

Worcestershire County Council policy/ guidance on continence issues for Local Authority Early Years settings and Primary Schools and guidance for Private Providers

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Introduction

There are an increasing number of children being admitted to Early Years setting and Primary School 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 their immaturity, health or personal development some children may still be in nappies or have occasional accidents when they are attending Early Years settings and In Foundation Stage classes in schools.

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

All settings must make reasonable adjustments to meet the needs of each child and children should not be excluded nor treated less favourably because of their incontinence.

Admissions Policies can not set a standard of continence as a requirement for admission.

Aims of Policy

1. To provide clear guidelines for all staff on appropriate procedures that maintain a professional distance approach.
2. To highlight the importance of continence in the development of independence.
3. To establish good practice in the care of children with continence problems.
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, carers and educational settings.
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 achieve continence before starting school but with the development of more pre school settings and 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 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 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.

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 e.g. 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.

The statutory guidance for the Early Years 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 that 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 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 direct to school.

Schools/settings should maintain an emergency supply of adequate resources as detailed in a Continence Care Plan. On occasions where schools/settings resources are used, parents should be requested to replace them.

The Disability Discrimination Act 1995 (DDA)

The Disability Discrimination Act 1995 (DDA), as amended by the Special Need and Disability 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. 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.

1. It is the responsibility of each school or setting to ensure that any member of staff or students in training (under direct staff supervision) dealing with the intimate care of a child has an enhanced CRB clearance or police check, whilst CRB clearance is undertaken and follows the infection Control Guidelines for hygiene and the handbook of safety information (for schools).
2. It is the responsibility of the headteacher or manager to ensure that there are sufficient numbers of staff, appropriately trained and designated, to deal with continence issues.
3. It is the responsibility of the headteacher or manager to protect staff from potential allegations of abuse. For this reason the school / setting should arrange for two adults, preferably at least one of the same gender as the child, to be present. This minimises the potential for allegations of abuse.
4. As it is the 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 have a nappy changed and should be fully conversant with principles and procedures.
5. Staff should at all time follow the procedure set out in the Continence Care Plan.
6. All schools and pre-school settings should follow Worcestershire Safeguarding Board's Yellow Book.
7. It is the duty of headteachers and managers of early years settings to ensure staff implementing this policy have an enhanced CRB clearance.

The Health and Safety at Work Act 1974

1. Employers have a duty to ensure as far as is 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 acts.

Procedures

1. Continence Care Plan

The Continence Care Plan pro forma 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. If the school nurse is involved with the child then she 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 child for comment.

The plan should be completed taken 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 setting / school.
2. Provide the setting / 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 which if provided by parents/carers should be sent into setting / school in a named and sealed container.
4. Agree to inform the setting / school should the child have any marks / rash.
5. Agree to a 'minimum change' policy i.e. the setting / school would not undertake to change the child more frequently than if s/he were at home.
6. Agree to notify the setting / 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/setting 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 Care Plan should agree how often the child would be changed should the child be at the setting / 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.

2. Facilities

Worcestershire is working towards every school having a Bathroom Management Area (BMA), and where one is available it should be used for nappy changing. Where a BMA is not available the setting / school, should identify a suitable place for nappy changing.

The Department of Health recommends that 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.

If it is not possible to provide a purpose built changing area then the school should, as a minimum, provide a changing mat and change the child on a suitable surface or by placing a changing mat on an adult height table.

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

3. Written guidelines for staff

A set of written guidelines should be agreed by each school or setting and made available to parents / carers of children for whom a Continence Care Plan is in place. The differences between settings make it impracticable for a generic set of guidelines to be in place. Each school or setting's written guidelines should include;

1. The requirement for individual's job description to specify that they will deal with continence problems, where they have agreed to do so
2. For the protection of staff a statement that the school will, if it can, provide two members of staff. Where possible at least one should be of the same gender as the child
3. Where nappy changing will take place
4. What resources will be used; including cleansing agents / creams
5. How the nappy will be disposed of
6. What infection control measures are in place
7. What the members of staff will do if the child is unduly distressed
8. What the members of staff will do if marks or injuries are noticed on the child

4. Procedure for dealing with nappy changing

1. The two members of staff dealing with child to wash hands.
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 if appropriate, an older child may be more comfortable standing up.
4. Change child's nappy pad.
5. Put soiled nappy pad in nappy sack (or in an emergency a plastic bag).
6. Spray and wipe the changing mat.
7. Wash hands with gloves still on.
8. Put wipes, nappy sack, apron and gloves into a plastic bag.
9. Wash hands again.
10. Dispose of the plastic sack in the normal school/setting waste.
11. Wash hands again and ensure the child washes hands before being returned to class/setting.

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 displayed in all areas where nappy changing will take place

Continence Policy (Approved August 2010)

This policy will be reviewed July 2011. Any comments on the policy prior to July 2011 should be sent to Val Houghton, Operations Manager School Support at County Hall or vhoughton@worcestershire.gov.uk.

Other relevant publications:

- Your Role and Responsibility in Child protection / Safeguarding *Published by Worcestershire County Council 4 March 2009*
- Managing Medicines in Schools and Early Years Settings *Joint DfEE and Department of Health publication 31 March 2005*
- Safety in swimming (specifically section 4.6) *Published by WCC 2009*

APPENDIX 1

<i>Insert name of setting/ school</i>		
Continence 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		

APPENDIX 2

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

<i>Insert name of setting/ school</i>				
Child's name				
Date	Time	Staff	Comment	Signatures of staff