Comberton Primary School

Continence and Intimate Care Policy

Based on WCC Policy for Early Years and Education Settings

Date policy last reviewed: September 2026
Date of next review: October 2029

Signed by: Deena Frost Headteacher Date: Sep 2026
Signed by: Steven Deakin Chair of Finance, Staffing and Buildings Committee Date: Nov 2026

This document supports Worcestershire Education Inclusion Policy principles (vii) "All learners should feel emotionally and physically secure in order to achieve well and enjoy their learning" and (ix), "Tailored support will be available for the specific specialist needs of some learners".

Introduction

Children of all ages may experience continence issues often related to their age or stage of development; for some children incontinence may be a life-long condition. All settings must make reasonable adjustments (e.g. additional staff support to meet the needs of each child (Equality Act 2010, Chapter 2 Section 20). Children should not be excluded nor treated less favourably because of their incontinence.

Admissions Policies cannot require a child to be continent as a condition of admission.
Indirect disability discrimination happens when there is a rule, policy or practice that applies to everyone but especially disadvantages children with a particular disability compared with children who do not have that disability. Therefore parents cannot be required to support their children's care needs in the setting (Equality Act 2010 Chapter 2, section 15).

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 pre-school activities solely because of incontinence.

Definitions

In this document the term 'settings' refers to maintained, short stay, independent and special schools, and to private, voluntary and independent early years and childcare providers. A 'child' is a child or young person 0-18 years of age.

Scope

This policy/guidance does not cover intimate care of children with more complex health conditions e.g. catheters, colostomy bags. Advice regarding these health conditions should be sought from NHS professionals and parents/carers.

Aims of this document

- To provide clear guidelines for all staff on procedures that maintain a professional approach appropriate to the age, developmental stage and needs of the child.
- To support staff to meet the holistic needs of children including the development of continence and independence.
- To establish good practice in the care of children with management of continence needs.
- To ensure that children are treated with dignity and respect by those adults responsible for them.
- To ensure good safeguarding practice to protect children, staff, and volunteers.
- To establish partnership working between the child, the child's parents / carers and professionals involved.

Children who require support with continence development

Children who require support with continence development and management are a very diverse group. Each child should be treated as an individual but in broad terms the children who will need support with continence may be:

Children who need support with continence development	The child may be developing normally but at a slower pace.
Children with some developmental delay	The child will be in an early years or mainstream setting but may have delayed continence development. This child may have a diagnosed condition or be undergoing investigations.
Children with physical disabilities or complex medical conditions	The child may have a diagnosed condition such as spina bifida, cerebral palsy or autism.
Children with behavioural or emotional difficulties	The child may exhibit developmental delay in continence, or may develop incontinence.

Environment
The Early Years Foundation Stage Statutory Guidance states that; "There should be suitable hygienic changing facilities for changing any children who are in nappies and providers should ensure that an adequate supply of clean bedding, towels, spare clothes and other necessary items are always available."

In the case of children aged 5 years of age and over the requirement for providing adequate resources will be the responsibility of the parents / carers unless the child is at a Special School or has a specific disability, in which case the NHS may be supplying the resources either to the family or directly to school.

All settings should maintain an emergency supply of adequate resources as detailed in a Health Care Plan. On occasions where schools/settings resources are used, parents should be requested to replace them.

The Equality Act (2010)
The Equality Act 2010 (which replaced the Disability Discrimination Act 1995 and 2005) requires that all settings do not treat children and young people with disabilities less favourably; they must make reasonable adjustments to avoid putting those with disabilities at a substantial disadvantage.

The Equality Act (2010) defines a disability as a "physical or mental impairment which has a substantial and long term adverse effect on an individual's ability to carry out normal day to day activities". It describes incontinence as an impairment which may affect normal day to day activities. Settings are under a statutory obligation to meet the needs of all children and therefore children should not be excluded from activities because of incontinence. Settings are expected under the Equality Act 2010 to make reasonable adjustments to meet the needs of each child and young person.

The Statutory Guidance of the Early Years Foundation Stage requires settings to provide for equality of opportunity and to focus on each child's individual learning, development and care needs.

Safeguarding – to ensure good safeguarding practice to protect children, staff and volunteers.

Everyone working with children should be aware that those with additional needs may be particularly vulnerable to abuse. It is essential that all staff and volunteers are familiar with their setting Safeguarding Policy and have received safeguarding training within the last three years. Staff should also be aware of the guidance on safer working practice contained in 'Keeping children safe in education, statutory guidance for schools and colleges.'

The normal process of assisting with personal care, such as changing nappies, should not raise child protection concerns. There are no regulations that state that a second member of staff must be available to ensure that abuse does not take place. To minimise risk, settings should ensure that:

- They provide sufficient suitably trained staff to be able to deal with continence issues.
- All staff members must be vigilant for any indication of inappropriate practice and report such concern to the designated person.

