



## Managing Continence and Intimate and Personal Care at Hadfield Nursery School

### Introduction

Achieving continence is a milestone often reached within the context of learning in the home before the child transfers to learning at nursery. However some children do not achieve this and parents must not be made to feel guilty that this aspect of learning has not been achieved.

### **Definition of Disability in DDA**

The DDA provides protection for anyone who has a physical, sensory or mental impairment that has an adverse effect on his/her ability to carry out normal day-to-day activities. The effect must be substantial and long term. It is clear that anyone with a named condition that affects aspects of personal development must not be discriminated against. However it is also unacceptable to refuse admission to other children who are delayed in achieving continence. Delayed continence is not necessarily linked with learning difficulties.

Schools have an obligation to meet the needs of children with delayed personal development in the same way as they meet the individual needs of children with delayed language for example. Children should not be excluded from normal activities solely because of incontinence

Schools are expected to make reasonable adjustments to meet the needs of each child.

### **Health and Safety**

If a child accidentally wets or soils him/herself or requires nappy changing, the following precautions will be taken (as for sickness precautions):

- Wear disposable gloves and aprons
- Soiled nappies to be wrapped and placed in the hygienic disposal unit
- Changing area to be cleaned after use
- Hot water and soap available to wash hands
- Paper towels and/or hot air dryer available to dry hands

**Asking parents to come and change a child is likely to be a direct contravention of the DDA and leaving a child in a soiled nappy for any length of time, pending the return of the parent, is a form of abuse and wholly unacceptable.**

## **Facilities**

A suitable changing area is available for changing children (within the disabled toilet facilities).

A 'do not enter' sign may be placed on the toilet door to ensure privacy and dignity are maintained.

## **Child Protection**

The normal changing process should not raise child protection concerns and there are not regulations to indicate that a second member of staff must be available to supervise. DBS checks are carried out on all staff to ensure the safety of children with staff employed in our setting

A student on placement must not change a nappy. In exceptional circumstances if there is a known risk of false allegation then a single practitioner should not undertake nappy changing.

Managers are encouraged to remain highly vigilant for any signs or symptoms of improper practice, as they do for all activities carried out on site.

## **Procedure for Personal Care at Hadfield Nursery School**

- All employed staff employed at nursery can change underclothes or nappies at the discretion of the headteacher (Designated Safeguarding Lead) or Deputy Safeguarding Lead.
- Changing will mostly take place in the disabled toilet. Baby wipes will be used, or those provided by parents for their own child
- Nappies will be wrapped and disposed of in the hygienic disposal unit
- Staff will use gloves and disposable aprons and use liquid soaps and paper towels for hand washing. The area will be cleaned with anti-bacterial spray or wiped with disinfectant wipes
- If a staff member notices any marks, injuries, or if the child is unduly distressed by the incident, this will be reported to the designated person for child protection
- A health care plan will be drawn up for children with complex continence needs

## **Resources**

If many children wearing nappies are admitted to nursery, the Senco may need to consider additional staffing using the school's delegated SEN budget.

## **Job Descriptions**

Personal care and the promotion of independent toileting and other self-care skills will be included in job descriptions.

### **Keys to success**

Delayed continence may be linked with delays in other aspects of a child's development and there may be a benefit in implementing a planned programme formulated with the child's parents.

### **Partnership Working**

In some circumstances it may be appropriate to set up a home/school agreement which defines responsibilities that each partner has and the expectations each has for the other. This might include:

The parent:

- Agreeing to ensure that the child is changed at the latest possible time before being brought to the setting/school
- Providing the setting/school with spare nappies and a change of clothing
- 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 cream.
- Agreeing to inform the school should the child have any marks/rash.
- Agreeing to a "minimum change" policy ie the setting/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:

- Agreeing to change the child at any time 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 inform parents/carers should the child be distressed or in physical discomfort (this is separate from any action taken in response to any child protection concerns).
- Agreeing to review arrangements should this be necessary.

This kind of agreement should help to avoid misunderstandings that might otherwise arise, and help parents feel confident that the school is taking a holistic view of the child's needs.

## Guidance for personal and intimate care procedures

### General guidance

The following general guidance should be followed:

- Opportunities to develop and use social skills should be integrated within intimate and personal care routines.
  - Children should be enabled to communicate their needs and preferences during personal and intimate care activities.
  - When referring to care routines or body parts care should be taken to use appropriate language.
  - Intimate care procedures must only be carried out in line with the guidance/information and training (if needed within a care plan) given for the procedures to be carried out.
  - Where staff are uncertain how to carry out an activity, guidance should be sought from their manager.
  - If a Personal Care Plan is in place, this must be checked before assistance is given.
  - Care must be taken to communicate with the child throughout the activity; in particular look for signs of assent/dissent.
  - Children should be encouraged to do as much as they can for themselves.
  - The utmost care must be taken to ensure dignity and privacy. This includes ensuring that doors are partially closed and there is no sharing of the changing area. Carers should also keep the body and genital area covered as much as possible.
  - The Personal Handling Risk Assessment and Handling Plan should be referred to for information about transfer methods to be used during care routines, for those young people who require assistance with moving and handling.
  - For pupils who present with challenging behaviour who require intimate care, this must be included within their behaviour plan and individual risk assessment.
  - Personal protective equipment as appropriate (and as indicated on the care plan if in place) should be used during intimate care procedures.
  - All soiled waste and protective equipment used should be bagged and disposed of appropriately in the disposal unit.
- The young person's own toiletries should be used, where these are available.

### **Linked Policies**

Child Protection and Safeguarding Policy  
Complaints Procedure

Equality Policy

Physical Handling Policy  
Special Educational needs Policy