years settings including nurseries and schools must make adjustments in order to include children with toileting needs and should not exclude or treat children differently because of this.



The purpose of this guidance is to support settings and Parents/Carers in managing the issues around toileting effectively and sensitively.

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Guidelines for Schools and Settings

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Involving Parents and Carers

- Ensure toileting issues are discussed at pre-admission interviews. See example letter for changing consent (Appendix vi)
- Explain the school/setting policy on changing children. A model policy (Appendix ii) and example policy (Appendix iii) is enclosed in this pack, should you wish to use it.
- Discuss with parents/carers whether there are any medical problems, such as food intolerance or physical factors. Agree a way forward to establish toilet training. Set a review date of between 4-6 weeks.
- Provide parents with a copy of the parent leaflet 'Is Your Child ready?' enclosed in this information pack (Appendix vii).
- If there is no medical problem explain to the parents that the child should not be wearing nappies/trainer pants to school. Explain that the school/ nursery will support Toilet Training through using this resource pack.
- If necessary, you may want to complete a toilet training plan with the Parent/Carer. An example is included in this pack (Appendix iv).
- Ask Parents/Carers to come in with their child and take them to the toilet at the start of each session. Do not worry if the child does not need to use the toilet. The aim is to get the child familiar with the toilet. Aim to do this for up to two weeks.
- Ask Parents/Carers to provide clean, labelled clothes each day if wetting/ soiling is an ongoing problem. Clothing needs to be easy to pull up or down. Zips and buttons are difficult to undo.
- Ask parents/carers to liaise with other carers of the child to ensure a consistent approach e.g. after school club, childminder, grandparents.

- Ensure you use a changing log to monitor and record progress. An example is enclosed in this pack (Appendix v) This also provides good information for reporting to parents/carers, medical services, case work team etc.
- Young children are visual learners. Use a visual schedule in your toilet area. You can photocopy and use the ones supplied in this pack . (Appendix viii)
- Liaise with parents and celebrate success.
- For nursery age children, if progress is slow you may wish to consider asking the family Health Visitor to support the family.
- For Reception age children, ask the school nurse to talk to the family at school. It is always useful to ask all involved to meet together to ensure success for all when toilet training.

Changing Children

Changing a child requires sensitivity

When a school/setting is planning procedures there is a need to balance:

- Respect the privacy of the child.
- Ensure the well-being and safety of the child.
- Protecting staff vulnerability to complaint.
- Working in partnership with parents

Through using these guidelines a school /setting will ensure that these four aims are met.

The EY Inclusion Team have consulted with the Safeguarding Team regarding changing children. All staff who change a child must hold a valid Disclosure and Barring Service Certificate and have received basic Child Protection/Safeguarding Awareness Training.

Procedures for Staff

- Discreetly tell another member of staff that you are going to change a child and why.
- Take the child to the designated changing area. Talk to the child, tell them what you are doing and why.
- Use this time as a positive learning experience in which you can help the child become more independent in toileting and self care skills.

- Once you have finished changing the child make a record of what you have done on the changing log and get it counter signed by the member of staff you first told, which will confirm that the task has been successfully completed. (Appendix v)
- Use the changing log at all times, even if a child is just wet from water play.
- If after three weeks the child is still having difficulties with toileting and they are still having frequent accidents within the session, the school/setting should invite parents in for an informal chat to share their concerns. At this point it may be appropriate to refer to outside support e.g. school nurse, health visitor to support toileting at home. (See Involve Other Agencies)

*** Updates of Health and Safety Guidelines can be found on the Cardiff County Intranet.**

Remember...

- Take the child to the toilet regularly for a 'try' (Every 20 minutes)
- Allocate a staff member to toilet training duty, especially during the first weeks of new intake.
- Look for tell-tale signs that the child needs the toilet.
- Keep plenty of spare clothes handy.
- Ensure you have an effective changing area.
- Ensure you share information with the Parent/Carer and any other relevant agencies.
- Give lots of praise for doing the exercises, regardless of whether or not success is achieved.
- Encourage carrying out all the actions in the visual schedule, even if they do not 'go'. Continue with the remaining cards in the sequence.
- It often takes lots of practice to achieve results but it will be worth all the effort.
- Do not focus on any accidents the child may have, change the child and praise any successes.
- Be consistent - Ensure all staff are aware of the child's toileting plan and are able to continue with it.
- Be positive - Ensure toileting is a positive experience. Don't turn it into a battle. Inform any adult that is important to the child about their success. Make them feel special and clever.

