For With God Nothing is Impossible' Luke 1:37

Church Lench CE First School

Intimate Care Policy

2024-25

At the heart of the school is our belief that 'with God nothing is impossible', which allows our children to have high aspirations and know that they are part of a loving family. We have a flexible, child-led, broad and balanced curriculum where every child can thrive in a happy, inclusive and safe environment.

Introduction

There are an increasing number of children being admitted to Early Years setting and Primary schools who have continence problems. This may be due to developmental delay or more complex needs. Delayed continence is not necessarily linked to learning difficulties however, by virtue of the immaturity, health or personal development some children may still be in nappies or have occasional accident when they are attending foundation stage classes in schools.

This policy does not cover more complex health conditions, eg, catheters, colostomy bags. Advice regarding these health conditions should be sought from NHS and those trained volunteers.

At Church Lench CE First School we will make reasonable adjustments to meet the needs of each child and children should not be excluded nor treated less favourably because of their incontinence. Our Admissions Policy does not set a standard of continence as a requirement for admission.

Aims of Policy

To provide clear guidelines for all staff on appropriate procedures that maintain a professional distance approach.

- To highlight the importance of continence in the development of independence.
- To establish good practice in the care of children with continence problems.
- To ensure that children are treated with dignity and respect by those adults responsible for them.
- To safeguard the interests of children, staff, parents, carers.
- 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 achieve continence before starting school but with the development of the inclusion agenda there are children in mainstream settings who are not fully independent. Some children remain dependent on others for support in personal care whilst others progress quickly towards independence. Difficulties with continence inhibit a child's inclusion in school and there can be a stigma associated with wetting and soiling that can cause stress and embarrassment to the child and family concerned.

Children with continence problems or relevant medical conditions

Children with continence problems are a very diverse group. Each child needs to be treated as an individual but in broad terms the children with continence problems 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 will be in an early years or mainstream setting.

3. Children with physical disabilities or relevant medical conditions. Physical disabilities/medical conditions, eg, spina bifida, cerebral palsy may result in long term continence difficulties and continence development/management plans are likely to be needed.

4. Children with behavioural difficulties. Delayed independence in personal hygiene may be part of more general emotional/behavioural difficulties.

Legal background and statutory guidance

The statutory guidance for the EY Framework (0-5 years of age); Welfare Requirements

'There should be suitable hygienic changing facilities for changing any children who are in nappies and providers should ensure an adequate supply of clean bedding, towels, spare clothes and other necessary items are always available.' (Statutory guidance pg 36).

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

School should maintain an emergency supply of adequate resources as detailed in a Continence Care Plan. On occasions where our school's resources are used, parents will be requested to replace them.

The Disability Discrimination Act 1995 DDA

The DDA as amended by the Special Needs Act 2001 requires that educational settings and service providers do not treat disabled pupils less favourably and to *make reasonable adjustments* to avoid putting disabled pupils at a substantial disadvantage. Admissions policies cannot set a standard of continence as a requirement for admission.

The act states that a disabled person is someone who has a physical or mental impairment which may affect normal day to day activities and is long term. 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 and children should not be excluded from normal activities solely because of incontinence. Education providers are expected under the DDA to make reasonable adjustments to meet the needs of each child.

At Church Lench CE we are committed to ensuring equality of education and opportunity for all pupils, staff, parents and carers receiving services from the school, irrespective of race, disability, sex, sexual orientation, gender reassignment, religion or belief, pregnancy and maternity, and age (for staff only). We will adhere to the legal definitions of these protected characteristics as set out in the Equality Act 2010. We aim to develop and maintain a culture of inclusion and diversity, in which all those connected with the school feel proud of their identity and able to participate fully in school life.

The Health and Safety at Work Act 1974

Employers have a duty to ensure as far as is reasonably practicable, the health, safety and welfare of all employees a work. Employers have a duty to carry out risk assessments where the risks at work are significant to employees or others.

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 acts.

Safeguarding

Safeguarding is imperative to protect both the children and the adults dealing with the intimate care of the children. The school follows Worcestershire Safeguarding Board's Policy

It is the responsibility of the school to ensure that any member of staff or students in training (under direct supervision) dealing with the intimate care of a child has an enhanced DBS. They must follow the Infection Control Guidelines for hygiene and the handbook of safety information.

The Head Teacher will ensure that there are sufficient staff, appropriately trained and designated to deal with continence issues and are aware of the Continence Care Plan. The Head Teacher will ensure staff implementing this policy have an enhanced DBS clearance.

