Oakfield School

27. Night Time Support Policy

To be Reviewed:	March 2020

POLICY STATEMENT

Oakfield School currently provides 24hr support to pupils from 8am Monday to 3pm Friday. The School currently has a minimum of 2 staff sleeping in each residential accommodation/ house.

PROCEDURE

Staff within residential properties are available to pupils at all times including during sleep hours. It is important that pupils know who is on duty and how to call for assistance.

Night support at Oakfield School is provided by staff who are working a residential shift pattern and are sleeping at the property. In cases of emergency staff are available to pupils throughout the night.

It is the responsibility of residential staff to ensure that health and safety issues are complied with prior to going to bed at night. These include:

- Ensuring the building is secure and Alarms are set
- Appropriate electrical equipment is disconnected
- Emergency exits are clear
- All fires doors are closed
- Ensure the Emergency Leader Fire Sheet is completed

Staff members must physically check that all pupils are in their own bed and settled before retiring to bed themselves.

During the night, the staff member will be expected to respond to any pupils who are ill, upset or disruptive. Depending on the situation, they may require support – this should be sought through the 'Senior on Duty'. Further support/guidance is also available from the Senior Manager on-call. Both these have mobile telephones that are switched on throughout the night.

Staff to ensure they complete appropriate records detailing any incidents or support provided during night time hours.

GUIDANCE FOR STAFF: RE BED-WETTING

Introduction

Bed-wetting is a common childhood condition. It occurs when there is an involuntary (accidental) loss of urine during sleep. The medical name for bed-wetting is 'Nocturnal Enuresis'.

Bed-wetting is normal in children under 5 years old and the majority of children will wet the bed at some stage. However, it sometimes affects children who are over 5 and occasionally young adults.

Bedwetting is more common than people think. One in seven, 7 year olds, one in five 10 year olds and between one in fifty and one in a hundred people over the age of fifteen (including adults) wet the bed at night.

Types of Bed-wetting

There are two types of bed-wetting:-

- Primary Nocturnal Enuresis: involuntary bed-wetting during sleep in a child aged 5 or over.
- Secondary Nocturnal Enuresis: where bed-wetting comes back after a dry period of at least 6 months.

What causes it?

With all children, the development of bladder function control and night time urine production is a slow process. Few children are dry at night before the age of 3 and bed-wetting is common up to the age of 8. In most cases there is a delay in the development of normal bladder function control within the brain and nervous system. However, this will eventually mature.

There's a large genetic influence, and bed wetting runs strongly in families. Other contributory factors include stress, anxiety, constipation, urinary tract infection and occasionally diabetes or kidney failure.

Daytime enuresis or loss of bladder control during the day is less common and when this occurs there is more likely to be a serious underlying problem.

What are the symptoms?

The person wakes to find the bed is wet – some children find this distressing. They may pass urine or be aware of the sensation to urinate or needing to urinate. Any other symptoms, such as pain on passing urine indicate a possible underlying cause such as an infection.
Helping the Young Person

Although bed-wetting is hardly dangerous in terms of physical health, it is very embarrassing and the majority of children will find it rather difficult to deal with. If a child wets the bed it is important for them to know that it is not their fault and that they have no control over it. Under no circumstances should a child be punished for wetting the bed as this can have harmful psychological effects such as lowering their self-esteem or heightened levels of anxiety.

One area which will help and support the child is ensuring other pupils are not aware of the bed-wetting. If a child does unfortunately suffer from 'Nocturnal Enuresis' then staff should help and support pupils in a sensitive and dignified manner. Under no circumstances should a child be ridiculed or punished.

- The process of bed changing etc should be discussed with the young person and a mutual agreement and routine reached.
- The young person should be encouraged to help staff to change the bed. Wet bedding should be placed in the 'yellow' bags and placed in the designated yellow laundry bin in the main bin compound. From there it is collected for cleaning.
- The mattress should be cleaned with a suitable cleaning agent and the bed remade.
- It is important to ensure the young person is totally comfortable and at ease with the process and does not feel intimidated or embarrassed.

Treatments

There are several treatments that are used; however, no specific or definite treatment is administered to a child unless the cause of the bed-wetting is something specifically medical. The most common treatment with this condition is waiting however, further information and support can be sought through our School Nurse Practitioner.
Staff can also support young people by introducing specific routines prior to going to bed. These could include:

- No drinks after a certain time (tea and fizzy drinks are natural diuretics)
- Going to the toilet before bed
- Before staff go off duty, gently wake the young person and let them go to the toilet.

Monitoring and Recording

If a problem such as bed-wetting is identified either at the young person's Admission Meeting or after admission then details should be written into their Risk Assessment and monitored in the 'Daily Diary'. Information should also be passed onto all house staff; this should ensure a cohesive, sensitive and supportive approach.

GUIDANCE FOR STAFF: RE SLEEPWALKING

Introduction

What is sleepwalking?

The medical term for this is 'somnambulism' a sleeping disorder. This is a disorder in which a child, partly, but not completely awakens during the night.

- Sleepwalking can affect people of any age but it is more common in children, and also more common in boys than girls. It is though that up to 17% of children sleepwalk or have done so at some point. Sleepwalking often starts between the ages of 6-12 and affects children of ages 11 and 12 most of all however, it is often outgrown by adolescence. A sleepwalker will usually not remember the episode the next day.
- A child/young person will often rise from their bed and walk around or engage in other activities which they would normally do when they are awake. Their eyes will be open but they will appear to be in a dazed or dreamlike state and will probably not answer when you to talk to them, although they may carry out confused and mumbled conversations. Sleepwalking can last a few seconds, a few minutes or more.
- Sleepwalking is not in itself dangerous and is not a sign of more worrying problems. If a child sleepwalks on a regular basis safety measures will have to be taken to ensure they don't come to any harm or injure themselves.

What to do if a child is found sleepwalking

If a child is found sleepwalking make sure they are as safe as possible. To prevent injury dangerous objects are removed from areas the child/young person may reach. When you find a child/young person sleepwalking, you should gently guide them back to their bed. Do not shout or make a loud noise to wake them up and do not shake them. Make sure the child/young person does not feel ashamed or embarrassed about sleepwalking. If sleepwalking becomes a problem the school nurse practitioner should be contacted immediately.

Monitoring and Recording

When a child or young person is prone to sleepwalking this information should be added to their Risk Assessment. It is of paramount importance that all staff are aware, so information should be made available. Monitoring of the situation should be recorded in the 'Daily Diary' and all relevant documentation updated accordingly.

This Policy was reviewed March 2018.

Signed: …….

Lee Morfitt (Chair of Governors)