Aims

Education providers have an obligation to meet the needs of children with delayed personal development in the same way as they would meet the individual needs of children with delayed language, or any other kind of delayed development. Children should not be excluded from normal preschool activities solely because of incontinence.

(Including Me. Managing Complex Health Needs in schools and early year’s settings DfE.)

Admission of children into the EYFS or KS1 can present a challenge in schools. The purpose of this policy is to identify best practise in schools, offer support and advice to ensure children achieve full inclusion whilst meeting the requirements of the EYFs. The Disability Equality Duty and the Equality Act 2010 applies to children with toileting and continence needs.

This policy sets out Brockley school’s procedures for handling these situations with dignity and kindness to ensure the needs of individual children are met and health and safety standards are maintained.

What happens if a child is admitted to school who is incontinent?

Brockley School acknowledges that this is a developmental or medical problem and will work with parents to establish a mutually acceptable care and changing plan which is likely to cover the following points:

Parents

Agreement with parents to ensure that the child is changed at the latest possible time before being brought to the setting/school.

- Children are changed at the latest possible time before coming to school.
- Provision by parents of spare nappies and /or underwear and a change of clothing.
- Agreeing the procedures that will be followed when the child is changed at school including the use of any cleanser or the application of any cream, clearly labelled with the child’s name.
- Agreement that parents inform the setting/school should the child have any marks/rash.
- Agreeing 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.
- Agreement to review arrangements should this be necessary.
Brockley Primary School

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 report should the child be distressed, or if marks/rashes are seen.
- Agreeing to review arrangements should this be necessary.

Hygiene Procedures to follow for changing a soiled nappy or soiled underwear/ clothing

- Staff to wear disposable gloves and aprons while dealing with the incident.
- Soiled nappies to be double wrapped, and placed in a hygienic disposal unit.
- Changing area to be cleaned after use.
- Hot water and liquid soap available to wash hands as soon as the task is completed.
- Hot air dryer or paper towels available for drying hands.

Staff Guidelines for dealing with a soiled child

For children in the Foundation stage the teaching assistant will be responsible for:-

- Changing the soiled child (the teacher may also but this would be on a voluntary basis).
- Older children will be supported in cleaning and changing as determined by their level of independence to do so.

Note: these guidelines are for children who are too young to clean themselves effectively or who have some developmental difficulties. These guidelines are not for occasions where the incident is a ‘one off accident’ and the child is sufficiently independent to clean themselves. However, the same levels of dignity, privacy and kindness should be extended. In these incidents soiled underwear should be double wrapped and placed in the child’s school bag for washing at home and parents informed.

For children requiring support:

- The teaching assistant will inform the teacher discretely that they are going to change a child.
- The Teaching assistant will explain to the child what they are going to do to help clean them up.
Continence & Changing Policy

The adult will take the child to the toilet area in the foundation stage or if the child is in an older year to the wet room toilet area, ensuring dignity and privacy are respected.

- The child will normally be asked to stay standing.
- Adult should wear disposable rubber gloves.
- Only essential garments should be lowered or removed.
- Remove soiled pad/ nappy/ underwear.
- When washing or wiping, always do this front to back to prevent infection.
- Ensure skin is dry using paper towels (child should be encouraged to help if able to do so).
- Replace pad/ nappy/ underwear (child should be encouraged to help if able to do so).
- Encourage child to wash and dry hands.
- Tidy and clean changing area disposing of soiled items as per above hygiene guidelines.
- Wash own hands.

What to do if a child become distressed during the changing process

- Talk the child through each step and reassure them that they will feel much better when they are clean.
- If the distress is such that it is difficult to continue then stop the changing process.
- If this results in a hygiene issue then parents should be contacted to explain the situation and an agreed course of action established.
- In any event a record must be made of distress, whether or not the changing was completed and parents informed as soon as possible.
- If there is any concern re: child protection issues these should be dealt with in accordance with school policy.

What to do if any marks or redness are seen

If marks or redness are seen then this should be recorded and reported to the child’s parents as soon as possible. If there are any child protection concerns these should be dealt with in accordance with school policy.

Access to Relevant Training

This policy and guidance does not replace the need for appropriate staff training where this is felt necessary and the school will work with parents and relevant agencies to ensure staff are adequately trained for dealing with incontinence issues.
Useful contacts

- School Health Team at Bolsover Health Centre
- Education and Resources for Improving Childhood Continence [www.eric.org.uk](http://www.eric.org.uk)
- Continence Advisory Service at Clay Cross Hospital