James Rennie School
Learning together

# James Rennie School

# PERSONAL CARE, INTIMATE CARE AND TOILETING PROCEDURES

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# REVIEW SHEET

**The information in the table below details earlier versions of this document with a brief description of each review and how to distinguish amendments made since the previous version date (if any).**

| Version Number | Version Description | Date of Revision |
|---|---|---|
| 2 | Updated to include minor changes the Statutory Framework for EYFS due to come into force in September 2014 and the newly published DfE 'Keeping Children Safe in Education' April 2014 and the supporting guidance Keeping Children Safe in Education – Information for all School and College Staff, April 2014. | April 2014 |
| 3 | Minor revisions to take account DfE statutory guidance 'Supporting Pupils at School with Medical Conditions', Sept 2014 | October 2014 |
| 4 | Minor revisions to take account of the newly published DfE 'Keeping Children Safe in Education' March 2015 and the supporting guidance 'Keeping Children Safe in Education – Information for all School and College Staff, March 2015 and 'Working Together to Safeguard Children' 2015. | May 2015 |
| 5 | Minor revisions to take account DfE 'Keeping Children Safe in Education' July 2015 and the supporting guidance 'Keeping Children Safe in Education – Information for all School and College Staff, July 2015. | October 2015 |
| 6 | Reformatted only. | February 2016 |
| 7 | Reference now made to 'Keeping Children Safe in Education' September 2016 | September 2016 |
| 8 | Minor amendments and clarity around definitions | March 2017 |
| 9 | Minor Revisions in light of the Public Health England guidance 'Health Protection in Schools and Other Childcare Settings' 2017 | January 2018 |
| 10 | Reference now made to 'Working together to Safeguard Children', July 2018, 'Keeping Children Safe in Education' September 2018 and DfE 'Information Sharing – Guidance for Safeguarding Practitioners' July 2018 | September 2018 |
| 11 | Reference now made to "Keeping Children Safe in Education' September 2019 & links updated | September 2019 |
| 12 | Revised to reflect variations as a result of the coronavirus (Covid-19) pandemic | June 2020 |
| 13 | Updated to reference Keeping Child Safe in Education September 2020 & updates to waste disposal arrangements | September 2020 |
| 14 | All references to the Covid-19 pandemic have been removed altogether – these have been moved into the First Aid, Intimate Care & Supporting Pupils with Medical Conditions Covid-19 Addendum – nothing highlighted as removal only | December 2020 |
| 15 | Updated to reference Keeping Child Safe in Education September 2021, additional information on PPE, nappy changing and laundry and links updated | September 2021 |
| 16 | Updated to reflect replacement of Public Health England with UK Health Security Agency (UKHSA), information on APGs and removal of some links | April 2022 |
| 17 | Updated with minor changes to role titles and links | October 2022 |
| 18 | Revised to add links rather than appendices. Minor changes to external links. | September 2023 |

## CONTENTS



**Frequently asked questions**

***Please note – Links below are to documents available from either the KAHub or external websites and are for school use only. Not all links will be relevant to your setting, please remove those which are not relevant.***

**KAHSC Situations which may lend themselves to allegations of abuse**

**KAHSC Sample Agreement/Staff Training Record for Intimate Care Procedures for an Individual Child**

**Cumbria Public Health 5-19 School pathway - Incontinence**

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# INTIMATE CARE AND TOILETING PROCEDURES

***References & Useful Links***

*DfE Keeping Children Safe in Education*
*DfE Working Together to Safeguard Children*
*DfE What to do if you're worried a child is being abused – Advice for Practitioners*
*DfE Supporting Pupils at School with Medical Conditions*
*DfE Information Sharing – Advice for Safeguarding Practitioners*
*ERIC (The Children's Bowel and Bladder Charity)*
*Cumbria Safeguarding Children Partnership (CSCP) website*
*UKHSA homepage*
*UKHSA Health Protection in children and young people settings, including education*
*UKHSA E-bug*
*UKHSA National immunisation schedule*
*NHS Health A-Z*
*GOV.UK Hazardous Waste Disposal*
*NHS Professionals: Standard infection prevention and control guidelines*
*HSE Blood Borne Viruses in the Workplace*
*KAHSC General Safety Series G45 – Managing Intimate Care and Toileting*
*KAHSC Medical Safety Series M06 - Protection Against Blood Borne Infections-Viruses (BBVIs)*