How are employees protected from accusation?

The EY Inclusion Team have consulted with the Safeguarding Team regarding changing children. All staff who change a child must hold a valid Disclosure and Barring Service Certificate and have received basic Child Protection/ Safeguarding Awareness Training. It is sufficient to follow good practice procedures when changing a child, such as the ones in this booklet. Schools could be open to criticism if they did not manage the care needs of their pupils effectively and sensitively.

What if we do not have the facilities to change a child?

Most schools have a disabled or staff toilet or another suitable place within the building that can be used for changing a child. If there is not, please follow the advice within this booklet regarding creating, developing and equipping a suitable area (all schools have toilet facilities). However, if you are concerned about the lack of facilities in your school you should contact your Planning Officer. If you are unaware who the Planning Officer is please contact: Planning & Development Department.

What do I do with dirty nappies/pants?

When a child has soiled a nappy, change as appropriate and place inside a scented nappy bag. This bag can then be placed in your setting's bin for general domestic waste. Please ensure these are emptied daily. For soiled pants, please ensure they are cleaned as much as possible. Any excrement must be removed and emptied into the toilet. Do not send it home! Pants can then be placed inside a scented nappy bag and sent home with the child.

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Useful Contacts

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If you would like further advice or support, please contact the Early Years Inclusion Team

Kirsty Gamlin - Early Years Specialist Inclusion Teacher
(029) 20671479

Cathryn Giles - Early Years Inclusion Worker
(029) 20671466

You can do it!

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Appendices

CARDIFF COUNCIL

CODE OF GUIDANCE

VACCINATIONS / IMMUNISATION AGAINST INFECTIOUS DISEASES

1. This Code of Guidance provides advice from the Council's Occupational Health Service and Health and Safety Advisers on the need for vaccinations/immunisations of employees following a suitable and sufficient risk assessment.

   It addresses the following:

   1.0 Routine vaccinations
   2.0 Blood borne viruses
   3.0 Other viral or bacterial Infections
   4.0 Assessing the need to vaccinate certain employees

1.0 Routine vaccinations

1.1 Routine vaccinations include the common vaccinations that are provided via primary care/general practitioners e.g. childhood vaccinations such as tetanus, polio, tuberculosis. The provision of these immunisations are the responsibility of primary care and employees should be advised to consult with their General Practitioner if they require advice on these routine immunisations/boosters etc.

1.2 The latest advice on tetanus and polio is that if an individual has received 5 injections / immunisations in the course of his/her lifetime then it is unlikely that further immunisation will be necessary. Employees should discuss with their GP or Practice Nurse in the event of any uncertainty.

2.0 Blood borne viruses (BBV)

2.1 Blood borne viruses cause infections when blood containing infectious agents are transferred into the body of another person. These are principally human immunodeficiency virus (HIV) that causes AIDS, and three of the viruses that cause hepatitis – Hepatitis B virus, Hepatitis C virus and Hepatitis D virus.

2.2 Accidental exposure to blood or body fluids in some circumstances can result in occupational transmission of infections. All the evidence currently available suggests that the occupational risk of infections of this kind is extremely low. Nevertheless, even when the risks are small or unproven, it is sensible to take advantage of all practical measures that can reduce the risks or eliminate them. In relation to HIV, where no vaccine is available, such measures include the strict adherence to safe working procedures and good hygiene. Many exposures result from failure to follow recommended procedures which include good

- in sexual intercourse
- in sharing injecting equipment
- through skin puncture by blood contaminated sharp objects such as needles, instruments or glass
- in childbirth
- in blood transfusion
- through contamination of open wounds (less common)
- through splashing the mucous membranes of the eye, nose or mouth with blood or body fluids containing blood (less common)
- through human bites when blood is drawn

Experience to date has shown that BBV infections are rare and are very unlikely to be transmitted by work related factors (especially where safe procedures are followed) or during everyday social contact such as shaking hands or sharing utensils etc.

