



Intimate Care Policy

December 2017

Introduction

There are an increasing number of children being admitted 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. See Nappy Changing Policy for guidance in Nursery.

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 Stourport Primary Academy 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 EY 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.

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.

Resources

The statutory guidance for the EY Framework (0-5 years of age); Welfare Requirements states that: '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.' See Nappy Changing in the Nursery Policy

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 can not 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.

Safeguarding

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

- ✚ It is the duty of the Headteacher to ensure staff implementing this policy have an enhanced DBS clearance.
- ✚ It is the responsibility of the academy 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 clearance. They must follow the Infection Control Guidelines for hygiene and the handbook of safety information.
- ✚ It is the responsibility of the Headteacher to ensure that there are sufficient staff, appropriately trained and designated to deal with continence issues and are aware of the Intimate Care Plan.
- ✚ 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, must be present this minimises the potential for allegations of abuse.
- ✚ The class teacher who has ultimate responsibility for the children in the class 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.
- ✚ Staff should at all times follow the procedure set out in the Continence Care Plan.
- ✚ We follow Worcestershire Safeguarding Board's Yellow Book.

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.

Procedures

1. Continence Care Plan

The Continence Care Plan proforma 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 Intimate Care Plan. If the school nurse is involved with the child then (s)he should also be involved in the drawing up of the 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 children 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 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 if the child's needs change at any time which needs to be reflected in the Care Plan;
- ✚ Agree to attend review meetings.

The school should:

- ✚ Agree to change the child at the earliest opportunity should the child soil themselves or become uncomfortably wet;
- ✚ Where defined by the 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 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;
- ✚ 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.

2. Facilities

Currently the BMA room has a suitable place for nappy changing and so is the designated area.

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.

Toilets designed for the disabled may be large enough.

At all times the safety of the child and staff should be considered.

3. Written guidelines for staff

The following are guidelines which should be agreed by school and made available to parents/carers of children for whom a Contenance Care Plan is in place.

- ✚ Individual job description will specify that they will deal with continence problems, where they have agreed to do so.
- ✚ To protect staff from allegations two members of staff should always be present.
- ✚ Nappy changing will take place in the disabled toilet cubicle.
- ✚ The only resources used will be those included in the Contenance Care Plan.
- ✚ Infection control measures
 - i. Follow procedure for dealing with nappy changing:
- ✚ If the child is unduly distressed reassure the child explaining the reason for changing the nappy. Be aware of any soreness and record on Intimate Care pro forma.
- ✚ If marks or injuries are noticed on the child the member of staff will inform the DSL.

Procedure for dealing with nappy changing

- ✚ The two members of staff dealing with the child to wash hands.
- ✚ Put on new disposable apron and gloves (for your own protection and to reduce cross contamination).
- ✚ 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 pad. Wipe child's bottom, children wipe own bottom if able to with wipes provided.
- ✚ Put soiled nappy pad and wipes in nappy sack (or in an emergency a plastic bag).
- ✚ Wash hands with gloves on. And help child down.
- ✚ Spray and wipe the changing mat.
- ✚ Put nappy sack, apron and gloves into a plastic bag.
- ✚ Wash hands again.
- ✚ Dispose of the plastic sack in the normal school waste.
- ✚ Wash hands again and ensure the child washes hands before being returned to class.

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.

This procedure will be laminated and available in the BMA room.

This policy will be reviewed annually.

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.

Equality Statement

At Stourport Primary Academy 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.

APPENDIX 1

Stourport Primary Academy		
Intimate Care Plan		
Name	Date of birth	Emergency contact number
Identified need		
Resources - provided by parent/carer		
Resources - provided by school		
Action to be taken		
Staff involved		
Additional information		
Signature of parent/carer and child if appropriate		
Signature of class teacher		
Signature of school nurse/health professional (if appropriate)		
Date of Plan		
Review date		

APPENDIX 2

For each child with an Intimate Care Plan there must also be a record of intimate care.

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