



Contenance Policy and Arrangements

1. Introduction

As an inclusive school Sylvan Infant School is attended by a variety of children with a range of differing needs including children with complex needs including developmental delay. Delayed continence is not necessarily linked with learning difficulties. However, by virtue of their immaturity, health or personal development, some children may still be in nappies or have occasional accidents especially in the first few months after admission. Sylvan Infant School will deal with continence issues on an individual basis and make reasonable adjustments to meet the needs of each child. Children will not be excluded or treated less favourably because of their incontinence.

Sylvan Infant School will not refuse admission to any child on the basis of a delay in achieving continence. We will aim to meet the needs of any children with delayed personal development in the same way as we would meet the needs of children with any other kind of delayed development e.g. language delay.

2. Aims of the Policy

- To provide clear guidelines to staff and parents/carers regarding roles and responsibilities in relation to continence problems.
- To establish good practice in the care of children with continence problems.
- To highlight the importance of continence in the development of independence
- To ensure that children are treated with dignity and respect by those adults responsible for them.
- To safeguard the interests of children, staff, parents, carers and Sylvan Infant School.
- To establish good practice for joint working between the child, parents/carers and all professionals involved with working with the child.

3. Context

The majority of children achieve continence before starting school but with the development of the inclusion agenda there are children in mainstream settings who are not fully independent. Some children remain dependent on others for support in personal care whilst others progress quickly towards independence. Difficulties with continence inhibit a child's inclusion in school and there is a stigma associated with wetting and soiling that can cause stress and embarrassment to the child and family concerned.



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The Early Years Foundation Stage has a goal of; ' Dress and undress independently and manage their own personal hygiene.' Adults working with this age group should plan a programme with the aim of achieving this goal.

If a child is starting school without have achieved continence, it is essential that they have a continence assessment to identify what is delaying continence and what support the child and the family need. This will be organised with the school nurse and will help to inform which interventions may be necessary in developing an effective toilet training programme. The assessment will also help to identify whether the issue is likely to be due to an underlying bladder or bowel problem, or whether it is related to socialisation and a child's understanding.

Children with continence problems are a very diverse group. Each child needs to be treated as an individual but in broad terms the children with continence problems are in the following groups:

Late developers	The child may be developing normally but at a slower pace.
Children with some developmental delay	The child may have a developmental delay in continence; either diagnosed or under investigation but will be in an early years or mainstream setting.
Children with physical disabilities or relevant medical conditions	Physical disabilities / medical conditions e.g. spina-bifida, cerebral palsy may result in long term continence difficulties and continence development / management plans are likely to be needed.
Children with behavioural difficulties	Delayed independence in personal hygiene may be part of more general emotional / behavioural difficulties.

3. Contenance Care plans

In the case of a longer-term continence need staff will use the Contenance Care Plan (CCP) pro forma to record the needs of each individual child that has continence problems, along with actions to be taken agreed by the school and the parent/ carer (and school nurse if they are involved with the child). Any change to the plan, including changes of staff, should be notified to all parties signing the plan. We will send a copy of the plan to any health professionals involved with the child for comment.

A record of intimate care will also be kept.

The parent will:

1. Agree to change the child at the latest possible time before bringing him/her to the setting / school.
2. Provide the setting / school with spare nappies and a spare set of clothes.



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3. Understand and agree the procedures that will be used when the child is changed at school.
4. Agree to inform the setting / school should the child have any marks / rash.
5. Agree 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.
6. Agree to notify the setting / school if the child's needs change at any time which needs to be reflected in the Care Plan.
7. Agree to attend review meetings.

The school will:

1. Agree to change the child at the earliest opportunity should the child soil themselves or become uncomfortably wet.
2. Where defined by the Care Plan should agree how often the child would be changed should the child be at the setting / school for the whole day.
3. Agree to complete the Continence Care Record of Intimate Care each time the child is changed: including noting down if the child is distressed or if marks/rashes are seen.
4. Agree to review arrangements as and when necessary and as a minimum at six monthly intervals.
5. If a child is believed to be poorly staff will change the child and parents will be called to collect.
6. Liaise with appropriate health care professionals (school nurse, community paediatrician) should a child with complex continence needs attend the school.

4. Resources

If several children wearing nappies or with continence problems enter the school there will be a clear resource implication. School will purchase the appropriate resources from the AEN budget to ensure that the children's individual needs are met. However, parents will be expected to provide nappies, wipes and sacks.

5. Procedure

- Nappy changing will take place in the disabled toilet or the shower room.
- Staff members to wash their hands.
- Staff to put on new disposable apron and gloves (for own protection and to reduce cross contamination).
- Child to lie down on changing table or changing mat (older children may be more comfortable standing up).
- Staff to change child's clothes/nappy.
- Put soiled nappy into a nappy bag/sack and/or put clothes in a plastic bag
- Spray and wipe the changing mat.
- Put wipes, nappy sack, apron and gloves into a plastic bag.
- Wash hands.
- Dispose of the plastic bag in the domestic waste/nappy bin.
- Staff and child to wash hands again before returning to class.



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- If any marks or injuries are noticed this should be written in the blue pastoral books (kept in each classroom) and a body map filled in indicating the precise location of the marks or injuries.

THIS PROCEDURE WILL BE DISPLAYED IN ALL AREAS WHERE NAPPY CHANGING WILL TAKE PLACE.

The amount of time it should take to change a child is not dissimilar to the amount of time that might be allocated to work with a child on an individual learning target, and of course, the time spent changing can be a positive learning time.

6. Facilities

Within Sylvan Infant School we have a specific area for changing and showering children in order to meet the personal development needs of the young children in our care.

7. Health and Safety

It is the responsibility of the school to ensure soiling (i.e. vomit or diarrhoea) is cleaned up in a timely manner to reduce the risk of further transmission.

Incidences of soiling will be cleaned up..... pink bucket etc.

See procedure for further steps to ensure precautionary measures are in place to decrease the risk of transmission.

There are no regulations that indicate that a second member of staff must be available to supervise the nappy changing process (to conserve a child's dignity they do not need more than one person looking at them). CRB checks are carried out to ensure the safety of children with staff employed by Sylvan Infant School. However, if there is a known risk of false allegation by a child then a single practitioner should **not** undertake nappy changing. It is always good practice to tell someone you are about to change a child.

Volunteers or students will not undertake nappy changing at Sylvan Infant School.

All school staff are asked to remain highly vigilant for any signs or symptoms of improper practice, as they do for all activities carried out within the school.

8. Job Descriptions

Staff are bound by the Disability Discrimination Act/Equalities Act and want to ensure that inclusion is key at Sylvan Infant School. Job descriptions for TA's include the need to offer personal care to promote independent toileting and other self-care skills ('There may be a requirement to attend to a pupil with soiled clothing due to sickness or toileting problems').



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Approved by governors at the meeting on:	5 November 14	
Signed on behalf of governors:		
Next Review Due::	November 16	



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Sylvan Infant School Contenance Care Plan		
Name	Date of Birth / /	Emergency Contact Number
Identified Need		
Resources (to be provided by the parent/carer)		
Resources (to be provided by the school)		
Actions to be taken by school		
Actions to be taken by parents/carers		
Staff Involved		
Additional Information		
Parent/Carer Signature		
Staff Signatures		
Health Professional Signatures (if appropriate)		

