

# Woodlands Academy of Learning



## Intimate Care Policy (Updated February 2021)

## **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 nursery. 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.

Woodlands Academy is committed wholeheartedly 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 there is a designated area providing a suitable place for the changing of children.

In school there is the disabled toilet area which provides additional space for attending to a child's personal needs.

The Nursery and/or KS1 corridor disabled toilet area will have appropriate resources provided:

1. Disposable gloves and aprons
2. Changing Mat and disposable mats
3. Wet wipes
4. Where necessary spare nappies and/or pull up
5. Nappy sacks
6. Clinical bin used for disposal of nappies
7. Spare underwear
8. Plastic bags for wet/soiled clothing
9. Antibacterial wipes
10. Nursery have a small toilet seat

If a child accidentally wets or soils him/herself they will be attended to in the designated area where possible. Staff involved in this procedure will be expected to wear disposable gloves. Aprons provided will be considered appropriate for staff involved in nappy changing (Staff judgement required as necessary)

Wet or soiled nappies will be wrapped and disposed of via the clinical 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. Temporary storage of these will be in the designated changing area prior to the child being collected at the end of the session.

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. Therefore, two adults will 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 are noticed on a child during changing this should be immediately referred to the named person for Child Protection to follow up.

### **Agreeing a procedure for personal care**

Parents will be kept fully informed of the procedures the school will follow should their child need changing during school time. Staff will record any changes that take place on the relevant paperwork.

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 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 bin provided. The disposal bin should be lined with a disposable liner and emptied regularly by contractors, 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**

It is appreciated that changing a child may take up to ten minutes, maybe longer in certain circumstances. In the school context of the nursery, changing will be undertaken by a paid member of staff. In main school a TA will be involved and at lunchtime this will come under the remit of the midday supervisors.

If, at any time, supervision of the children is deemed to be compromised in any way contact with a member of the leadership team will ensure that additional staff are deployed immediately to enable the personal needs of any child can 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 with the relevant paperwork signed by all parties.

There are other professionals who can help with advice and support. The Family Health Visitor or School 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 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 feel confident that the school is taking a holistic view of the child's needs, but that parents are also taking charge of their child's toileting.

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

**The parent:**

- 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 or parent/ carer called in to change child if after a short time, no improvement to toileting has been made or there is an individual need/SEND need
- Agreeing that if there were no staff available to change, parent/ carers to be called to the school to change their child
- Agreeing to review arrangements should this be necessary
- If after the first half term in school, the child is still not potty trained then the parents must attend a potty training session.
- A contract between school and parents will be discussed and signed and the child reviewed six weeks later.
- Referral to health will take place should the child still be experiencing problems

**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
- Invite parents to a potty training session and sign contracts
- Reasonable adjustments to be made should a child have an additional need or SEND
- Referral to health should there be ongoing toilet training problems.

**Monitoring and Review**

Members of the governing body, through full or sub-committee meetings, will review this policy at least every 2 year.

## **Useful local contacts:**

### **Health Visiting**

Willenhall Health centre

Field Street

Willenhall

WV13 2NY

01922 604873

### **School Nursing**

Harden Heath Centre

Harden Road

Walsall

Walsall

WS3 1ET

01922 423322

### **Community Continence**

Walsall Manor Hospital

Moat Road

Walsall

01922 721172

### **Children with Disabilities Team**

Education Development Centre

Pelsall Lane

Walsall

WS4 1NG

01922 654634

### **Early Years Advisory Team**

Walsall Child Development Centre

Coalheath Lane

Shelfield

Walsall

WS4 1PL

01922 605800

<b>Name of Child:</b>	<b>Date of Birth:</b>
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<b>The Parent:</b>	<b>COMMENTS</b>
<ul style="list-style-type: none"> <li>• Agreeing to ensure that the child is changed at the latest possible time before being brought to school</li> <li>• Providing the school/setting with spare nappies/underwear, a change of clothing and any prescribed creams</li> <li>• 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</li> <li>• Agreeing to inform the school should the child have any marks/rash</li> <li>• 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 or parent/ carer called in to change child if after a short time, no improvement to toileting has been made</li> <li>• Agreeing that if there were no staff available to change, parent/ carers to be called to the school to change their child</li> <li>• Agreeing that if after the first half term in school the child is still not potty trained then they must attend a potty training session.</li> <li>• Agree to discuss and sign a contract between school and themselves which will be reviewed six weeks later.</li> <li>• Agree to a referral to health should the child still be experiencing problems</li> </ul>	

**The school/setting**

**COMMENTS**

- 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 - invite parents to a potty training session and sign contracts
- Understand that reasonable adjustments will be made should a child have an additional need or SEND
- Agree to make a referral to health should there be ongoing toilet training problems

Any Additional Issues

Date Plan completed

Review Date

Completed by:

Signed  
SENCO/Teacher

Date

School Nurse/Health Visitor

Date

Parent/Carer

Date

Parent/Carer

Date



## **Procedure for Changing Children**

1. Wash hands.
2. Assemble equipment including any provided by the parent (nappies, change of clothes, etc)
3. Ask child to stand on changing mat.
4. Put on gloves / apron (if required).
5. Remove wet/soiled nappy or clothing.
6. The child's skin should be cleaned with a disposable wipe.
7. Nappies should be folded inwards on themselves and double-wrapped in a nappy bag. (Dispose of nappy/pull ups in bin provided).
8. Any soiled or damp clothing should be placed in a plastic bag and stored for a temporary basis in the changing area and given to parents at the end of the session.
9. 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.
10. Gloves and aprons and any items used for cleaning the changing area will be disposed of in yellow bags via clinical waste.
11. Hands should be thoroughly washed afterwards.