



Queen's Croft High School

INTIMATE CARE POLICY

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Introduction

Queen's Croft High School is a generic special school serving children aged 11-19 (school years 7-14) with a range of Special Educational Needs and Disabilities. Our policy is to ensure that best practice is promoted for all aspects of intimate care for our learners who require this support. Personal care and dignity are of the utmost importance. Guidance on safeguarding children and staff is also incorporated in this policy.

In addition to following the statutory guidance 'Supporting Pupils at school with medical conditions', 2015, this policy is written within the requirements of the Disability Discrimination Act and SENDA and the subsequent Equality Act 2010.

This policy is relevant for all staff who work with our learners who:

- Have a developmental delay and who may achieve independence in personal care later than their peer group
- Have a disability or who require special arrangements for personal care due to medical, emotional or social needs

Our aim is to:

- Ensure that all Children and Young People are included in our school community regardless of their personal care needs
- Provide advice to staff
- Assure parents and carers that staff are knowledgeable about personal care, and that their individual concerns are taken into account
- Safeguard the rights and well-being of the Children and Young People
- Reassure and protect the interests of staff working in a personal care capacity

All Children and Young People have an educational entitlement irrespective of their difficulties with personal care. Additionally they have the right to be safe, treated with courtesy, sensitivity, dignity and respect. Under the terms of the Equality Act, Queen's Croft recognizes its duty to make 'reasonable adjustments' to support our learners.

Principles

Parents have a key role to play in the management of personal care needs. Parental guidance should be sought on admission regarding cultural or religious issues and the child's or young person's preferences for comfortable and appropriate care. Parents can expect to work in partnership with schools and settings and to have clear written information on policies and personal care plans.

The Governors and the head teacher will ensure that all staff are aware of their duties to comply with the Equality Act. Our learners will not be left wet or soiled or expected to be responsible for cleaning/changing themselves without agreed independence targets in place in liaison with parents.

Parents must not be expected to dispose of soiled items*

Definition of Personal care

Personal care can incorporate all those tasks of an intimate nature associated with bodily functions, bodily products and personal hygiene. These may include:

- Dressing and undressing
- Helping someone to use the toilet
- Changing continence pads/nappies
- Bathing/showering
- Washing intimate parts of the body
- Changing sanitary wear
- Changing stoma bag (following training from Stoma Nurse)

Respecting Personal Dignity

Where staff are involved on a daily basis in providing personal and intimate care to young people with special educational needs arising from learning difficulties, sensory impairments and physical disabilities they are placed in a position of great trust and responsibility.

Children and Young People with special needs and/or disability can lack confidence and assertiveness. Activities related to intimate care should offer opportunities for personal development and choice. Training and advice will be given as appropriate.

NB: Appendix 1 – Personal Care Risk Assessment

Where appropriate the following can assist in promoting positive attitudes to intimate care:

- Get to know the child beforehand in other contexts to gain an appreciation of his/her verbal and non-verbal communication
- Have a knowledge and understanding of any religious and/or cultural sensitivities related to aspects of intimate care related to this individual child and take full account of these
- Give explanations of what is happening in a straightforward and reassuring way including visual cues where appropriate, e.g. step by step symbol sheet
- When washing, always use a sponge or flannel and where possible encourage the child to attempt to wash private parts of the body him/herself
- Speak to the child or young person by name (using age-appropriate language) and ensure that they are aware of the procedures involved
- Provide facilities which afford privacy and modesty
- Respect a child's preference for a particular carer where possible and sequence of care
- Keep confidential records which note responses to intimate care and any changes in behaviour that give cause for concern
- Appropriate terminology for private parts of the body and functions to be used by staff and encourage children to use these terms as appropriate
- Respond to and speak to all children in an age-appropriate manner

- In certain circumstances, as agreed with carers/parents, a home/school communication record to ensure continuity, identifying patterns and reassurance may be appropriate (e.g. Appendix 2 chart attached).

Policy and Procedures

Teachers may take responsibility for assisting Children and Young People with personal care needs. This is undertaken voluntarily as part of duties regarding reasonable adjustments/due diligence.