Nature and extent of risk presented by blood borne viruses

2.7 **HIV infection and AIDS**

HIV (Human Immunodeficiency Virus) is potentially the most serious sexually transmitted and blood borne infection. If the virus is transmitted, an individual may remain well and unaware of any symptoms for a number of years. However, it has the capability to gradually destroy the critical component of the body's immune system making the individual prone to opportunistic infections and malignancies that define the condition called AIDS (Acquired Immune Deficiency Syndrome).

The term AIDS should be reserved for a person with at least one well defined life threatening clinical condition that is clearly linked to HIV induced immuno-suppression. At the moment there is no cure for AIDS, but there are drugs available that can delay its onset and control symptoms.

Occupational exposure to HIV

2.8 All the evidence suggests that the occupational risk of HIV infection to individuals such as council workers is small. Nevertheless, even when risks are small or unproven, it is sensible to take advantage of all practical measures to reduce the risks or eliminate them. In relation to HIV where no vaccine is available, such measures include the strict adherence to safe procedures and working practices with correct use of appropriate PPE.

2.9 The risk of acquiring HIV infection following occupational exposure to HIV infected blood is low. Previous studies have indicated that the average risks for HIV transmission after exposure of a cut, abrasion, laceration to HIV infected blood is 3 per 1,000 injuries. An exposure of a mucous membrane, such as the lining of the mouth or the eye, to HIV infected blood is estimated at less than 1 in 1000. Evidence suggests

regular basis (e.g. biting), it would be prudent to offer immunisation to staff.

Similar considerations may apply to staff in day care settings and special schools for those with severe learning disability. Decisions on immunisation in these circumstances should be made on the basis of a local risk assessment and the Occupational Health Service can be contacted to discuss further and assist in the risk assessment process.

- **Other occupational groups** - There is no specific recommendation to vaccinate other Council staff. For groups that may feel that Hepatitis B vaccination should be considered, local risk assessments should be performed as appropriate. This will include an assessment of the frequency of likely significant exposures. For those with frequent significant exposures, pre-exposure immunisation is likely to be recommended. For other groups, **post exposure immunisation** at the time of an incident may be more appropriate (refer to 1.CM.179). Such a selection should be decided following consultation with the Occupational Health Service utilising appropriate medical advice.

Hepatitis C Virus

2.14 See Para 2.6 for routes of transmission. Drug abusers are at high risk of HCV infection as it is mostly spread percutaneously. Sexual transmission is uncommon but may occur. There is no vaccine against the Hepatitis C Virus, therefore it is essential that safe working practices, good hygiene and correct use of appropriate PPE is followed at all times in higher risk tasks to avoid significant exposures.

Hepatitis D Virus

2.15 Hepatitis D requires the presence of Hepatitis B to replicate and therefore only occurs in carriers of Hepatitis B. However, a person who is free of Hepatitis B, is able to contract Hepatitis B and Hepatitis D simultaneously from an individual infected with both viruses. Methods of transmission include blood to blood spread and sexual contact.

Management of accidental exposure to blood or body fluids

2.16 Despite safe procedures, accidents may occur which require first aid, post accident assessment and if indicated, immunisation. Post accident immunisation can prevent some infections occurring after there has been a significant exposure to infected blood or body fluids.

2.17 Definition of a **significant exposure** would include the following:

Blood on laceration/abrasion. When an open cut or abrasion is contaminated with the blood of another individual (e.g. wound caused by a sharp instrument such as a razor or needle which is contaminated with blood).

3.0 Other viral or bacterial infections

3.1 There are numerous other viral and bacterial infections, not mentioned above, that may pose a theoretical risk e.g. Leptosirosis (Weil's Disease), gastro-intestinal and eye infections. There are no vaccines against these and to this end, it is essential that safe working practices, good hygiene procedures and correct use of appropriate PPE are adhered to at all times to prevent any risk of exposure or infection. These principles will prevent against significant exposures to the diseases listed previously in this guidance and to this end the main emphasis on immunisation as the main control measure or a substitute for safe working practices, good hygiene and correct use of PPE should be avoided.