- If there is a known risk of false allegations by a child or the child exhibits extreme behaviour on a regular basis, then appropriate precautions should be incorporated into the child's plan – e.g. two adults to be present when changing the child.
- All adults working with children have enhanced DBS clearance and should be closely supervised throughout any probationary period. Staff should only be allowed unsupervised access to children once the probationary period has been completed to the supervisor's satisfaction.
- Where possible, staff should work with children of the same sex and be mindful of and respect the personal dignity of the child when supervising, teaching or reinforcing toileting skills.
- All staff involved in changing nappies or supporting toileting should be aware of the child's health care plan and ensure that this is adhered to at all times. Any deviation from the plan should be reported and recorded in line with setting procedures.
- Parents and line managers are informed of any accidents or concerns that arise whilst changing children and these are recorded in accordance with setting procedures.
- The adult responsible for the child (e.g. class teacher or key person) is made aware when a child is being taken to the toilet or having a nappy changed.

Where intimate care requires two adults (for the child's privacy or safeguarding) this will be recorded in the child's Health Care Plan. If a child makes an allegation or disclosure during intimate care, staff must follow the school's safeguarding policy immediately: stop the intimate care procedure, ensure the child's safety, inform the Designated Safeguarding Lead (DSL) without delay and record the concern in line with KCSIE guidance. If a staff member is accused of abuse in relation to intimate care, the school will follow Part Four of KCSIE (allegations management) and contact the LADO as appropriate.

Sensitive information about a child should only be shared with those who need to know, such as parents or members of staff who are specifically involved with the child. Other adults should only be told what is necessary for them to know to keep the child safe. Parents and children need to know that where staff have concerns about a child's well-being or safety arising from something said by the child or observation made by staff, the Designated Person will be informed.

The Health and Safety at Work Act 1974:

- Employers have a duty to ensure as far as is reasonably practicable, the health, safety and welfare of all employees at work.
- Employers have a duty to carry out risk assessments where the risks at work are significant to employees or others.
- The employee has a duty while at work to take responsible care of the health and safety of himself and other people who may be affected by his acts.

Procedures

1. Health Care Plan

The Health Care Plan pro forma must be used to record the needs of each individual child that requires continence management, along with actions to be taken agreed by the setting and the parent / carer. If the health professional and/or school nurse is involved with the child then they should also be involved in the drawing up of the Health Care Plan. Any change to the plan, including changes of staff, should be notified to all parties signing the plan. A record of intimate care should also be kept. The setting should send a copy of the plan to any health professionals involved with the child for comment.

The plan should be completed taking into account the following partnership working principles:

The parent should:

- Agree to change the child at the latest possible time before bringing him/her to the setting.
- Provide the setting with spare nappies and a spare set of clothes if appropriate. Settings should have spare resources available for emergencies.
- Understand and agree the procedures that will be used when the child is changed at the setting – including the use of any cleanser or the application of any cream which if provided by parents/carers should be sent into

setting in a named and sealed container. Settings should follow their Administration of Medication policy where appropriate, and prior written permissions should be obtained from parents/carers (Statutory Guidance).

- Agree to inform the setting should the child have any marks / rash in line with their safeguarding procedures.
- Agree to notify the setting if the child's needs change at any time which needs to be reflected in the Health Care Plan.
- Agree to attend Health Care Plan review meetings.

The setting should:

- Include the following in the child's Health Care plan; frequency of changing, taking into consideration their individual needs.
- Agree to record frequency of changes throughout the day, including any information on rashes or marks, which is to be shared with the parent/carers on a daily basis.
- Agree to review arrangements as and when necessary and as a minimum at twelve monthly intervals.

2. Facilities

Where possible, a dedicated, private, purpose-designed changing area (extended cubicle or accessible room) should be used for intimate care. Changing areas must have a safe surface (changing table/mat), a hand-washing facility nearby, appropriate disposal bins (pedal-operated and clinical waste where required), and cleaning supplies. If an extended cubicle is not available, changes should take place in a private space - windows must not compromise privacy. For children with mobility or medical needs, appropriate equipment (hoists, non-slip flooring) will be provided following an occupational therapy or health professional assessment, and staff will be trained accordingly.

The EYFS statutory guidance requires 'suitable hygienic changing facilities for changing any children who are in nappies'.

Within all settings if it is not possible to provide a purpose built changing area then the setting should, as a minimum, provide a changing mat and change the child on a suitable surface taking into consideration the environment and the child's dignity. At all times the safety of the child and staff should be considered.

3. Written guidelines for staff (Appendix 3)

Only staff with an enhanced DBS check and appropriate training in manual handling (if applicable) and safeguarding should undertake intimate care tasks. The school will maintain up-to-date training records and ensure staff receive refresher training annually or sooner if the child's needs change. New staff and volunteers will not undertake intimate care unsupervised until DBS clearance and induction (including safeguarding/intimate care procedures) are completed.

A set of written guidelines should be agreed by each setting and made available to parents / carers of children for whom a Health Care Plan is in place. The following areas should be included in all settings guidelines:

- Where possible the child's Key Person or appropriate adult will take responsibility for continence management.
- To protect staff from allegations, effective safeguarding procedures must be in place and followed.
- Where continence management changing will take place.
- What resources will be used; including cleansing agents/creams.
- How the nappy/pad will be disposed of.
- What infection control measures are in place.
- What the members of staff will do if the child is unduly distressed.
- What the procedures are if marks or injuries are noticed on the child.
- What the recording procedures are and how they are used to evaluate the continence management of the child.