*School's own:*

*Accessibility Plan*
*Child Protection Policy and procedures*
*Code of Conduct for Staff & Other Adults*
*Admission Arrangements*
*Equality Policy/Objectives*
*Moving and Handling Procedures*
*Supporting Pupils with Medical Conditions Policy and procedures*
*Special Educational Needs and Disabilities (SEND) Policy*

*School's own:*

*Accessibility Plan*
*Child Protection Policy and procedures*
*Code of Conduct for Staff & Other Adults*
*Moving and Handling Procedures*
*Supporting Pupils with Medical Conditions Policy and procedures*
*Special Educational Needs and Disabilities (SEND) Policy/Information Report*
*Infection Control Procedures*

## Introduction

James Rennie School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner, with care being taken to maintain childrens dignity and maximise their independence at all times. We recognise that there is a need to treat all children/young people, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain. Arrangments for intimate and personal care are open and transparent accompanied by suitable and agreed recording systems.

The school recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any young person with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

## Aims

The aim of this documant and associated guidance are:

- To provide guidance and reasurance to staff
- To safeguard the dignity, rights and well being of children and young people
- To assure parents that staff are knowledable about intimate care and that their individual needs and conserns are taken into account

## Definitions

For the purposes of this Policy and procedures a child, young person, pupil or student is referred to as a 'child' or a 'young person' and they are normally under 19 years of age.

Wherever the term 'parent' is used this includes any person with parental authority over the child concerned e.g. carers, legal guardians etc.

**Intimate care** is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas (such as cleaning up after a child has soiled him/herself). In most cases such care will involve procedures in relation to with personal hygiene and the cleaning of equipment associated with the process as part of a staff member's duty of care. In the cases of specific procedure only staff suitably trained and assessed as competent will undertake the procedure (e.g. the administration of rectal diazepam).

**Personal Care** generally carries more positive perceptions than intimate care. Although it may often involve touching another person, the nature of touching is more socially acceptable, as it is less intimate and usually has the function of helping with personal presentation and hence is regarded as social functioning. These tasks do not invade conventional personal, private or social space to the same extent as intimate care and certainly more valued as they can lead to positive social outcomes for people.

Those personal care tasks specifically identified as relevant here include:

- Supervising a child involved in intimate self-care (showering)
- Skin care/applying suncream/applying external medication
- Supporting eating and drinking
- Administering oral medication
- Hair care
- Dressing and undressing (clothing)
- Washing non-intimate body parts
- Prompting to go to the toilet

Personal care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of a disability or medical need.

## Our Approach to Best Practice

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare, dignity and right to feel safe and secure is of paramount importance.

Staff who provide intimate care are trained to do so (including child protection guidance and, where required, moving & handling and administering medicines (including oral, rectal and topical applications) and are fully aware of best practice. Suitable equipment and facilities will be provided to assist with young people who need special arrangements following assessment from physiotherapist/ occupational therapist.

Staff will be supported to adapt their practice in relation to the needs of the individual child taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible staff who are involved in the intimate care of children will not usually be involved in the delivery of sex education to the child in their care as an additional safeguard to both staff and the children involved.

An individual member of staff should inform another appropriate adult when they are going alone to assist a young person with intimate care.

Young people who require regular assistance with intimate care have a written Individual Health Care Plan (IHCP) or Education Health and Care Plan (EHCP) or other plans that identify the support of intimate or personal care agreed by staff, parents and any other professionals actively involved, such as school nurses or physiotherapists. Ideally plans should be agreed at a meeting at which all key staff are present wherever possible and appropriate. The young person may also be invited to attend. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and where there is a change of circumstance, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for out of school activities (e.g. wraparound care) and off-site visits.

Any vulnerability, including those that may arise from a physical or learning difficulty will be considered when formulating the individual pupil's EHC Plan or Individual Healthcare Plan (IHCP). The views of parents and the pupil, regardless of their age and understanding, will be actively sought in formulating the plan and in the necessary regular reviews of these arrangements. Any changes to the care plan will be made in writing and without delay, even if the change in arrangements is temporary e.g. staff shortages, changes to staff rotas during the coronavirus pandemic etc.