The headteacher and managers, as directed, will ensure implementation of the following requirements for resources and facilities; at minimum, these should comprise:

- Sink with lever taps and hot and cold running water
- Dedicated bin with lid
- Paper roll or wet wipes for cleansing the body, cleaning the surface of the changing area and mopping up spillages. (Settings should liaise with parents about the use of wipes and agree who will provide these, bearing in mind the possibility of allergies).
- Wipes/pads/nappies provided for individuals should be labelled with the child or young person's name and stored discretely
- Antibacterial spray/Milton/liquid soap and water are all suitable for cleaning surfaces and the changing area
- Non-latex gloves and disposable aprons – fresh ones should be used each time for each child

Consideration should be given to storage arrangements for the resources listed. In addition, arrangements should be confirmed for spare clothing to be available within the setting and the transfer of wet or rinsed, soiled clothing back home.

If Children and Young People are able to stand independently, it is acceptable to change them whilst they are standing up. It may not be appropriate to do so if they are soiled.

Whenever possible, the existing toilet areas should be used. If these are inappropriate then choose a private, safe location that protects the dignity of the Child or Young Person without compromising staff. Do not change pupils in educational, play or public areas, or in any location used for the preparation of food and drink.

Health and Safety Issues

The headteacher and managers, as directed, have a duty to safeguard the health and safety of both Children and Young People and staff. It is imperative that the following health and safety concerns are addressed before the pupil begins attending.

- Personal hygiene (5 step hand washing technique, see Appendix 3)
- Disposal (soiled items should not be placed with general refuse)

- Protective clothing (disposable gloves and aprons)
- Cleaning of changing area/equipment (responsibility of named persons)
- Risk assessment (See Appendix 1, 1a & 1b)

Disposal of pads and other soiled waste should be negotiated with the company that collects usual refuse from the settings.

Offensive waste includes faeces, nasal secretions, sputum, tears, urine, vomit, etc. If offensive waste contains visible blood or a clinical assessment has identified that infection exists from the waste, this should be considered infectious (hazardous) waste.

Hazardous waste should be placed in a yellow bag and collected by an approved contractor. Offensive waste should be placed in a yellow and black striped bag and collected by an approved contractor.

Certain conditions and disabilities may bring with it early onset of puberty. Menstruation can be alarming for girls if they are not prepared. Support can be obtained from the school Nurse. Schools should make adequate and sensitive preparation to help girls cope with menstruation and with requests for sanitary protection. Provision of sanitary wear should be done in a sensitive and discreet way.

Risk assessments should be completed to anticipate or address concerns raised by Children and Young People, parents or staff. Personal care plans should include a risk assessment. Staff training on risk assessment should aim to encourage staff to 'think safety' when considering situations and identifying potential risks. Support for the creation of Personal Care Plans can be obtained from the school nurse or other relevant health professional – see Appendix 4, 4a & 4b.

Appendix 4 is recommended where toileting and additional needs requires considering. Appendix 4a to be used solely for toileting needs.

Staff training

Staff will have access to appropriate training and policy documents to meet the needs of individual Children and Young People. This will include:

- Health and safety regulations
- Medical conditions (School nurse, Continence Service)
- Lifting and handling (County Health and Safety, Moving and Handling trainers)
- Child protection/safeguarding issues (First Response/LADO)
- Personal hygiene (School Nurse)

Child Protection

Children and Young people with disabilities may have an increased vulnerability to abuse and discrimination. All staff will be familiar with Queen's Croft's Safeguarding/child Protection policy and procedures, and with agreed procedures within this policy and with the child/young person's Care plan.

Some unions recommend that two members of staff are present when personal care is undertaken. This is not a requirement and needs to be balanced with issues around maintaining staff/pupil ratios and ensuring privacy. If there is a known risk of false allegation by a pupil or parent, a risk assessment will be undertaken and appropriate action taken.

Section 18 in the government guidance, Safe Practice in Education, states that “Staff should ensure that another appropriate adult is in the vicinity and is aware of the task to be undertaken.”

