

Continence & Intimate Care Policy



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(see also Inclusion; Equality; SEND; Supporting Pupils with Medical Needs; Safeguarding)

This document supports Worcestershire Education Inclusion Policy 2010 principles (vii) 'All learners should feel emotionally and physically secure in order to achieve well and enjoy their learning' and (ix) 'Tailored support will be available for the specific specialist need of some learners.'

1 Strategy

- 1.1 Children of all ages may experience continence issues often related to their age or stage of development; for some children incontinence may be a life-long condition.
- 1.2 All settings must make reasonable adjustments (e.g. additional staff support to meet the needs of each child (Equality Act 2010, Chapter 2 Section 20). Children should not be excluded or treated less favourably because of their incontinence.
- 1.3 Admissions Policies cannot require a child to be continent as a condition of admission.
- 1.4 Indirect disability discrimination happens when there is a rule, policy or practice that applies to everyone but especially disadvantages children with a particular disability compared with children who do not have disability.
- 1.5 Parents cannot be required to support their children's care needs in the setting; **the setting has duties to meet need and make reasonable adjustments** (Equality Act 2010)

2 Policy

- 2.1.1 To provide clear guidelines for all staff on procedures that maintain a professional approach appropriate to the age, developmental stage and needs of the child.
- 2.1.2 To support staff to meet the holistic needs of children including the development of continence and independence.
- 2.1.3 To establish good practice in the care of children with management of continence needs.
- 2.1.4 To ensure that children are treated with dignity and respect by those adults providing intimate care for them.
- 2.1.5 To ensure good safeguarding practice to protect children, staff and volunteers.
- 2.1.6 To establish partnership working between the child, the child's parents/carers and professionals involved.

2.2 Children who require support with continence development

- 2.2.1 Children who require support with continence development and management are a very diverse group. Each child should be treated as an individual but in broad terms the children who will need support with continence may be:

1. Children who need support with continence development	The child may be developing normally but at a slower pace.
2. Children with some developmental delay.	The child will be in an early years of mainstream setting but may have delayed continence development. This child may have a diagnosed condition or be undergoing investigations.
3. Children with physical disabilities or complex medical conditions.	The child may have a diagnosed condition such as spina bifida, cerebral palsy or autism.
4. Children with behavioural or emotional difficulties.	The child may exhibit developmental delay in continence, or may develop incontinence.

2.3 Environment

- 2.3.1 There should be suitable hygienic changing facilities for changing any children who are in nappies and providers should ensure that an adequate supplies of clean bedding, towels, spare clothes and other necessary items are always available. Providers must meet the current EYFS statutory framework (effective 4th September 2023 and updated subsequently), including Section 3 (safeguarding & welfare) requirements on premises, environment and equipment.
- 2.3.2 In the case of children aged 5 years of age and over the requirement for providing adequate resources will be the responsibility of the parents/carers unless the child is at a Special School or has a specific disability, in which case the NHS may be supplying the resources either to the family or directly to school.
- 2.3.3 All settings should maintain an emergency supply of adequate resources as detailed in a Health Care Plan. On occasions where schools/settings resources are used, parents should be requested to replace them.

2.4 The Equality Act (2010)

- 2.4.1 The Equality Act 2010 requires that all settings do not treat children and young people with disabilities less favourably; they must make reasonable adjustments to avoid putting those with disabilities at a substantial disadvantage.
- 2.4.2 The school will implement and keep under review Accessibility Plans (Equality Act 2010, Schedule 10) to increase access to the curriculum, improve the physical environment and improve the provision of accessible information.

2.5 Safeguarding

- 2.5.1 Everyone working with children should be aware that those with additional needs may be particularly vulnerable to abuse. All staff and volunteers must follow the school Safeguarding Policy and complete regular training.
- 2.5.2 Staff will follow the Safer Recruitment Consortium's 'Guidance for Safer Working Practice for those working with children and young people in education

settings' (February 2022), including expectations around intimate/personal care, one-to-one situations and recording/reporting concerns.