Where relevant, it is good practice to agree with the young person and parents appropriate terminology for private parts of the body and functions and this should be noted in the plan.

Where a suitable care plan is **not** in place, parents will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and wet or soiled him/herself). Information on intimate care will be treated as confidential and communicated in person, by telephone or by sealed letter.

In relation to record keeping, a written record should be kept in within the health care plan / EHCP which has been agreed by parents and staff should a young person require an invasive medical procedure, e.g. support with catheter usage. The school, on request and with parental autharisation will collect accurate records when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times, who was present and any comments such as changes in the child's behaviour. The system of record keeping, reporting and communicating to agreed persons must be agreed with parents.

There must be careful communication with each young person who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Wherever possible, the young person's wishes and feelings should be sought and taken into account. Where the

young person is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

The young person will be supported to achieve the highest level of independence and autonomy that is possible given their ages and abilities. Staff will encourage each child to do as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. When assistance is required, this will normally be undertaken by one member of staff, however, they should try to ensure that another appropriate adult is aware of the task to be undertaken and that, wherever possible, they are visible and / or audible. Intimate care procedures do not include the need for more than one member of staff unless the young persons Education Healthcare Plan specifies the reason for this. Intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the individual.

Each child's right to privacy and respect will be inclusively met at all times and especially when in a state of undress. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. There does, however, need to be an appropriate level of supervision to safeguard pupils, satisfy health and safety considerations and ensure that bullying or teasing does not occur. Where possible a child will be catered for by one adult unless there is sound reason for having more than one adult present. If this is the case, the reasons should be clearly documented. The supervision will be sensetive to the potential for embarrassment.

Intimate and personal care should not be carried out by an adult that the child does not know. Anyone undertaking intimate or personal care in an education setting is in regulated activity and must have been checked against the relevant DBS barred list, even if the activity only happens once - this includes volunteers. Volunteers and visiting staff from other schools should not undertake care procedures without full and appropriate training.

Wherever possible staff will only care intimately for an individual of the same sex. However in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence for example, female staff supporting boys in our school as no male staff are available. The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

Staff will work in close partnership with parents and other professionals to share information and provide continuity of care. Intimate care arrangements will be discussed with parents on a regular basis and recorded on the child's care plan. The needs and wishes of the children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

## Safeguarding or young people

Staff at James Rennie are committed to ensuring that every child is safe and protected from any abuse. We operate under the following principles:

- The welfare / dignity of the young person is of paramount importance
- The management of all young people with intimate care needs will be carefully planned.
- All young people without exception have the right to protection from abuse
- All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately

- School staff are trained in child protection procedures and have a responsibility to report concerns in line with the child protection policy

Safeguarding and Multi Agency Child Protection procedures will be adhered to.

All children will be taught personal safety skills carefully matched to their level of ability, development and understanding.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. she/he will immediately report concerns to the Designated Safeguarding Lead. A clear written record of the concern will be completed. The DSL will decide on whether a referral will be made to the [Cumberland Safeguarding Hub Tel: 0333 240 1727 or email: safeguarding.hub@cumberland.gov.uk OR Westmorland and Furness Safeguarding Hub Tel: 0300 373 2724 or email: safeguarding.hub@westmorlandandfurness.gov.uk in line with the school Child Protection Policy and procedures.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated and outcomes recorded. Parents will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

Neither staff nor any other adult or volunteer will be permitted to carry or have access to a mobile phone, camera or similar device (including smart watches with the ability to capture digital images) whilst providing intimate care.

If a child makes an allegation against a member of staff, all necessary procedures will be followed in line with Keeping Children Safe in Education, the school Child Protection Policy & procedures and Cumbria SCP guidelines. This should be reported to the Head teacher (or Chair of Governors if the allegation is about the Head teacher or where there could be a conflict of interest in reporting to the Head teacher) who will report the matter to the LADO in accordance with the school's Managing Allegations Procedures within the Child Protection Policy and Cumbria SCP guidelines. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Head teacher or Designated Safeguarding Lead in accordance with the whistleblowing procedures within the Child Protection Policy. Where a staff member feels that their genuine concerns are not being addressed, they may refer their concerns to the Safeguarding Hub directly.

All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know but in line with the DfE Information Sharing – Guidance for Safeguarding Practitioners and the school Child Protection Policy and procedures.