Individual Needs

During transition and on meeting with parents/carers, a care plan (Appendix 4) will be drafted, this will include:

- Procedures
- Facilities
- Resources and equipment
- Staffing
- Training
- Curriculum specific needs
- Educational visits
- Arrangements for the review and monitoring of the Care Plan
- Emergency procedures/contact

Preparation should include discussion with parents, confirmation of arrangements and plans for monitoring and review. The personal care plan should make reference to:

- Signed consent from parents/carers to allow support
- Signed consent of the child where appropriate
- Signature of school nurse where their advice has been sought/included
- Clear arrangements for staffing and access to facilities
- Specialist advice, training or resources required
- Record keeping such as personal care diary and/or reward system if appropriate
- Any relevant and appropriate multi-agency involvement/information
- Risk assessments
- Liaison and review with parents and outside agencies

Clothing: Parents will be asked to provide clothing that is easy to manage. Clothing with elasticated waists and no zips or buttons is most helpful. Whenever possible it is better to support the child with appropriate clothing rather than relying on nappies or training pants. Setting/school should provide spare clothes in an emergency, but it is always better for a child or young person to wear his/her own clothes. Finally, the setting should agree with parents/carers what will happen to wet or soiled clothing.

Routines: Parents will be asked to ensure that their child is changed or taken to the toilet at the latest possible time before leaving home. In school, prompting may be necessary as a reminder. Reminders to use the toilet should be discreet and appropriate and staff should make use of signs, pictures or code words to facilitate understanding.

Accidents: Children and Young People may be anxious but usually respond to praise, encouragement and confidence building. Queen's Croft will promote self-esteem in other areas of learning. Personal care needs will be provided swiftly, appropriately, sympathetically and in a calm, low-key way.

Children and Young People's Views

It is essential that Children and Young People's views and preferences are taken into consideration in management of personal care needs. This includes consideration of non-verbal communication and visual cues.

Appendix 1

Personal Care Risk Assessment

Establishment:

Assessor's Name:

Position:

Date:

| Hazard Identified | Persons at Risk | Risk Assessment Rating (H/M/L) | Precautions needed to Control the Risk | Resulting Risk Level | Date of Implementation |
|-------------------|-----------------|--------------------------------|--|----------------------|------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Headteacher/Manager:

Assessment Review Date:

Guidelines for Completing a Personal Care Risk Assessment

To be carried out by key worker and SENCo

Useful definitions:

Hazard – A hazard is something that has the potential to cause harm.

Risk – A risk is the likelihood of someone being harmed coupled with the severity of that harm.

Risk assessment – A risk assessment involves identifying items or events in a work place/work task, that have the potential to cause harm; coming to a judgement as to how likely it is that harm could occur and how serious that harm could be and then devising and implementing control measures to eliminate or reduce the risk to an acceptable level.

Steps to take:

1. Are there any elements of the personal care process where there is a potential to cause harm?
 - Is there any lifting or handling involved?
 - Is there a risk of contact with bodily fluids?
 - Is the floor wet or cluttered?
 - Are the supervision levels sufficient to protect the carer and the child?
2. Consider the likelihood that someone will actually be harmed and also how severe that harm is likely to be. Decide whether the risk is *low, medium or high*.
3. Are there any control measures in place to eliminate or reduce the risk to an Acceptable level? If not:
 - What control measures need to be put in place?
 - Record your findings.
 - Implement the control measures.

The higher the risk rating, the more urgent are the control measures needed to eliminate or control the risk.

Examples of hazards which you may need to consider could include:

- Slips, trips and falls
- Health risk posed by conditions such as infections, diarrhoea, vomiting
- Child protection concerns
- Manual handling issues
- Cleaning and disposal of bodily fluid

Staffordshire County Council – Children, Young People and Families Directorate
Generic Risk Assessment

The recording sections may need to be adapted in the light of circumstances to do with setting and pupil.

| | | |
|--|------------------|--|
| Establishment: Primrose St Primary School | Date: 20.6.12 | Assessor(s) (1) F Bloggs (2) M Flower |
|--|------------------|--|

Task/Activity/Location/Work Equipment:

Supporting personal care (changing pupil's pull ups) within the disabled toilet facilities.