- 2.5.3 The normal process of assisting with personal care, such as changing nappies, should not raise child protection concerns. There are no regulations that state that a second member of staff must be available to ensure that abuse does not take place. To minimise risk, settings should ensure that:
- 2.5.3.1 They provide sufficient suitably trained staff to be able to deal with continence issues.
 - 2.5.3.2 All staff members must be vigilant for any indication of inappropriate practice and report such concerns to the designated safeguarding lead.
 - 2.5.3.3 If there is a known risk of false allegations by a child or the child exhibits extreme behaviour on a regular basis, then appropriate precautions should be incorporated into the child's plan - e.g. two adults to be present when changing the child.
 - 2.5.3.4 All adults working the children have enhanced DBS clearance and should be closely supervised throughout any probationary period. Staff should only be allowed unsupervised access to children once the probationary period has been completed to the supervisor's satisfaction.
 - 2.5.3.5 Volunteers and students on long term placements with enhanced DBS clearance involved in intimate care, should always be appropriately supervised.
 - 2.5.3.6 Where possible, staff should work with children of the same sex and be mindful of and respect the personal dignity of the child when supervising, teaching or reinforcing toileting skills.
 - 2.5.3.7 All staff involved in changing nappies or supporting toileting should be aware of the child's health care plan and ensure that this is adhered to at all times. Any deviation from the plan should be reported and recorded in line with setting procedures.
 - 2.5.3.8 Parents and line managers are informed of any accidents or concerns that arise whilst changing children and these are recorded in accordance with setting procedures.
 - 2.5.3.9 The adult responsible for the child (e.g. class teacher or key person) is made aware when a child is being taken to the toilet or having a nappy changed.
- 2.5.4 Sensitive information about a child should only be shared with those who need to know, such as parents or members of staff who are specifically involved with the child. Other adults should only be told what is necessary for them to know to keep the child safe.

- 2.5.5 Parents and children need to know that where staff have concerns about a child's well-being or safety arising from something said by the child or observation made by staff, the Designated Safeguarding Lead will be informed.

2.6 The Health and Safety at Work Act 1974

- 2.6.1 Employers have a duty to ensure as far as is reasonably practicable, the health, safety and welfare of all employees at work.
- 2.6.2 Employers have a duty to carry out risk assessments where the risks at work are significant to employees or others.
- 2.6.3 Infection prevention and control will follow current UKHSA guidance for education settings (hand hygiene, cleaning and waste handling). Staff will receive regular training in infection control and safe manual handling for intimate care tasks.

3 Procedure

3.1 Health Care Plan

- 3.1.1 The Health Care Plan pro forma must be used to record the needs of each individual child that requires continence management, along with actions to be taken agreed by the setting and the parent/carer.
- 3.1.2 If the health professional and/or school nurse is involved with the child then they should also be involve in the drawing up of the Health Care Plan. Any change to the plan, including changes of staff, should be notified to all parties signing the plan.
- 3.1.3 A record of intimate care should also be kept. The setting should send a copy of the plan to any health professionals involved with the child for comment.
- 3.1.4 The plan should be completed taking into account the following partnership working principles:

The parent should:

- 3.1.4.1 Agree to change the child at the latest possible time before bringing him/her to the setting.
- 3.1.4.2 Provide the setting with spare nappies/underwear and a spare set of clothes if appropriate. Setting should have spare resources available for emergencies.
- 3.1.4.3 Understand and agree the procedures that will be used when the child is changed at the setting - including the use of any cleanser or the application of any cream which if provided by parents/carers should be sent into the setting in a named and sealed container. The setting

should follow their Administration of Medication Policy where appropriate, and prior written permissions should be obtained from parents/carers (*Statutory Guidance EYFS p26*).

- 3.1.4.4 Agree to inform the setting should the child have any marks/rash in line with their safeguarding procedures.
- 3.1.4.5 Agree to notify the setting if the child's needs change at any time which needs to be reflected in the Health Care Plan.
- 3.1.4.6 Agree to attend Health Care Plan review meetings.

The setting should:

- 3.1.4.7 Include the following in the child's Health Care plan; frequency of changing, taking into consideration their individual needs.
- 3.1.4.8 Agree to record frequency of changes throughout the day, including any information on rashes or marks, which is to be shared with the parent/carers on a daily basis.
- 3.1.4.9 Agree to review arrangements as and when necessary and as a minimum at six monthly intervals.

3.2 Facilities

- 3.2.1 The Department of Health recommends that an extended cubicle with a washbasin should be provided in each school for children with disabilities. Alternatively, older children could stand astride a changing mat placed on the floor.
- 3.2.2 The Education (Premises) Regulations 1996 require all schools with a Foundation Stage to provide a deep sink or shower for cleaning soiled children. Standard toilet cubicles are not considered suitable for changing as they are not large enough to accommodate the child and 2 members of staff. Toilets designed for the disabled may be large enough.
- 3.2.3 Providers must meet EYFS premises/equipment requirements and ensure suitable hygienic changing facilities for children in nappies; these requirements also apply to school-based EYFS provision.
- 3.2.4 Worcestershire is working towards every local authority school having a bathroom management area and where one is available it should be used for nappy changing.
- 3.2.5 Within all settings if it is not possible to provide a purpose built changing area then the setting should, provide a changing mat and change the child on a suitable surface taking into consideration the environment and the child's dignity.
- 3.2.6 At all times the safety of the child and the staff should be considered.