The Head Teacher must protect staff from potential allegations of abuse. For this reason **two adults, preferably at least one of the same gender as the child**, must be present to minimise potential for allegations of abuse.

The class teacher, who has ultimate responsibility for the children in the class, will 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.

Staff will at all times follow the procedure set out in the Continence Care Plan.

Responsibilities

Continence Management Plan

The Continence Management Plan must be used to record the needs of each individual child that has continence problems, along with actions to be taken agreed by the school and the parent/carer. The class teacher is responsible for the Continence Management Plan. If the school nurse is involved with the child then (s)he should also be involved in the drawing up of the Continence Management Plan. All parties signing the Continence Management Plan will be notified of any change to the Plan, including changes of staff. The school should send a copy of the plan to any health professionals involved with the children for comment. The Plan should be completed taking into account the following partnership working principles. A Record Of Intimate Care Intervention will also be kept.

Parent/carer responsibilities:

- Agree to change the child at the latest possible time before bringing him/her to school;
- Provide the school with spare nappies, wipes, nappy sack and a spare set of clothes;

- 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 which if provided by parents/carers should be sent into school in a named and sealed container;
- Agree to inform school should the child have any marks/rash;
- 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;
- Agree to notify the school of any changes in the child's needs, which will be reflected in the Continence Care Plan;
- Agree to attend review meetings.

School responsibilities:

- Agree to change the child at the earliest opportunity should the child soil themselves or become uncomfortably wet;
- Where defined by the Continence Care Plan should agree how often the child would be changed should the child be at school for the whole day;
- Agree to complete the Record of Intimate Care Intervention each time the child is changed: including noting down if the child is distressed or if marks/rashes are seen;
- Agree to provide the protective equipment for the staff (gloves and apron).
- Agree to review arrangements as and when necessary and as a minimum of six monthly intervals.

Staff responsibilities

- The following are guidelines which should be agreed by school and made available to parents/carers of children for whom a Continence Care Plan is in place.
- Individual job description will specify that the member of staff will deal with continence problems, where they have agreed to do so.
- ensure two members of staff are always present.
- Nappy changing will take place in the medical room toilet area. The only resources used will be those included in the Continence Care Plan.
- If marks or injuries are noticed on the child the member of staff will inform the DSL.

Facilities

Currently the medical area is the only suitable space for nappy changing if required.

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 2 members of staff. At all times the safety of the child and staff should be considered. **At Church Lench CE First School we do not currently have washing facilities such as shower or larger wash basin.**

Procedure for nappy changing or intimate care

- If the child is unduly distressed reassure the child explaining the reason for changing the nappy or soiled clothing.
- The two members of staff dealing with the child wash hands.
- Put on new disposable apron and gloves. A disposable face mask may be worn if infectious disease is suspected, e.g. diarrhoea.
- Child should be asked to lie down on the changing table if appropriate; an older child may be more comfortable standing up.
- Change child's nappy. Wipe child's bottom, children wipe own bottom if able to with wipes provided.
- In the event of soiling, children will be required to change and clean as much as they can independently using wipes, tissues etc guided by an adult.
- Put soiled nappy and wipes in nappy sack (or in an emergency a plastic bag).
- Change to clean gloves and help child down.
- Ensure child washes hands before being returned to class
- Spray and wipe the changing mat.
- Put nappy sack, apron and gloves into waste bag.
- Dispose of the waste bag in the normal school waste bin provided in medical room.
- Wash hands
- Fill in the Record of Intimate Care Intervention, noting any soreness or rashes.

Infectious Diseases and control measures

Children who require first aid or intimate care will be seen by a first aider who is wearing personal protective equipment. Equipment includes a face mask, apron and surgical gloves that all conform to British standards. Parents will be contacted immediately to assist their child if necessary. Parents will be also be informed of any intimate care assistance given to their child.

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. This procedure will be laminated and available in our medical room.

Other useful publications:

- Your Role and Responsibility in Child Protection/safeguarding. Published by WCC 4-3-09;
- Managing Medicines in schools and EY Settings. Joint DFEE and Department of Health publication 31-3-05;
- Safety in Swimming (specifically section 4.6) published by WCC 2009.

First Aid

If your child potentially injures or sustains an injury beneath their under garments e.g back, chest, tummy, hip, buttock staff will always inform the parent even if no first aid was required.

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Signed: *S Price*

Date: September 2024

This policy will be reviewed annually.

Review Date: September 2025