



Bracknell Forest Council guidance on continence issues for Local Authority Early Years settings, Primary Schools and Private Providers

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The guidance has been adapted, with permission, from Worcestershire County Council.

www.bracknell-forest.gov.uk

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 their immaturity, health or personal development some children may be in nappies or have occasional accidents when they are attending Early Years settings and Key Stage 1 classes in schools.

This guidance does not cover more complex health conditions e.g. Catheters, colostomy bags etc. Advice on these matters should be sought from the school nurse.

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.

*Advice regarding these health conditions can be found within the document **Managing Medicines in Schools and Early Years Settings Joint DFE and Department of Health publication March 2005***

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

Aims of Policy

1. To provide clear guidelines 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 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, parents, staff 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 preschool settings and the inclusion agenda there are children in mainstream settings who are not fully independent. Some children remain dependent on others for personal care whilst others progress quickly towards independence.

The Early Years Foundation Stage has a goal of, 'Children manage their own personal basic hygiene and personal needs successfully including dressing and going to the toilet independently'. Adults working with this age range 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 delays	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 disability 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 3.59 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'.

Schools/settings should maintain an emergency supply of adequate resources. On occasions where school resources are used parents should be requested to replace them.

Statutory Guidance

There are three pieces of legislation that all schools and settings needs to give careful consideration to when considering continence: They are:

The Disability Discrimination Act 1995 (DDA), The Special Educational Needs and Disability Act (SENDA) 2001 and The Equality Act 2010.

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.

The Equality Act 2010's Public Sector Equality Duty came into force in April 2011 and has three aims under the general duty for Schools. To have due regard of the need to:

1. Eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act: by removing or minimising disadvantages suffered by people due to their protected characteristics. See appendix b for the definition of protected characteristics.
2. Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not.
3. Foster good relations between those with a relevant protected characteristic and those who do not.

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. New Positive Action provisions introduced by the

Equality Act 2010 allow schools to target measures that are designed to alleviate disadvantages experienced by, or to meet the particular needs of, pupils with particular protected characteristics. Such measures will need to be a proportionate way of achieving the relevant aim. 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. Admissions policies can not set a standard of continence as a requirement for admission.

The Act extends the reasonable adjustment duty to require schools to provide auxiliary aids for disabled pupils.

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 and follows the infection Control Guidelines for hygiene. Voluntary helpers must not change nappies.
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.
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 school's agreed procedure set out in the Continence Care Plan.
6. All schools and pre-school settings should follow Bracknell Forest Local Safeguarding Toolkit

[Safeguarding Toolkit Web Link - click here](#)

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 (Appendix1)

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 personal 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, wipes 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 notify the setting / school if the child's needs change at any time so the changes can be reflected in the Care Plan.
6. 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/ soiled.
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 three monthly intervals.
5. Ensure staff are appropriately trained and that an appropriate place is available for the child to be changed.

2. Facilities

The setting / school, should identify a suitable place for nappy changing.

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.

A school must ensure that there are suitable hygienic changing facilities, e.g. toilets designed for the disabled.

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

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. Where nappy changing will take place
3. What resources will be used; including cleansing agents / creams provided by the parent?
4. How the nappy will be disposed of
5. What infection control measures are in place?
6. What the members of staff will do if the child is unduly distressed
7. What the members of staff will do if marks or injuries are noticed on the child

4. Procedure for dealing with nappy changing and children who wet/soil underwear.

1. 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 or underwear.
5. Put soiled nappy pad or underwear in nappy sack (or in an emergency a plastic bag).
6. Spray and wipe the changing mat/ changing area.
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 agreed method of disposal.
11. Wash hands again and ensure the child washes hands before being returned to class/setting.

This procedure will be displayed in all areas where nappy changing will take place.

Other relevant publications:

Managing Medicines in Schools and Early Years Settings *Joint DfEE and Department of Health publication 31 March 2005*

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 Personal 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

APPENDIX 3

Protected characteristics: definitions

Age

Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18-30 year olds).

Disability

A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Gender reassignment

The process of transitioning from one gender to another.

Further guidance www.gires.org.uk/mglossary.php

Marriage and civil partnership

Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters.

Pregnancy and maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth and this includes treating a woman unfavourably because she is breastfeeding.

Race

Refers to the protected characteristics of Race. It refers to a group of people defined by their race, colour and nationality (including citizenship), ethnic or national origins.

Religion and belief

Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live it to be included in the definition.

Sex: A man or a woman.

Sexual orientation whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.