Hepatitis A

3.2 Hepatitis A is an infection of the liver caused by Hepatitis A virus. The disease is generally mild, but severity tends to increase with age. Asymptomatic disease is common in children. Jaundice may occur in 70-80% of those infected as adults. The overall case fatality ratio is low but greater in the elderly and those with pre existing liver disease. There is no chronic carrier state and chronic liver damage does not occur. The incubation period is usually around 28-30 days but may occasionally be as little as 15 or as much as 50 days.

3.3 The Hepatitis A virus is transmitted by the faecal oral route and such contact should be classed as a significant exposure. It is therefore not classed as a Blood Borne Virus as the other Hepatitis Viruses. The risk of occupational transmission is greatly minimised by careful attention to personal hygiene and correct wearing of PPE. Person to person spread is the most common method of transmission. The risk of occupational transmission is very low and is minimised further by careful attention to personal hygiene, safe working practices and correct use of appropriate personal protective equipment. Good hygiene, particularly hand washing, is the cornerstone of prevention and should be promoted in settings at increased risk of the virus being present. Clean facilities for hand washing should be universally available and used routinely on a regular basis.

3.4 Incidence of Occupational transmission of Hepatitis A is extremely low. However, there is a vaccine recommended for certain groups with regards to occupational exposure. These include:

- **Laboratory Staff** – who handle material that may contain the virus (unlikely to involve council staff)
- **Staff of some large residential institutions** – outbreaks of Hepatitis A have been associated with large residential institutions for those with learning difficulties. Transmission can occur more readily in such institutions and immunisation of staff

4.2 In considering whether this is actually the case, a structured local risk assessment should be conducted. During this process, a difference needs to be distinguished between a hazard assessment and a risk assessment. It is often the case that some individuals base the decision on the necessity of immunisations upon a hazard assessment alone and actual risk of significant exposure and subsequent transmission by adopting safe procedures is not adequately considered. This Code of Guidance will encourage this imbalance to be addressed with a more informed risk assessment.

The prevention of significant exposures is key to the prevention of transmission. The main emphasis should be placed on employees adopting good hygiene practices and following safe working practices to minimise the opportunity for significant exposure. Any open cuts or abrasions should also be covered and where appropriate all necessary PPE should be correctly worn. Immunisation should not be seen as the first or only control option in preventing blood borne virus infection. In view of the fact that immunisation is not available for viruses such as HIV and Hepatitis C, it is essential to ensure that safe working practices, good hygiene and correct use of PPE is adopted at all times where a hazard has been identified avoid significant exposures from occurring.

4.3 A suitable and sufficient risk assessment should consider:

i) What is the nature of the identified hazard?
ii) Are good hygiene practices being followed?
iii) Are safe working practise being implemented?
iv) Have employees received sufficient education/training on good hygiene and safe working practices?
v) Can potential exposures be removed by changing working practices?
vi) Is the personal protective equipment suitable and sufficient for the work involved and is it correctly used?
vii) Is suitable equipment provided for the work involved?
viii) How many significant exposures/incidents have occurred in recent years? Why did they occur? Consider whether they were as a result of failure to follow recommended procedures or whether there are inadequacies in current procedures that need to be further explored and addressed.

4.4 If, after a suitable and sufficient risk assessment is carried out and further advice is required on whether immunisation is indicated or appropriate, then the Occupational Health Service should be consulted (029 2087 3745) for additional advice on how best to proceed.

4.5 If the Occupational Health Service agrees that immunisation of certain employees is appropriate, then suitable advice will be provided on how to progress.

Guidance for creating a whole school/setting policy

The policy should be available for all staff/parents and careers to read.
Keep the policy concise, user friendly and easy for all to understand.

