

## Managing Children's Continence Policy 2017

### Introduction

Increasing numbers of children are admitted to early year's settings and primary schools with delayed continence issues. These may result from a range of factors including developmental delay and health-related causes. Delayed continence is not necessarily linked to learning difficulties. Owing to their developmental stage or for health reasons, some children may still be in nappies or pull-ups when attending Early Years Foundation Stage settings and classes in schools. They may have occasional "accidents" - incidents of wetting or soiling themselves.

This policy/guidance does not cover more complex health conditions where, for example, catheters or colostomy bags may be in use. Advice regarding these health conditions should be sought from NHS professionals.

Our school seeks to make reasonable adjustments to meet the needs of each child and children should not be excluded nor treated less favourably because of their delayed continence.

Standards of continence have no bearing on whether a child is admitted to our school.

### **Aims of Policy**

1. To provide clear guidelines for all staff on appropriate procedures
2. To highlight the importance of continence in the development of independence
3. To establish good practice in the care of children with continence delay
4. To ensure that children are treated with dignity and respect by those adults responsible for them
5. To safeguard the interests of children, staff, parents and carers in our school
6. To establish good practice for joint working between the child, the child's parents / carers and all professionals involved with the child.

### **Context**

The majority of children are continent before starting school. However, with the growth in numbers of pre-school settings and the advance of the inclusion agenda, there are more children in mainstream settings who are not fully independent in terms of their self-care. Some children remain dependent on others for support in personal care whilst others progress quickly towards independence.

The Early Years Foundation Stage has a goal of; “Dress and undress independently and manage their own personal hygiene.” Adults working with this age group should plan a programme with the aim of achieving this goal. However if several children wearing nappies enter EYFS provision at Holt Farm Infant School the EYFS Co-ordinator will liaise with the SENCO to ensure that additional resources from the schools delegated SEN budget are allocated to ensure individual needs are met.

### **Children with delayed continence and associated medical conditions**

Children with delayed continence are a very diverse group. Each child needs to be treated as an individual but in broad terms the children with continence delay are in the following groups:

1. Late developers	The child may be developing normally but at a slower pace.
2. Children with some developmental delay	The child may have a developmental delay in continence; either diagnosed or under investigation, but may well attend an early years or mainstream setting.
3. Children with physical disabilities or continence-associated medical conditions	Physical disabilities and medical conditions such as spina bifida or cerebral palsy may result in long-term continence delay and a Continence Care plan will be needed.
4. Children with behavioural difficulties	Delayed continence may be a symptom of social, emotional and behavioural difficulties.

The statutory Framework for the Early Years and Foundation Stage 2012 paragraph 3.60 states that *'There should be suitable hygienic changing facilities for changing any children who are in nappies and providers should ensure that an adequate supply of clean bedding, towels, spare clothes and other necessary items are always available.'*

In the case of children aged 6 years of age and over, the requirement for providing adequate resources will be the responsibility of the child’s parents / carers unless the child has a specific disability. In these cases, the NHS may supply the resources either to the family or direct to school.

School maintains an emergency supply of adequate resources as detailed in each Continence Care Plan. On occasions where school’s resources are used, parents will be requested to replace them.

### **The Disability Discrimination Act 1995 (DDA)**

The Disability Discrimination Act 1995 (DDA), extended by the Disability Discrimination (NI) Order and 2006 (DDO) and as amended by the Special Needs and Disability Act 2001 requires that educational settings and service providers do not treat disabled

children less favourably than other children. They must also make reasonable adjustments to avoid putting disabled children at a disadvantage.

The act states that a disabled person is someone who has a significant and long-term (i.e.: longer than a year) physical or mental impairment which may affect normal day-to-day activities. It describes incontinence as an impairment which may affect normal day-to-day activities. Education providers are therefore under an obligation to meet the needs of children with delayed personal development. Children should not be excluded from normal activities solely because of delayed continence. Education providers are expected under the DDA to make reasonable adjustments to meet the needs of each child.

### **Safeguarding**

There are two distinct groups considered here; the children and the adults dealing with the intimate care of the children.

1. It is the responsibility of each school to ensure that any member of staff dealing with the intimate care of a child has an enhanced DBS check. Staff must also follow the infection Control Guidelines for hygiene and the handbook of safety information (for schools).
2. It is the responsibility of the Headteacher to ensure that there are sufficient numbers of staff, appropriately trained and designated, to deal with delayed continence issues.
3. It is the responsibility of the Headteacher to protect staff from potential allegations of abuse.
4. As it is the class teacher in a school and the key person in early year's settings who has ultimate responsibility for the children in the class, (s)he should be informed if a child is being taken to the toilet or to have a nappy changed and should be fully conversant with principles and procedures.
5. Staff should at all times follow the procedures set out in the Child's individual Continence Care Plan.
6. It is the duty of Headteachers and managers of early year's settings to ensure staff implementing this policy have an enhanced CRB clearance.
7. In the event of staff noticing unusual marks or injuries to the child they should report their concerns immediately to the Senior Designated Member of Staff for Safeguarding (or Deputy) in line with the school's safeguarding policy.

### **The Health and Safety at Work Act 1974**

1. Employers have a duty to ensure as far as is reasonably practicable, the health, safety and welfare of all employees at work.
2. Employers have a duty to carry out risk assessments where the risks at work are significant to employees or others.
3. The employee has a duty while at work to take responsible care of the health and safety of himself and other people who may be affected by his actions.

