

# St John's C of E Primary School

## Continence Policy



**St John's**  
CE Primary School

<b>Approved by:</b>	Local Academy Committee
<b>Last reviewed on:</b>	Summer 2025
<b>Next review due by:</b>	Summer 2028

## **Introduction/Rationale**

Increasing numbers of children are admitted to early years settings and primary schools with delayed continence issues. These may result from a range of factors including developmental delay and health-related causes. Delayed continence is not necessarily linked to learning difficulties. Owing to their developmental stage or for health reasons, some children may still be in pull ups when attending Early Years Foundation Stage settings and classes in schools. They may have occasional "accidents" - incidents of wetting or soiling themselves.

This policy/guidance does not cover more complex health conditions where, for example, catheters or colostomy bags may be in use. Advice regarding these health conditions should be sought from NHS professionals and trained volunteers.

Our school seeks to make reasonable adjustments to meet the needs of each child and children should not be excluded nor treated less favourably because of their delayed continence.

**The Disability Discrimination Act 1995 (DDA)** The Disability Discrimination Act 1995 (DDA), as amended by the Special Needs and Disability Act 2001 requires that educational settings and service providers do not treat disabled children less favourably than other children. They must also make reasonable adjustments to avoid putting disabled children at a disadvantage.

The act states that a disabled person is someone who has a significant and long-term (i.e.: longer than a year) physical or mental impairment which may affect normal day-to-day activities. It describes incontinence as an impairment which may affect normal day-to-day activities.

Education providers are therefore under an obligation to meet the needs of children with delayed personal development. Children should not be excluded from normal activities solely because of delayed continence. Education providers are expected under the DDA to make reasonable adjustments to meet the needs of each child.

## **Aims of Policy**

1. To provide clear guidelines for all staff on appropriate procedures
2. To highlight the importance of continence in the development of independence
3. To establish good practice in the care of children with continence delay
4. To ensure that children are treated with dignity and respect by those adults responsible for them
5. To safeguard the interests of children, staff, parents, and carers in our school
6. To establish good practice for joint working between the child; the child's parents / carers and all professionals involved with the child.

At St John's, we understand that children learn and develop at different rates, and we aim to address the needs of every child within our care. We aim to promote independence in the Early Years, and this includes

children being independent over their toileting needs too. Self-regulation is part of the EYFS curriculum from 2021. We aim to actively support this significant step for our youngest children in collaboration with parents and other professionals.

Whilst we accept children from the age of three years, we accept that not every child will be fully toilet trained and understand that children can have the occasional 'accident' from time to time. It is reasonable to expect that the toilet training process should have begun by the time a child is admitted to Nursery. It is not the role of schools to toilet train children entering Nursery. We will work with parents in partnership to promote independence in using the toilet, but this approach should be a continuation of the work started at home.

Children not fully toilet trained, we request, should be brought to school in a pull-up and not a nappy. This will ensure that the child can participate fully in gaining independence in using the toilet. Our aim is that children gain control and can choose to visit the toilet whenever they wish throughout the session.

### **Children with delayed continence and associated medical conditions**

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

1. Late developers The child may be developing normally but at a slower pace.
  
2. Children with some developmental delay The child may have a developmental delay in continence; either diagnosed or under investigation but may well attend an early years or mainstream setting.
  
3. Children with physical disabilities or continence-associated medical conditions Physical disabilities and medical conditions such as spina bifida or cerebral palsy may result in long-term continence delay and a Continence Care plan will be needed.

#### 4. Children with behavioural difficulties

Delayed continence may be a symptom of social, emotional, and behavioural difficulties.

The statutory guidance for the Early Years Framework Welfare Requirements (0-5 years of age) 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 6 years of age and over, the requirement for providing adequate resources will be the responsibility of the child's parents / carers unless the child has a specific disability. In these cases, the NHS may supply the resources either to the family or direct to school. School maintains an emergency supply of adequate resources as detailed in each Continence Care Plan. On occasions where school's resources are used, parents should be requested to replace them.

#### **Safeguarding**

There are two distinct groups considered here: the children and the adults dealing with the intimate care of the children.