3.3 Written Guidelines for Staff

3.3.1 A set of written guidelines should be agreed by each setting and made available to parents/carers of children for whom a Health Care Plan is in place. The following areas should be included in all settings guidelines/policy:

- 3.3.1.1 The requirement for individual's job description to specify that they will deal with continence problems.
- 3.3.1.2 Where possible the child's Key Person or appropriate adult will take responsibility for continence management.
- 3.3.1.3 To protect staff from allegations, effective safeguarding procedures must be in place and followed.
- 3.3.1.4 Where continence management changing will take place.
- 3.3.1.5 What resources will be used; including cleansing agents/creams.
- 3.3.1.6 How the soiled underwear/nappy/pad will be disposed of.
- 3.3.1.7 What infection control measures are in place.
- 3.3.1.8 What the members of staff will do if the child is unduly distressed.
- 3.3.1.9 What the procedures are if marks or injuries are noticed on the child.
- 3.3.1.10 What the recording procedures are and how they are used to evaluate the continence management of the child.
- 3.3.1.11 How continence management is recognised in setting policies and procedures (for example Safeguarding, Equality, Special Needs).

3.3.2 Procedure for dealing with nappy changing to avoid cross contamination:

- 3.3.2.1 Staff are to wash their hands appropriately
- 3.3.2.2 Put on new disposable apron and gloves.
- 3.3.2.3 Child should be asked to lie down on the bed/changing table if appropriate, an older child may be more comfortable standing up.
- 3.3.2.4 Child can assist where appropriate to support their continence independence.
- 3.3.2.5 Change child's nappy/pad (or soiled underwear in the case of a one-off incident).
- 3.3.2.6 Put soiled nappy/pad in nappy sack (or in a plastic bag if it is underwear soiled by a one-off incident).
- 3.3.2.7 Wash hands with gloves still on.
- 3.3.2.8 Spray and wipe the changing mat (if used) with appropriate cleaning agent.
- 3.3.2.9 Put wipes, nappy/pad, sack, apron and gloves into a plastic bag.
- 3.3.2.10 Wash hands again.
- 3.3.2.11 Dispose of the plastic sack in the appropriate school waste.

3.3.2.12 Wash hands again and ensure the child washes hands before being returned to class.

3.3.3 Offensive (non-infectious) hygiene waste (e.g., nappies/incontinence pads) will be segregated and disposed of in line with current waste guidance. Where infectious waste is known/suspected (e.g., blood-borne viruses), double-wrap in appropriate clinical waste bags and arrange approved collection.

This procedure should be displayed in all areas where nappy changing will take place.

4 Monitor and review

4.1 This policy is monitored by the governing body, and will be reviewed in two years, or earlier if necessary. Governors will receive assurance on: completion of staff training; audit of facilities; record-keeping compliance; incidents/concerns and actions; parent feedback; and progress on Accessibility Plan actions relevant to intimate care.

5. Linked policies

Other Relevant Policies that cross reference with this one are:

Safeguarding Policy, Equality Policy and Equality Statement; Inclusion; SEN; Supporting Pupils with Medical Conditions; Health, Safety & Welfare Policy; Accessibility Plan; Data Protection/Privacy Notices.

Continence & Intimate Care Policy

Policy Number 1.5.3

Name of school

Child's Name

Year group/class

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Relationship to child

Phone number: (work)

(home)

(mobile)

Name

Relationship to child

Phone number: (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone number

G.P.

Name

Phone number

Who is responsible for
providing support in school:

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

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Daily care requirements

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Specific support for the pupil's educational, social and emotional needs

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Arrangements for school visits/trips etc

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Other information

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Describe what constitutes an emergency, and the action to take if this occurs

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Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken - who, what, when

Form copied to

Sign to show this plan has been read/understood/agreed:

School:.....Date:.....

Home:.....Date:.....

<i>Insert name of setting/school</i>				
Child's Name				
Date	Time	Staff	Comment	Signatures of staff

Appendix 3

On the admittance of children with continence requirements, discussion will be undertaken to cover the procedures and management of their toileting requirements.

Procedure for assisting children with soiled clothing

- Child to be taken to the designated toilet - this is so that the member of staff assisting the child can call for assistance verbally.
- The child will have a bag provided from home containing: a clean set of clothing for emergencies, fresh pull ups, nappy sacks and wet wipes.
- Member of staff to put on an apron, gloves and open up two nappy sacks.
- Wherever possible, member of staff to encourage the child to help with undressing themselves - taking off shoes, trousers/skirt and underpants to increase independence.
- Soiled clothing/pull-up to be removed and put into a nappy sack.
- If the child is not at a developmental stage to wipe themselves, the member of staff should do so by first using wet wipes which should be disposed of in the nappy sack and then with toilet paper.
- The nappy sack should be tied and put into another sack before being disposed of in the nappy bin.
- Gloves should be removed and placed in the bin situated in the toilet.
- Child should be assisted to dress, but encouraged to help and do as much as they can to develop independence.
- Both child and member of staff to wash and dry their hands.
- If in the course of changing soiled clothing, the member of staff notices any bruising, be it unusual or otherwise, this should be reported to the Designated Senior Member of Staff who will log the pattern and place of the bruising.