Name of Policy:	Nappy changing and personal care policy
Overall Aim	*For example:* We aim to provide an inclusive environment which sensitively supports both parents and children with nappy changing and intimate personal care routines.
Specific Objectives/ Statements and Procedures for how you will achieve each one:	**Personal care** • We respect children's rights for privacy and will always carry out personal care routines with sensitivity. • How do you maintain the child's privacy whilst also safeguarding staff and children when carrying out personal care routines? • Staff carrying out personal care routines must be DBS cleared. • Whenever possible, intimate personal care needs should be carried out by the child's key person to promote continuity and ensure the child feels secure. • If a child had a personal care need that you had not come across before, how would you ensure you were able to carry this out effectively? For instance, training from a health care professional, guidance from parents. **Nappy changing** • Parents supply nappies etc. and how will they be stored? • Will you accept disposable and non-disposable nappies? • How do you ensure your changing area is well organised and hygienic? • Who will change the child's nappy? This should wherever possible be the child's key person. If the key person is not present you will need to consider how each child's routine will be shared with other carers • Consider how the child's key person will create a relaxed routine which meets the child's individual needs, talk about eye contact and interaction • What is your procedure for nappy changing? Refer to county Resource Pack • Disposable gloves and apron will be worn.

Example of completed policy

Name of school/setting here

Toilet Policy

Children starting at ..... are all at different stages of toilet training. We accept this and encourage all children to develop independent self care skills which are appropriate to their level of development. No child will ever be excluded or treated less favourably because of incontinence.

Ways in which we support toilet training before children start nursery:

- We try and take time to speak with parents during link up sessions about how confident their children are about using the toilet.
- Parents and children are shown the toilet facilities in the school.
- Parents are encouraged to start toilet training (if developmentally appropriate) and to seek additional advice from their health visitor.
- We work with health visitors and the Early Years InclusionTeam to ensure early advice is given to families.

When toilet training is started:

- Some children will start school wearing pull-ups/nappies and some will remain in them for their time in nursery.
- Toilet training will always take place in consultation with parents, whose wishes are paramount.
- Children will not be forced to start toilet training before they are ready.
- When children are in school in pull ups changing arrangements will be discussed with parents.
- Parents will provide spare pull-ups/nappies.

Ways in which we support toilet training in nursery:

- Sometimes a particular member of staff will work with an individual child to support toileting.
- Children will be taken to the toilet at regular intervals
- Motivators may be used to encourage children into the toilet - books, bubbles, moving toys.
- Particular toilets may be 'designed' with a child in mind e.g. the 'Thomas' toilet

Agreed Plan For Changing a Child When Toilet Training

Name of child:

D.O.B :

Home Address:

Post Code:

Home number:

Mobile numbers:

Parents names:

School name:

Nursery/Reception/Class:

Lead staff member:

*Medical diagnosis or medical condition:

Agreed Plan

1) Tell another member of staff that you are going to change a child and why.

2) Take the child to the designated set up changing area.

3) When ever possible encourage the child to stand on a changing mat on the floor and remove his/her own clothes.

4) If the child has physical difficulties advice may be sought from the right professionals that are involved with the child ie manual handling, OT

5) Be aware of Health and safety issues (refer to the Health and Safety guidelines) Always wear plastic gloves and plastic apron to protect yourself and the child. Dispose of protective clothing and any soiled materials in the designated hygiene bin.

6) Place wet or soiled clothes in a bag and tie it tightly. Put this into another bag with the child's name on it.

CHANGING LOG

DATE	NAME	REASON FOR CHANGING	TIME	SIGN	COUNTER SIGN

Example

Please find below an example of a changing consent letter to use, if required, before a child starts school/setting. Some settings/schools have been concerned about how to ensure parental consent has been sought when changing children, if the child is not part of an agreed toilet training plan.

Please indicate below if you give/do not give your permission for your child to be changed when/if your child has a toileting related accident.

I / We ..... give permission for

my/our child..... to be changed if they

have a toileting accident in school.

I / We ..... do not give my

permission for my/our child..... to be

changed by a member of staff and request that I am

contacted in the event of a toileting accident.

If you have questions then please contact the school or class teacher regarding the school policy and procedures for changing and toilet training children.

sit down

undies down

pants down

lid up

do wee

stand close

do wee

do poo

undies up

put paper
in toilet

wipe bottom

use toilet paper

lid down
push button

push button

lid down

pants up

undies up

put paper in toilet

wipe bottom

get toilet paper

lid down push button

push button

lid down

pants up

finished

finished

finished

finished

toilet

toilet

toilet

toilet

go to toilet
use toilet paper

go to toilet
use toilet paper

wash hands

wash hands

go to toilet

go to toilet

go to toilet

go to toilet