



Straits Primary School

Policy for Intimate Care

Introduction

Achieving continence is one of hundreds of developmental milestones usually reached within the context of learning in the home before the child transfers to learning in a nursery/school setting. In some cases this one developmental area has assumed significance beyond all others. Parents are sometimes made to feel guilty that this aspect of learning has not been achieved, whereas other delayed learning is not so stigmatising.

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. All settings must make reasonable adjustments (*Equality Act 2010, Chapter 2 Section 20*) and children should not be excluded nor treated less favourably because of their incontinence.

Admissions Policies cannot require a child to be continent as a condition of admission. 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 that disability. Therefore, parents cannot be required to support their children's care needs in the setting (*Equality Act 2010 Chapter 2, section 15*). Education providers have an obligation to meet the needs of children with delayed personal development in the same way as they would meet the individual needs of children with delayed language, or any other kind of delayed development. Children should not be excluded from normal pre-school activities solely because of incontinence.

Scope

This policy/guidance does not cover intimate care of children with more complex health conditions e.g. *catheters, colostomy bags*. Advice regarding these health conditions should be sought from NHS professionals and parents/carers.

Aims of this document

- 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.
- To support staff to meet the holistic needs of children including the development of continence and independence.
- To establish good practice in the care of children with management of continence needs.
- To ensure that children are treated with dignity and respect by those adults responsible for them.
- To ensure good safeguarding practice to protect children, staff, and volunteers.
- To establish partnership working between the child, the child's parents / carers and professionals involved.

Children who require support with continence development

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 or 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.

Environment

The Early Years Foundation Stage Statutory Guidance (*effective 2025*) states that 'Providers must ensure:

- There is an adequate number of toilets and hand basins available - there should usually be separate toilet facilities for adults.
- There are suitable hygienic changing facilities for changing any children who are in nappies.
- Children's privacy is considered and balanced with safeguarding and support needs when changing nappies and toileting.
- There is an adequate supply of clean bedding, towels, spare clothes, and any other necessary items.

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. 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.

The Equality Act (2010)

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.

The Equality Act (2010) defines a disability as a "*physical or mental impairment which has a substantial and long term adverse effect on an individual's ability to carry out normal day to day activities*". It describes incontinence as an impairment which may affect normal day to day activities. Settings are under a statutory obligation to meet the needs of all children and therefore children should not be excluded from activities because of incontinence.

Safeguarding

To ensure good safeguarding practice to protect children, staff and volunteers, everyone working with children should be aware that those with additional needs may be particularly vulnerable to abuse. It is essential that all staff and volunteers are familiar with their setting Safeguarding Policy and have received regular safeguarding training. Staff should refer to the *Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings*.

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:

- They provide sufficient suitably trained staff to be able to deal with continence issues.
- All staff members must be vigilant for any indication of inappropriate practice and report such concerns to the designated safeguarding lead (or deputy in his absence).
- 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*.
- All adults working with 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.
- Volunteers and students on long term placements with enhanced DBS clearance involved in intimate care, should always be appropriately supervised.
- Staff should be mindful of and respect the personal dignity of the child when supervising, teaching or reinforcing toileting skills.
- 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.
- 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.
- 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.

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. 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.

Procedures

1. Health Care Plan

A Health Care Plan will 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. If the health professional and/or school nurse is involved with the child then they should also be involved 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. 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.

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

The parent should

- Agree to change the child at the latest possible time before bringing him/her to the setting.
- Provide the setting with spare nappies and a spare set of clothes if appropriate. Settings should have spare resources available for emergencies.
- 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 setting in a named and sealed container. Settings should follow their Administration of Medication policy where appropriate, and prior written permissions should be obtained from parents/carers.
- Agree to inform the setting should the child have any marks / rash in line with their safeguarding procedures.
- Agree to notify the setting if the child's needs change at any time which needs to be reflected in the Health Care Plan.
- Agree to attend Health Care Plan review meetings.

The setting should

- Include the following in the child's Health Care plan; frequency of changing, taking into consideration their individual needs.
- 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.
- Agree to review arrangements as and when necessary and as a minimum at six monthly intervals.

2. Facilities

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. 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 members of staff. Toilets designed for the disabled may be large enough. Within all settings if it is not possible to provide a purpose built changing area then the setting should, as a minimum, provide a changing mat and change the child on a suitable surface taking into consideration the environment and the child's dignity. At all times the safety of the child and staff should be considered.

3. Procedure for dealing with nappy changing to avoid cross contamination:

- Staff are to wash their hands appropriately.
- Put on new disposable apron and gloves.
- Child should be asked to lie down on the bed / changing table if appropriate, an older child may be more comfortable standing up.
- Child can assist where appropriate to support their continence independence.
- Change child's nappy/pad.
- Put soiled nappy/pad in nappy sack (or in an emergency a plastic bag).

- Wash hands with gloves still on.
- Spray and wipe the changing mat with appropriate cleaning agent.
- Put wipes, nappy/pad, sack, apron and gloves into a plastic bag.
- Wash hands again.
- Dispose of the plastic sack in the appropriate school/setting waste.
- Wash hands again and ensure the child washes hands before being returned to class/setting.

4. Toileting accidents

A child who has had a toilet accident must be dealt with immediately. Adults will reassure the child and remove them from the distressed area to the cloakroom where there is access to washing facilities. Key points to note:

- All children have spare pants/socks in their pump bags.
- Spare clothing to change children can be found in the drawers in the toilet area and TA cupboard.
- When changing clothes soiled with urine or excrement staff to use rubber gloves and a plastic apron.
- The staff member will encourage the child to wipe him/herself down using toilet paper/baby wipes provided it has been established there are no allergic reaction to this product.
- Dirty clothes to be put in a plastic bag which is tied securely and handed to the parent on collection of the child.
- If the child is very distressed and is difficult to clean up following a toilet accident a decision will be made to call the parents to come into school to collect the child early.
- Once child has fresh clothing it has been established that he/she is happy/content then they can return to their activities.
- Staff must ensure that they communicate with parents at the end of the day if their child has had an accident.

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

5. Support

The school is able to access support from the **Paediatric Continence Service**. The service assists parents / carers and children with the management of bladder and / or bowel dysfunction, for example managing a child's day or nighttime bed-wetting. It is available to every child age 5 to 16 years (up to age 19 if the child has special needs) who have a Dudley registered GP.

They accept referrals from GPs, School Nurses, Health visitors, Occupational Therapists and Paediatric Consultants, but there are other professionals within the school or medical setting that may also refer into them. They can only offer assessment and support to children registered to a Dudley GP.

The Ridge Hill Centre,
Brierley Hill Road,
Stourbridge
DY8 5ST

Monday to Friday 9am to 5pm (excluding Bank Holidays)

Telephone: 01384 324510

Email: bchft.continenceteam@nhs.net

GDPR

This Policy adheres to the principles under data protection law. For further information please review the School's Data Protection Policy published on the School Website.

Monitoring and review

This policy will be discussed with staff and reviewed by the governing body every two years, or sooner if necessary.

Head teacher

Chair of Governors.....

Date:



Straits Primary School Intimate Care Plan

Name	Date of birth	Emergency contact number
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		



Straits Primary School Record of intimate care

For each child with an Intimate Care Plan there should also be a record of intimate care, if undertaken.

Child's name:				
Date	Time	Staff	Comment	Signatures of staff