Part A:

| | | |
|---------------------|---|---|
| Hazards Identified: | <ul style="list-style-type: none"> • Cross infection • Discomfort (specifically to adult's knees) re positioning when support H to change | Risk Rating (tick) (without controls in place) HIGH ✓ MEDIUM LOW |
|---------------------|---|---|

Part B:

| | | | | | | |
|-----------------------|-------------|---|----------------|---|-----------------|--|
| Who is at risk (tick) | Employees | ✓ | Pupils (H-W-E) | ✓ | Visitors/Public | |
| | Contractors | | Others | | | |

Part C:

Control measures required to manage health and safety:

| | |
|----|---|
| 1. | As stated in the Early Year's toileting policy: To prevent cross infection to pupil or member of staff appropriate equipment will be used such as protective apron and gloves during changing of soiled sanitary wear. |
| 2. | These will be disposed of safely. |
| 3. | Staff and pupil to wash hands thoroughly – visual prompts will be displayed. |
| 4. | Area will be obstacle free, allowing adequate space for pupil / staff member to move unrestricted. |
| 5. | Staff member to use kneeling pad to prevent discomfort to knees. |
| 6. | Pupil is ambulant and does not need manual handling facilitation. |
| 7. | Pupil to work towards independence and self-reliance. |
| 8. | |
| 9. | |

Part D:

| | | | |
|--|---|----------------------|--------------------|
| Risk rating with controls in place (tick): | Are any control measures in Part C not implemented? (tick): | If yes, state below: | To be actioned by: |
| HIGH | | | |
| MEDIUM | YES | | |
| LOW ✓ | NO ✓ | | |

Part E:

| | | | |
|-----------------------------|-----------|------------|------------|
| Frequency of review (tick): | 6 Months: | 12 Months: | 24 Months: |
| Signature of Assessor(s) | | | |
| (1) F Bloggs | | | |
| (2) M Flower | | | |

Exemplar of Home School Communication Record

| Time Changed | B.O. | P.U. | Cream Applied | Observation |
|--------------|------|------|---------------|--|
| 10.30 | X | √ | √ | Area looked better, put own cream on correctly |
| 1.00 | √+ | √ | √ | Needed a lot of help |
| 2.30 | X | √ | √ | N/A |
| 3.15 | X | X | X | Checked – dry, no need to change |

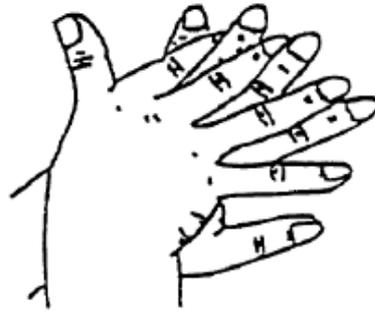
Key:

BO – Bowels opened

PU – Passed Urine



1. Palm to palm



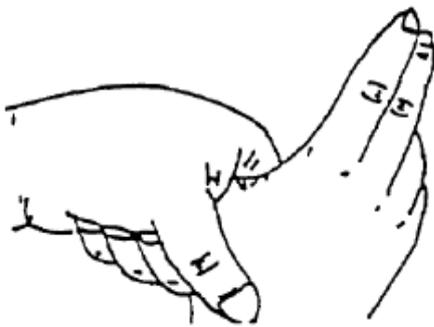
• Right palm over left dorsum and left palm over right dorsum



3. Palm to palm fingers interlaced



4. Backs of fingers to opposing palms with fingers interlocked



5. Rotational rubbing of right thumb clasped in left palm and vice versa



6. Rotational rubbing, backwards and forwards, with clasped fingers of right hand in left palm and vice versa

Care Plan

(To be used if toileting needs and additional needs are being considered)

The recording sections may need to be adapted in the light of circumstances to do with setting and pupil.

Please use aspects of this plan that are most appropriate for personalisation.