### **Contenance Care Plan**

The Contenance Care Plan pro-forma must be used to record the needs of each individual child that has delayed continence. The actions to be taken should also be agreed by the school with the parent / carer and recorded. If the school nurse is involved with the child then she should also be involved in the drawing up of the Contenance Care Plan. Any change to the plan, including changes of staff, should be notified to all parties signing the plan. A record of intimate care should also be kept. The school should send a copy of the plan to any health professionals involved with the child for comment.

The plan should be completed, taking into account the following partnership working principles:

#### **The parent should:**

1. Agree to change the child at the latest possible time before bringing him/her to the school.
2. Provide the school with spare nappies and a spare set of clothes.
3. Understand and agree the procedures that will be used when the child is changed at school – including the use of any cleanser or the application of any cream. If provided by parents/carers, cleansers and creams should be sent to the school in a named and sealed container.
4. Agree to inform the school should the child have any marks / rash.
5. Agree to a 'minimum change' policy i.e. the school would not undertake to change the child more frequently than if s/he were at home.
6. Agree to notify the school if the child's needs change at any time which needs to be reflected in the Care Plan.
7. Agree to attend review meetings.

#### **The school should:**

1. Agree to change the child at the earliest opportunity should the child soil themselves or become uncomfortably wet.
2. Where defined by the Contenance Care Plan, agree how often the child would be changed should the child be at the school for the whole day.
3. Agree to complete the Contenance Care Record of Intimate Care each time the child is changed: including noting down if the child is distressed or if marks/rashes are seen.
4. Agree to review arrangements as and when necessary and as a minimum at six monthly intervals.

## **Facilities**

Our school has one extended disabled toilet cubicle with a wash basin and changing table and it should be used for nappy changing.

## **PROCEDURES FOR DEALING WITH CONTINENCE**

If a child is soiled or wet then they are the first priority in the classroom.

If a child is identified as having wet or soiled themselves the Teaching Assistant will attempt to change the child in the classroom toilets.

If this is not felt to be appropriate then the child will be taken to the disabled toilet in the foyer.

If the Teaching Assistant prefers a second adult to be present a message will be sent to the office. (This is not a requirement because all staff have had a DBS check).

Wet areas will be cleaned as far as possible using paper towels – mops should not be used. Soiling or vomit will be covered until it can be cleaned professionally by the site manager. If the Site Manager is not available a member of the Senior Management Team should be contacted to decide whether the children should be moved out of the class.

If an incident occurs between 1.10-1.50pm (support staff lunch time) LSAs working in school will be asked to assist. The TA supporting in the ICT Suite can also assist. Classteachers, HLTAs/PPA cover will send for Headteacher or Deputy Head to assist.

Office Staff and Midday staff will not be asked to break their lunchtime to assist.

### **Procedures for dealing with nappy\* changing should include:**

1. Hand washing for the designated member of staff attending to the child – before and after changing.
2. Put on new disposable apron and gloves (for your own protection and to reduce cross contamination)
3. Change child's nappy pad.
4. Put soiled nappy pad in nappy sack (or, in an emergency, a plastic bag).
5. Spray and wipe the changing mat.
6. Wash hands with gloves still on.
7. Put wipes, nappy sack, apron and gloves into a plastic bag.
8. Wash hands again.
9. Dispose of the plastic sack in the normal school/setting waste.
10. Wash hands again and ensure the child washes hands before being returned to class/setting.

11. In the event that a child is unduly distressed, staff should seek to calm and reassure the child. If the child does not calm and changing becomes unmanageable, the child's parents should be contacted to attend school.

\*These procedures apply when changing children on an occasional basis when they are not subject to a Contenance Care Plan, and may not, therefore, be using nappies.

Note: where it is known that the child is infected with a blood-borne virus, all materials should be double wrapped in yellow clinical waste bags and arrangements made for the waste to be removed for incineration.

This policy has been prepared by the Subject Co-ordinator in consultation with teaching staff and governors.

**APPENDIX 1**

<b>HOLT FARM INFANT SCHOOL</b>		
<b>CONTINENCE CARE PLAN</b>		
<b>Child's Name</b>	<b>DOB</b>	<b>Emergency Contact Number</b>
Identified Need		
Resources – provided by parent/carer		
Resources – provided by setting / School		
Action to be taken		
Staff involved		
Additional Information		
Signature of parent / carer and child (if appropriate)		
Signatures of school staff named above		
Signature of school nurse / health professional (if appropriate)		
Review date		

APPENDIX 2

For each child with a Contenance Care Plan there should also be a record of intimate care.

HOLT FARM INFANT SCHOOL				
Child's Name				
Date	Time	Staff	Comment	Signature of staff

APPENDIX 3

## **LIST OF RESOURCES FOR MANAGEMENT OF CONTINENCE CARE**

GLOVES  
APRONS  
WET WIPES  
NAPPY SACKS  
BIN BAGS FOR CLOTHES  
SICK BAGS  
BLUE PAPER ROLLS  
DISINFECTANT WIPES & SPRAY

## **ACTION REQUIRED TO PUT PROCEDURES INTO PLACE IN SCHOOL**

1. Packs to be made up for each classroom with a central store in the office area for restocking. If a pack is used in class then items used should be replaced immediately from the central store.
2. Consent for personal care will be made through the General Consent Form for children starting school.
3. The Headteacher will speak to the Junior School Headteacher to agree hours the site manager is available for cleaning following continence accidents.
4. Monitoring of the number of incidents occurring during the lunchtime period will be carried out.