



**Comberton
Primary School**

*A caring community
for all to shine*

Comberton Primary School

Intimate Care Policy

Date policy last reviewed: July 2025

Signed by:

Deena Frost

Headteacher

Date: July 2025

Stephen Deakin

Chair of governors

Date: Sep 2025

This policy is based on the local authority guidance: 'Contenance Policy for Local Authority Early Years and Education Settings'.

This document supports Worcestershire Education Inclusion Policy 2010 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

Achieving continence is one of 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 that this aspect of learning has not been achieved, whereas other delayed learning is not so stigmatising.

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 the 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.

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:

1. Children who need support with continence development	The child may be developing normally but at a slower pace.
2. 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.
3. Children with physical disabilities or complex medical conditions	The child may have a diagnosed condition such as spina bifida, cerebral palsy or autism.
4. 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; *“Providers must ensure there are 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 any other necessary items is always available”* (Statutory framework for the EYFS (Effective September 2024))

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 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 framework for the EYFS (Effective September 2024) 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 regular safeguarding training. Staff should refer to the *Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings*.

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 concerns to the designated safeguarding lead (or deputy in their absence).
- 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.
- Volunteers and students on long term placements with enhanced DBS clearance involved in intimate care, should always be appropriately supervised.
- 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.

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 Safeguarding Lead 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

A Health Care Plan will 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.
- 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 six monthly intervals.

2. Facilities

The Department of Health recommends that an extended cubicle with a washbasin should be provided in each school for children with disabilities. Alternatively, older children could stand astride a changing mat placed on the floor. The Education (Premises) Regulations 1996 require all schools with a Foundation Stage to provide a deep sink or shower for cleaning soiled children. Standard toilet cubicles are not considered suitable for changing as they are not large enough to accommodate the child and members of staff. Toilets designed for the disabled may be large enough. 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

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/policy:

- The requirement for individual's job description to specify that they will deal with continence problems.
- Where possible the child's Key Person or appropriate adults 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.
- How continence management is recognised in setting policies and procedures (for example Safeguarding, Equality and Diversity, Special Needs).

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.

Note: where it is known that the child is infected with a blood born virus all materials should be double wrapped in yellow clinical waste bags and arrangements made for the waste to be removed for incineration.

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

Monitoring and review

This policy will be discussed with staff and reviewed by the governing body every two years, or sooner if necessary.

APPENDIX 1

<i>Insert name of setting/school</i>		
Intimate Care 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		