Name: _____ Date of Birth: _____

School/Setting: _____ Class: _____

G.P. Name: _____ Consultant: _____

Tel. Number: _____

Emergency Contact Information

| First Contact | Second Contact |
|--------------------------|--------------------------|
| Name | Name |
| Relationship | Relationship |
| Telephone Numbers | Telephone Numbers |
| Work | Work |
| Home | Home |
| Mobile | Mobile |

Care Plan

The recording sections may need to be adapted in the light of circumstances to do with setting and pupil.

Name: _____ Review Date: _____

Medical background:

Physical Management

- Toileting

- PE

- Educational Visits

- Physical Access

- Feeding

- Communication

- Other

Staff Training Requirements

(please attach training record/certificate of training and circulation list)

Medication (including storage)

Emergency Plan/Protocol

In the event of an emergency the emergency plan/protocol must take precedence over this general care plan.

Fire Drill

Signatures:

We/I agree with the care plan detailed above.

We/I give permission for the administration of medication as outlined.

Parental/Carer Signature: _____ **Date:** _____

_____ **Date:** _____

Child and Young Person’s Signature: _____ **Date:** _____

Headteacher Signature: _____ **Date:** _____

School Nurse/Doctor: _____ **Date:** _____

Copies to: Parent/Carers
School
PDSS (if involved)
School Nurse/Health Professional

Additional Information

Personal Care Plan – Toileting

(N.B. To be used if toileting is the only issue).

The recording sections may need to be adapted in the light of circumstances to do with setting and pupil.

Child's Name:

DoB:

Class Group:

Date:

Reason for Plan:

Aim of Plan:

What will be done?

Details of when child will be changed/taken to toilet and specific routines to be followed. Social story and schedule required?

By whom?

Key Worker:

Facilities:

Where the child will be changed and resources required.

Training:

Specify training needs

For whom

Date Achieved

Other Issues:

Clothing

Off-site activities

Preferred language/signs/symbols

Monitoring:

Toilet Diary

Other

Review Date:

Plan agreed by:

| | Name | Signature | Date |
|---|-------------|------------------|-------------|
| Parents/Carer: | _____ | _____ | _____ |
| Pupil/Young Person: | _____ | _____ | _____ |
| Key Worker(s): | _____ | _____ | _____ |
| SENCo/ Headteacher/ Manager: | _____ | _____ | _____ |

Notes to support completion of a Care Plan

What is a Care Plan?

- A care plan is a comprehensive, individualised description of health needs and associated difficulties. It should describe the reasonable adjustments and the provision the school/setting will make to meet the individual's needs. It needs to be a practical, working document that the school/setting can deliver on a daily basis.

When do we need one?

- When there is an identified need in school/setting. This may be physical, medical and/or personal care needs.

Why do we need one?

- We need care plans to ensure all individual medical and/or care needs are addressed in school and to provide staff with concise guidance and a procedure to follow.

What does into the care plan?

- Information included in the care plan includes: The child or young person's details, emergency contact details, medical background, physical management with regard to: Toileting and personal care; PE; educational visits; physical access; feeding; communication; training; medication (administered within school/setting and/or at home); an agreed emergency plan/protocol to be followed; fire drill procedure and/or any other identified need.

Who should contribute?

- Contribution to the care plan should include all staff/agencies who are involved with the child or young person. Where a medical condition or diagnosis is evident it is important to involve the school nurse/health visitor for advice.
- The parent/carer should always be involved in the creation of the care plan and where it is appropriate the child or young person's views should be included. It is the responsibility of the parent/carer to inform school/setting of any changes in condition that may affect or need amendment to the care plan.

Who is responsible for creating and updating the care plan?

- It is the school/setting's responsibility to ensure a care plan is in place, where necessary, with advice from the appropriate professionals (as above). The care plan is a working document and should be updated whenever there is a change in circumstances. This should be initialled and dated by both the member of staff and the parent/carer. It should be reviewed within an agreed time span, at least annually.

On completion of the care plan who should agree and sign?

- It is essential that the relevant medical professional, parent/carer, the child or young person where appropriate and the Headteacher agree and sign the care plan on completion.
- It is also advisable that all staff who are involved in the child/young person's care sign to say they have read and understood the care plan.