Continence Policy

Approval Date: **March 2023**

Review Date: **July 2027**

Headteacher:

CONTINENCE POLICY
Including continence, intimate care, and nappy changing

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 the NHS and trained professionals.

Our school seeks to make reasonable adjustments to meet the needs of each child, and children should not be excluded or 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 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

'Given the right approach, intimate care can provide opportunities to teach children about the value of their own bodies, to develop their personal safety skills and to enhance their self-esteem. Wherever children can assist in carrying out aspects of intimate care they should be encouraged to do so.'

Lenehan et al., 2004 p. 23

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.

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.

Children with delayed continence and associated medical conditions 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 towels, spare clothes and other necessary items are always available"

The Early Years Foundation Stage has a goal; "Manage their own basic hygiene and personal needs, including dressing, going to the toilet and understanding the importance of healthy food choices". Adults working with this age group should plan a programme with the aim of achieving this goal.

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 the Headteacher 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, we aim to have two members of staff present when intimate care is administered. However, this is not always manageable it is acceptable for one member of staff to change a child if two are not available.

4. As it is a class teacher in a school and the key person in the 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) or Toileting Plan (Appendix 3) if applicable.

6. If a child does not have permission to receive intimate care (see Permissions) then their parent/carer will be called to come and change their child.

7. In the event of staff noticing unusual marks or injuries to the child they should report their concerns immediately to Designated Safeguard Lead (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 him or herself and other people who may be affected by his/her 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, wipes and nappy bags in addition to 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 prescribed). 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 Continence 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 Continence 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 is split over two sites. On the Lower Site, there is a Disabled Toilet Room (for children in EYFS and KS1) and a large staff toilet where the shower is located if required. In addition to this, there are changing facilities located in the nursery classroom. On the Upper Site, there is a Disabled Toilet Room (for children in KS2). These are the only places 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 member(s) 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 waste.

10. Wash hands again and ensure the child washes hands before being returned to class/setting.

Procedures for dealing with toilet training should include:

- Draw up a toilet training plan with parents/carers when required (APPENDIX 3). The main time to do this is at a new starter parent consultation.
- Check regularly (or as agreed with parents/carers) whether the child would like to use the toilet, being observant for behaviour that indicates they need to use the toilet. A recurring alarm on the iPad may be useful.
- Ask, “Do you need the toilet?” rather than do you need a wee/poo.
- The optimum timing for toileting is 20-30 minutes after meals (the most likely time for a child to poo).
- There should be a suitable interval left between prompts to wee as the bladder needs to be full to empty correctly. Children should be encouraged to drink regularly (ideally five cups a day).
- Respect a child’s dignity by taking them into the bathroom if you need to check their pants (do not check in the classroom in front of others).
- Deal with any toileting accidents in a sympathetic, low key manner. Staff should maintain a calm, supportive approach at all times. Toileting accidents are to be expected – children learn to recognise the sensation of needing a wee/poo by wetting/soiling.
- Clean any toileting accidents promptly, using a red mop and disinfectant on hard surfaces, and absorbent granules on carpet. Use wet floor signs to keep the area clear.
- Inform another member of staff when you are changing a child.
- Leave any doors open.
- Wear appropriate protective clothing (apron and gloves) which should be thrown away after use.
- Encourage the child to help get themselves undressed/dressed.
- Use a changing mat, and disinfect before and after use.
- Double bag wet/soiled clothing ready to hand to parents/carers at the end of the session.
- Wash hands thoroughly, and supervise the child washing their own hands.
- To monitor progress, write on the chart in the bathroom to keep a record of toileting successes and accidents (APPENDIX 2). These should be retained and sent to the nursery office for archiving at the end of the academic year.
- Discretely inform parents/carers at the end of the end of session.
- Review child’s progress towards independence with parents/carers as required. If the child does not appear to be making progress, or regresses, discussions should be had with the parents/carers as to the reasons why, (e.g. whether it may be a physical or emotional issue), and to consider returning to nappies and trying again at another time.
- Review child’s progress towards independence with colleagues as required, e.g. when moving from nursery to pre-school.

*These procedures apply when changing children on an occasional basis when they are not subject to a Continence 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

THREE BRIDGES PRIMARY SCHOOL

CONTINENCE CARE PLAN

NAME:

DATE OF BIRTH:

EMERGENCY CONTACT:

Identified Need:

Resources – provided by parent/carer:

Resources – provided by school:

Agreed action to be taken:

Agreed staff involved:

Additional information

Signature of parent/carer and child:

Signatures of school nurse/health professional (if appropriate):

Review date:

APPENDIX 2

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

Child's Name:

DATE	TIME	STAFF	COMMENT	SIGNATURES OF STAFF

APPENDIX 3

THREE BRIDGES PRIMARY SCHOOL

TOILETING PLAN

NAME:

DATE OF BIRTH:

EMERGENCY CONTACT:

Identified Need:

Agreed communication for toilet (i.e sign, symbol, speech):

Agreed times/intervals to ask/toilet (i.e every 20 minutes):

Agreed location for toileting:

Agreed staff to toilet child (when applicable):

Resources – provided by parent/carer:

Resources – provided by school:

Additional information

Signature of parent/carer and child:

Signatures of school nurse/health professional (if appropriate):

Review date:

ACKNOWLEDGEMENTS

This policy was informed by the Policies of the following schools:

Burstow Park Primary School: https://www.burlishpark.co.uk/wp-content/uploads/2015/07/continence-care.pdf

Pallister Park Primary School: https://pallisterparkprimary.co.uk/wp-content/uploads/2016/11/PPPS-Continence-Policy-2016.pdf

Whalehill Primary: https://www.whalehillprimary.co.uk/wp-content/uploads/2022/09/EYFS-continence-and-changing-policy-September-2022.pdf

Following the guidance from:

https://neu.org.uk/advice/continence-and-toilet-issues-schools