

St. Andrew's CE (VA) Infant School

Intimate Care Policy



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1.1	July 2020	Reviewed – new review date	J. Swallow
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Intimate Care Policy

Rationale

At St Andrew's CE (VA) Infant School we aim to provide the highest quality care and education for all our children thereby giving them a strong foundation for their future learning. We create a safe and happy environment with motivating and enjoyable learning experiences that enable all children to become confident and independent learners. We value the individual child and work alongside parents and others to meet individual needs and aid every child to reach their full potential.

As part of our practice we want children to:

- Learn and play in a caring and safe place
- Be healthy
- Be listened to and heard
- Gain the knowledge and skills they need for life
- Be in contact with the service they need

Children and young people have different individual needs and aspirations and need different levels of support to achieve their potential. A commitment to inclusion is key to our educational practice if we are to deliver a personalised curriculum.

Purpose

This guidance is to support the inclusion of children with diverse needs in relation to the Disability Discrimination Act (DDA) and the Equal Opportunities Act, where all children are treated with equal concern and professionals have regard to relevant anti-discriminatory practice.

This complies with Calderdale's Inclusion Policy to support children within a range of education and care settings and Calderdale's "Access to Education for Children and Young People with Medical Needs" policy which ensures that pupils with medical needs receive the health related support to enable them to be included in school life.

Key to Success

Children achieve bladder and bowel control when they are physically ready and want to engage in the process. The time varies from child to child but by the age of 3 years, 9 out of 10 children achieve bladder control on most days. Most of these children have the odd 'accident' especially if they are excited, upset or absorbed in an activity (Dept. of Health 2006). Some children with complex medical needs may never achieve continence. It's in these instances where a Health Care Plan will be drawn up with the appropriate agencies to ensure a child received the support they need.

At school entry in Reception Class all parents and carers are to inform the school of any health/medical conditions (on back of the data sheet). Identified health needs will be followed up by the Inclusion Officer and School Nursing Service as appropriate. School staff may also refer children into the School Nursing Service if there are development concerns. Any health and development issues raised will be discussed with the parent/carers and addressed appropriately. In some cases there will be a need for a referral to other services for advice.

The Disability Discrimination Act (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 therefore that anyone with a named condition that affects aspects of personal development must not be discriminated against.

Achieving continence is one of the hundreds of developmental milestones usually reached within the context of learning in the home before the child transfers to learning in a nursery/school setting. In some cases this one developmental area has assumed significance beyond all others. Parents are sometimes made to feel guilty when this aspect of learning has not been achieved, whereas other delayed learning is not so stigmatising.

This is reflected in the current curriculum guidance: The Early Years Foundation Stage acknowledges that practitioners should ensure that all children should feel included, secure and valued. They must build positive relationships with parents in order to work effectively with the family and children.

At St Andrew's CE (VA) Infant School we have an obligation to meet the needs of children with delayed personal development in the same way as we would meet the individual needs of children with delayed language, or any other kind of delayed development. At St Andrew's we are expected to make reasonable adjustments to meet the needs of each child.

Children should not be excluded from normal educational activities solely because of incontinence. It is unacceptable to refuse admission to children who are delayed in achieving continence.

The DDA requires all education providers to re-examine all policies, consider the implications of the Act for practice and revise their current arrangements.

Schools also need to set in motion action that ensures they provide an accessible toileting facility if this has not previously been available. The Department of Health has issued clear guidance about the facilities that should be available in each school. (Good Practice in Continence Services 2000). At St Andrew's, the adult access toilet is fitted with suitable changing purposes and hand-washing facilities.

Behaviour and safety

Children's safety and welfare is paramount. We create a safe and secure environment and provide a curriculum that teaches children how to be safe, make choices and assess risks. We have stringent policies, procedures and documents in place to ensure children's safety. It is necessary for the school to provide procedures to follow in case a child accidentally wets or soils him/herself, or is sick whilst on the premises. The same precautions will apply for nappy/pad or catheter changing and are as follows:

- Staff to wear disposable gloves and aprons whilst dealing with the incident

- Soiled nappies, pads, catheters to be double wrapped or placed in a hygienic disposal unit if the number produced each week exceeds that allowed by Health and Safety Executive's limit.
- Clean clothes provided as required
- Changing area to be cleaned after use
- Hot water and liquid soap available to wash hands as soon as the task is completed
- Paper towels available for drying hands

Asking parents of a child to come and change a child is likely to be a direct contravention of the DDA and leaving a child in a soiled nappy, pants for any length of time pending the return of the parent is a form of abuse. Forward planning needs to be considered re: arrangements for day trips.

Facilities

The Department of Health recommends that one extended cubicle with a wash basin should be provided in each school for children with disabilities. Safe moving and handling practice must be ensured at all times. Our disabled access toilet has an appropriate lock for privacy.

Child Protection

The normal process of changing a child should not raise child protection concerns and there are no regulations that indicate that a second member of staff must be available to supervise this process to ensure that abuse does not take place. As in many other schools, we do not have the staffing resources to provide 2 members of staff for changing children that are soiled or wet and DBS checks are carried out to ensure the safety of children with staff employed in our care.

There may be exceptional circumstances whereby 2 members of staff are required e.g. where a child has been seriously sexually abused, where a child is known to be distressed and anxious about being changed. In these cases a risk assessment should be done to minimise any distress to the child whilst at the same time reducing anxiety in staff. One member of staff to be watchful and on hand to assist whilst changing is taking place not necessarily in the same room but available to assist if needed.

Children should be encouraged to do as much as possible for themselves with regard to cleaning and dressing. Staff are encouraged to remain highly vigilant for any signs or symptoms of improper practice as they do for all activities carried out on site.

Care Plans

Children with medical needs will have their own individual care plan with written guidelines for staff to follow when changing a child, to ensure that they follow correct procedures and are not worried about false accusations of abuse. Parents are included in the writing of plans and consent is required before implementing.

Parents know:

- Who will change the nappy/pad/catheter
- Where nappy/pad/catheter changing will take place
- What resources will be used

- How the nappy/pad/catheter will be disposed of
- What infection control measures are in place e.g. personal protective equipment
- What the staff member will do if the child is unduly distressed by the experience or if staff member notices marks or injuries

The ultimate aim is for the child to be independent in changing themselves and staff should work towards this.

Parents as Partners and the wider context

We strive to create and maintain partnership with parents and carers as we recognise together, we can have a significant impact on a child's learning and self-esteem. We welcome and actively encourage parents to participate confidently in their child's education. Working with other services and organisations is integral to our practice in order to meet the needs of our children. At times we may need to share information with other professionals to provide the best support possible.

In some circumstances it will be appropriate for the school to set up a home-school agreement through a health care plan that defines the responsibilities of each partner and the expectations that each has of the other. This might include: The parents agreeing to:

- Ensure that the child is changed at the latest possible time before being brought into school
 - Providing the school with spare nappies/catheters and a change of clothing
 - 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
 - Inform the school should the child have any marks/rash
 - 'minimum change' policy i.e. the school would not undertake to change the child more frequently than if they were at home unless the child is on a toilet training programme
- The school agreeing to:
- Change the child during a single session should the child soil themselves or become uncomfortably wet
 - Monitor the number of times the child is changed in order to identify progress made
 - Report should the child be distressed, or if marks/rashes seen
 - Review arrangements should this be necessary

It is important that there is a consistent approach to the issue by the school and the home. Regular monitoring and review of the circumstances is beneficial and forward planning is required when the child is due to change school.