



AIRY HILL COMMUNITY PRIMARY SCHOOL

CONTINENCE POLICY

PERSON RESPONSIBLE: Mr J Lidgley

UPDATED: October 2015

REVIEW DATE: October 2018

APPROVED:

AIRY HILL COMMUNITY PRIMARY SCHOOL
POLICY FOR MANAGING CHILDREN'S CONTINENCE ISSUES

Introduction

Increasing numbers of children are admitted to early years 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 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 and trained volunteers.

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 guidance for all staff on appropriate procedures
2. To highlight the importance of continence in the development of independence
3. To establish good practise 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 independent on others for support in personal care whilst others progress quickly towards independence.

Delayed continence may inhibit a child's sense of inclusion in school and there is a stigma associated with wetting and soiling that can cause stress and embarrassment to the child and family concerned.

The Early Years Foundation Stage has a goal; "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.

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 guidance for the Early Years Framework Welfare Requirements (0-5 years of age) 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 requirements 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 should be requested to replace them.

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 or student in training (under direct supervision) dealing with the intimate care of a child has an enhanced DBS clearance. It is our school's policy that all staff working with children have an enhanced DBS clearance.
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. For this reason two adults, preferably at least one of the same gender as the child, are required to be present during changing. This minimises the potential for allegations of abuse.
4. As it is a class teacher in a school and the key person in early years settings who have ultimate responsibility for the children in the class, (s)he should be informed if a child is being taken to the toilet or to be changed and should be fully conversant with principles and procedures.
5. Staff should at all times follow the procedure set out in the Child's individual Continence Care Plan (Appendix 1).
6. It is the duty of the headteacher and managers of early years settings to ensure staff implementing this policy have an enhanced DBS 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 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.

Continence Care Plan

The Continence 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 Continence Care Plan. Any change to the plan, including changes in 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 ie., 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 a Disabled Toilet Room. This is the only place in school where changing and continence care should be provided. At all times the safety of the child and staff should be considered.

Procedures for dealing with nappy* changing should include:

1. Handwashing for the two designated members 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. Child should be asked to lie down on the bed/changing table as appropriate. An older child may be more comfortable standing up. 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.
4. Change child’s nappy pad or soiled clothes.
5. Put soiled nappy pad/clothes in a nappy sack (or, in an emergency, a plastic bag).
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.

*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 procedure will be displayed in all areas where changing will take place.

APPENDIX 1

AIRY HILL COMMUNITY PRIMARY SCHOOL

CONTINENCE CARE PLAN

NAME

DATE OF BIRTH

EMERGENCY CONTACT

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 nurse/health professional (if appropriate)

Review date

APPENDIX 2

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

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Child's Name

DATE	TIME	STAFF	COMMENT	SIGNATURES OF STAFF