Records

Intimate care records must include date, time, staff present (names), what care was given, any marks/rashes observed, child's response, and parent/carer informed (Y/N and time). Records will be stored securely in the child's safeguarding/medical file (separate from general pupil file) in line with Data Protection laws (UK GDPR & DPA 2018)

and retained for the period set out in the school retention schedule. Where an incident raises a safeguarding concern, records must be retained until the child reaches normal pension age or 10 years from the allegation date as per LADO guidance.

Procedure for dealing with nappy changing to avoid cross contamination:

1. Staff are to wash their hands appropriately.
2. Put on new disposable apron and gloves.
3. Child should be asked to lie down on the bed / changing table if appropriate, an older child may be more comfortable standing up.
4. Child can assist where appropriate to support their continence independence.
5. Change child's nappy/pad.
6. Put soiled nappy/pad in nappy sack (or in an emergency a plastic bag).
7. Wash hands with gloves still on.
8. Spray and wipe the changing mat with appropriate cleaning agent.
9. Put wipes, nappy/pad, sack, apron and gloves into a plastic bag.
10. Wash hands again.
11. Dispose of the plastic sack in the appropriate school/setting waste.
12. Wash hands again and ensure the child washes hands before being returned to class/setting.

Soiled items should be double-bagged and placed in a secure clinical waste bin. Where clinical waste is generated (e.g. blood, body fluids, sharps), it must be stored in a locked clinical waste container pending collection by a licenced contractor following local authority procedures. Where the child is known to have a notifiable infection or blood-borne virus, the Health Care Plan should record additional precautions and disposal arrangements in line with public health guidance

This procedure should be displayed in all areas where nappy changing will take place

Managing Challenging Behaviour/Risk
If a child exhibits extreme behaviour that poses a risk during intimate care, a risk assessment will be completed and recorded in the Health Care Plan. The risk assessment will outline de-escalation strategies, supervision arrangements (two staff if necessary), PPE needs, emergency procedures and escalation routes. Staff should be provided training in the agreed plan and reasonable adjustments must be considered to reduce risk while ensuring the child's dignity

Review
The Headteacher, staff (including early Years leader) and the Finance, Staffing and Buildings committee will ensure that this plan is reviewed every 3 years in line with our policies schedule. If pupils with specific needs join through the year an induction and review will be held at this point. The next date for review is October 2029.

APPENDIX 1

Insert name of setting/ school		
HealthCare Plan		
Name	Date of birth	Emergency contact number
Identified need		
Resources – provided by parent / carer		
Resources – provided by setting / school		
Action to be taken		
Staff involved		
Additional Information		
Signature of parent / carer and child (if appropriate)		
Signatures of school staff named above		
Signature of school nurse / health professional (if appropriate)		
Review date		

APPENDIX 2

For each child with a Health Care Plan there should also be a record of intimate care, if undertaken.

Insert name of setting/ school				
Child's name				
Date	Time	Staff	Comment	Signatures of staff

APPENDIX 3 - Written Guidelines for Staff for Continence Management

1. Responsibility for Continence Management

- The child's Key Person or an appropriate adult/adults will take responsibility for continence management, ensuring consistency and familiarity for the child.

2. Safeguarding Procedures

- Effective safeguarding procedures must be in place and strictly followed to protect staff and children from allegations. Staff should be familiar with these procedures and the protocol for reporting any concerns.

3. Designated Changing Areas

- Continence management will take place in designated changing areas that ensure privacy and dignity for the child. These areas should be equipped with appropriate facilities – eg handwashing.

4. Resources Used

- Staff will use approved cleansing agents, creams, and any other necessary resources. Only products that meet health and safety standards will be utilised.

5. Disposal of Nappies/Pads

- Nappies or pads will be disposed of in accordance with infection control guidelines. Soiled items must be double-bagged and placed in secure clinical waste bins.

6. Infection Control Measures

- Staff will adhere to strict infection control measures, including handwashing before and after changing, using gloves and aprons, and ensuring the changing area is cleaned after each use.

7. Responding to Distress

- If a child appears unduly distressed during continence management, staff will immediately stop the procedure and provide comfort. They will assess the situation and consult with the child's Key Person or a designated adult for guidance.

8. Noticing Marks or Injuries

- Should any marks or injuries be observed on the child, staff will follow the school's safeguarding policy, which includes reporting the observation to the Designated Safeguarding Lead (DSL) and documenting the incident as per the established procedures.

9. Recording Procedures

- Staff will maintain accurate records of the continence management process, including dates, times, staff involved, care provided, and any observations (e.g., distress, marks). These records will be used to evaluate the effectiveness of the continence management plan and inform any necessary adjustments to the Health Care Plan.

10. Availability of Guidelines

- These guidelines will be made available to parents/carers of children for whom a Health Care Plan is in place, ensuring transparency and collaboration.

These guidelines aim to ensure a safe, respectful, and compliant approach to continence management, prioritising the well-being of children and staff.