

# Unity Academy



## Intimate Care/Continence Procedure

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## **Promoting Personal Development - Continence**

Achieving continence is one of the many developmental milestones usually reached within the context of learning before a child transfers to school. However, we acknowledge that there may be children with longer term continence issues for whom an individual health care plan may need to be put in place. In addition there may be children joining us in school who are at various points of developing their independence in toileting who may well need short term support in this important area of self care.

No child will be refused a place in school in relation to continence issues and in house documentation for parents will openly acknowledge this.

Unity Academy is committed whole heartedly to working with children, parents and any support agencies deemed necessary to ensure appropriate provision is made for all children with needs in this specific area of personal development and in so doing fulfil a commitment to the promotion of our inclusive school ethos.

We accept our responsibility to meet the needs of children with delayed personal development in the same way we aim to meet the needs of children with delayed language or any other kind of delayed development. We aim to make reasonable adjustments to meet the needs of each child.

## **Health and Safety**

In school the bathroom management area has been designated as a suitable place for the changing of children. This area provides additional space for attending to a child's personal needs and is an appropriate environment for attending to children who may also be wearing pull ups or nappies.

This area will have appropriate resources provided:

### **School:**

1. Disposable gloves, aprons and blue overshoes
2. Wet wipes
3. Spare nappies and/or pull ups (provided by parents)
4. Nappy sacks (provided by parents)
5. Separate bin for disposal of wet nappies
6. A selection of suitable spare clothing (provided by parents for those children with long term difficulties)
7. Plastic bags for wet/soiled clothing
8. Antibacterial cleanser
9. Air Freshener
10. Support rail
11. Shower facilities

If a child accidentally wets or soils him/herself they will be attended to in the designated area referred to above or if they can manage their own care in the routine school toilets.

Staff involved in this procedure will be expected to wear disposable gloves. Aprons provided will be considered appropriate for staff involved in nappy changing.

Wet or soiled nappies will be double wrapped and disposed of via the normal domestic waste route. Gloves and aprons and any items used for cleaning the changing area will be disposed of in yellow bags via clinical waste.

Wet or soiled underwear/clothing will be returned to parents in a plastic carrier bag at the end of the school day.

The changing area will be cleaned after use.

Hot water and liquid soap will be available to wash hands as soon as the task is complete. A hot dryer and/or paper towels will be available for drying hands.

### **Child Protection**

We have no anticipation that the changing of a child either in nappies or otherwise should raise any issues of child protection as all staff have been DBS checked. However it will be normal practice for two adults to be involved in attending to a child's personal needs. The persons attending to a child will always be members of the school staff. Students on placement will not be involved in supporting children in this area of care.

At all times staff will be encouraged to remain highly vigilant for any signs or symptom of improper practice, as they do for all activities within school.

If any marks or injuries causing concern are noticed on a child during changing this should be immediately referred one of the named Designated Safeguarding Officers to follow up.

### **Agreeing a procedure for personal care (Appendix 1 and 2)**

Parents will be kept fully informed of the procedures the school will follow should their child need changing during school time. This information will be shared at entry meetings and an appropriate health care plan written before the child starts school. The plan will be reviewed annually in consultation with parents. A copy of the school policy will be made available on the school website or on request.

Guidelines for staff involved in the process as detailed below will be visibly displayed in designated changing areas. This will ensure they follow the correct procedure.

- If at all possible children should be changed standing up.
- The child's skin should be cleaned with a disposable wipe. (Flannels should not be used to clean bottoms).
- Nappy creams/lotions should be labelled with the child's name and only used if prescribed for that child - they must NOT BE SHARED.
- Any creams should be used sparingly as if applied too thickly they can reduce the absorbency of the nappy.
- Disposable gloves should be worn when changing nappies. The nappy should be folded inward to cover faecal material and double-wrapped in a nappy bag. Soiled nappies should be disposed of into the pedal bin provided. The disposal bin should be lined with a disposable liner and emptied daily, replacing the used liner. These bins should be stored away from the reach of children.
- Any soiled or damp clothing should be placed in a plastic carrier bag and stored for a temporary basis in the changing area and given to parents at the end of the session.
- Once the child has been changed and removed from the changing area, the surface should be cleaned with a detergent spray or antibacterial wipes and left to dry.

- Gloves and aprons and any items used for cleaning the changing area will be disposed of in yellow bags via clinical waste.
- Hands should be thoroughly washed afterwards.

Should a child with particularly complex needs be admitted the school will work closely with the health care professionals involved in any forward planning activity.

### **Resources**

If, at any time, supervision of the children is deemed to be compromised in any way by staff being required to change a child then contact with the school office will be made to ensure that additional staff are deployed immediately to enable the personal needs of any child to be addressed as quickly as possible.

Where a child has a longer term need the school's leadership team will ensure that additional resources are allocated to that area of school to enable the children's individual needs to be met.

### **Keys to success**

A successful transition to independence in this area of self care is more likely to be achieved when we, as practitioners work closely with parents with a positive approach to supporting the child in this aspect of their development.

We will not assume that the child has failed to achieve full continence because this has not been attempted in the home. However, where this is the case we will have a positive and structured approach developed, in partnership with parents and carers, to ensure a successful outcome for a child.

If there is further concern that delayed continence may be linked with delays in other aspects of the child's development this will be sensitively discussed with parents and carers and a specifically planned programme be jointly developed and agreed.

There are other professionals who can help with advice and support. The Family Health Visitor or appropriate nurse will have knowledge of who can be contacted to offer support and advice in this area. Health care professionals can also carry out a full health assessment in order to rule out any medical cause of continence problems.

### **Partnership Working**

In order to achieve a clear understanding of the shared responsibilities of both parents/carers and school it may be appropriate to set up a mutual agreement which will define each others expectations. This kind of agreement should help to avoid misunderstandings that might otherwise arise and help parents/carers feel confident that the school is taking a holistic view of the child's needs.

If this is deemed necessary issues discussed and agreed may cover the following areas.

#### **The parent/carer:**

- Agreeing to ensure that the child is changed at the latest possible time before being brought to school

- Providing the school/setting with spare nappies/underwear, a change of clothing and any prescribed creams
- Understanding and agreeing the procedures that will be followed when their child is changed at school – including the use of any cleanser or the application of any prescribed cream
- Agreeing to inform the school should the child have any marks/rash
- Agreeing to a 'minimum change' policy i.e., the school would not undertake to change the child more frequently than if s/he were at home
- Agreeing to review arrangements should this be necessary

**The School/setting:**

- Agreeing to change the child during a single session should the child soil themselves or become uncomfortably wet
- Agreeing how often the child would be changed should the child be staying for the full day
- Agreeing to monitor the number of times the child is changed in order to identify progress made
- Agreeing to discuss any marks or rashes seen
- Agreeing to review arrangements

APPENDIX 1

<i>Insert name of setting/ school</i> Unity Academy		
HealthCare 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 Health Care Plan there should also be a record of intimate care, if undertaken.

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