1. It is the responsibility of each school to ensure that any member of staff or student in training (under direct staff supervision) dealing with the intimate care of a child has an enhanced DBS clearance or a police check (whilst DBS clearance is being undertaken). Staff must also follow the infection Control Guidelines for hygiene and the handbook of safety information (for schools). It is our school's policy that all staff working with children have enhanced DBS clearance.
2. It is the responsibility of the headteacher or manager to ensure that there are sufficient numbers of staff, appropriately trained and designated, to deal with delayed continence issues.
3. It is not a requirement to have two members of staff to change a child but there should be another member of staff in the setting who is aware that a child is being changed and with whom.
4. As it is the class teacher in a school and the key person in early years settings who have ultimate responsibility for the children in the class, (s)he should be informed if a child is being taken to the toilet or to be changed and should be fully conversant with principles and procedures.
5. Staff should always follow the procedures set out in the Child's individual Continence Care Plan.
6. It is the duty of headteachers and managers of early years settings to ensure staff implementing this policy have an enhanced DBS clearance.
7. In the event of staff noticing unusual marks or injuries to the child they should report their concerns immediately to the Designated Safeguarding Lead (or Deputy) in line with the school's safeguarding policy.

The Continence Care Plan pro-forma must be used to record the needs of each individual child that has delayed continence. The actions to be taken should also be agreed by the school with the parent / carer and recorded. If the school nurse is involved with the child, then she should also be involved in the drawing up of the Continence 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 school should send a copy of the plan to any health professionals involved with the child for comment.

The plan should be completed, considering the following partnership working principles:

The parent should:

1. Agree to change the child at the latest possible time before bringing him/her to the school.
2. Provide the school with spare pull-ups and a spare set of clothes.
3. Understand and agree the procedures that will be used when the child is changed at school – including the use of any cleanser or the application of any cream. If provided by parents/carers, cleansers and creams should be sent to the school in a named and sealed container.
4. Agree to inform the school should the child have any marks / rash.
5. Agree to a 'minimum change' policy i.e., the school would not undertake to change the child more frequently than if s/he were at home.
6. Agree to notify the 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 should:

- 1) Actively support the toileting process and be proactive to the welfare needs of the child. We recommend practitioners taking the child to the toilet every 20-30 minutes throughout the session to actively try to use the toilet.
- 2) Agree to change the child at the earliest opportunity should the child soil themselves or become uncomfortably wet.
- 3) Where defined by the Continence Care Plan, agree how often the child would be changed should the child be at the school for the whole day.
- 4) 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.
- 5) Agree to review arrangements as and when necessary and as a minimum at six monthly intervals.

Children should be encouraged to stand up to be changed.

**Procedures for dealing with pull up\* changing should include:**

1. Handwashing for the designated members of staff attending to the child – before and after changing.

2. Put on new disposable apron and gloves (for your own protection and to reduce cross contamination)
3. Child should be encouraged to stand up where appropriate to be changed. If a child is unduly distressed, staff should seek to calm and reassure the child. If the child is not calm and changing becomes unmanageable, the child's parents should be contacted to attend school.
4. Change child's pull up/underwear.
5. Put soiled pull up in nappy sack (or, in an emergency, a plastic bag).
6. Spray and wipe the changing area/bench.
7. Wash hands with gloves still on.
8. Put wipes, nappy sack, apron, and gloves into a plastic bag.
9. Wash hands again.
10. Dispose of the plastic sack in the normal school/setting waste.
11. Wash hands again and ensure the child washes hands before being returned to class/setting.

\*These procedures also apply when changing children on an occasional basis when they are not subject to a Continence Care Plan, and may not, therefore, be using pull ups.

Note: where it is known that the child is infected with a blood-borne 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 will be displayed in all areas where changing will take place.

C.Hanson  
SENDSCO

APPENDIX 1

<i>Name of setting/school: St John's CE Primary School</i>	
<b>Continence Care Plan</b>	
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 3 Personalised reward chart - Sample

\_\_\_\_\_’s Toileting Reward chart  
Put a smile on it!

Week Beginning \_\_\_\_\_



	1 <sup>st</sup> session	Morning Break	Lunch	Afternoon break	Home time	Success? ✓
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Reward for 3/5 days _____						Total successful days:



### Appendix 4 General EYFS toileting record

Date: \_\_\_\_\_

Member of staff: \_\_\_\_\_

Name	9:00	9:30	10:00	10:30	11:00	11:30

Name	12:30	1:00	1:30	2:00	2:30	3:00

Toileting support

✓ = success

X = not needed

0 = accident