All staff will be able to access KAHSC General Safety Series G45 - Managing Intimate care and toileting and understand the need to refer to other policies and procedures held for any clarification of practice and procedures.

## Staffing

Staff who provide intimate care are trained to do so (including child protection guidance, accompanying experienced and competent staff and, where required, health and safety and moving & handling training) and are therefore fully aware of best practice. Staff are full aware of best practise regarding infection control including the need to wear disposable gloves and aprons. Suitable equipment, PPE and facilities will be provided to assist with young people who need special arrangements following assessment from physiotherapist/occupational therapist / moving and handling co-ordinator. Staff who provide intimate care will be aged 18 years or over, will have read the intimate care policy and will have agreed that they are happy to support young peoples intimate care when required.

All adults involved in any kind of intimate care or personal care are carefully vetted and subject to a DBS check for Regulated Activity. Staff must receive safeguarding training each year. Visitors and volunteers will never be involved with intimate care. Supply staff who have been carefully vetted are able to support experienced and competent staff with intimate care when required.

Staff will be supported to adapt their practice in relation to the needs of the individual young person taking into account developmental changes such as the onset of puberty and menstruation. At James Rennie School it is recognised that there is a positive value in both male and female staff being involved in the care of our young people.

When we are regularly and consitently providing personal and intimate care to a young person the appropriate form detailed in **appendix C** will be used to inform and ensure consitent and appropriate practices are followed for each individual.

## Staff Conduct

**In accordance with our Code of Practice for Staff and other adults, staff and other adults in this school are expected to:**

· adhere to the school's intimate care procedures;

· make other staff aware of the task being undertaken;

· always explain to the pupil what is happening before a care procedure begins;

· consult with colleagues where any variation from the agreed procedure/healthcare plan is necessary;

· record the justification for any variations to the agreed procedure/healthcare plan and share this information with the pupil and their parent;

· avoid any visually intrusive behaviour;

· always consider the supervision needs of the pupils and only remain in the room where their needs require this.

· always ensure that the environment is clean, both before and after, any personal and intimate care procedures as one of the important steps to support a young person's welfare and dignity.

· Ensure hygiene is a priority through all personal and intimate care activities

· promote a young person's independence

**Staff and other adults will not:**

· change or toilet in the presence or sight of other pupils;

· shower with pupils;

· assist with intimate or personal care tasks which the pupil can undertake independently.

## Young People at James Rennie

As a basic principle; Young people will be supported to achieve the highest level of autonomy that is possible given their ages and abilities. Staff will encourage each young person to do as much for him/herself as he/she can. This may mean, for example, giving the young person responsibility for washing themselves. Individual handling care plans will be drawn up for particular young people as appropriate to reflect their needs. These plans include a full risk assessment to address issues such as the moving and handling, personal safety of the young person and the carer. Handling care plans should be kept in the young persons MIFFY files.

As far as possible; the young person will be allowed to exercise choice, care for him/herself and be encouraged to have a positive body image. Young persons dignity will be preserved and a high level of privacy and control given to them. Staff at school will work with parents / carers and the school nurse to provide continuity of care wherever possible.

Young people should be given privacy during toileting and pad changing procedures. At no time should a young person of the opposite sex be changed in the same area at the same time. This may be unavoidable in the pool area, but the shower curtains will be used to maintain privacy. Group changing should be avoided, but where it can't be avoided a screen or shower curtain should provide a barrier between any two young people being changed at the same time. When our young people are showering at swimming pools swimwear should remain on whenever possible.

## Young Persons Voice

At the heart of intimate care is the dignity and well being of our young people. James Rennie recognises that for some children who are unable to communicate their wishes adults will need advocate on their behalf, others require signiific support to communicate their wishes and this support will be provided, whilst others are able to make their wishes known. James Rennie school recognises these differences and will always seek to listen to the childs wishes with regards to intimate care.

Young people must be provided with the opportunity to express their preferences in regards to their personal and intimate care. Staff will always seek these views and James Rennie School will always do its upmost to meet these wishes where ever pragmatically possible.

It is the responciblity of all staff caring for a child to ensure that they are aware of the childs methods and level of communication, ensuring effective communication with the child throughout any personal and intimate care. Staff who provide intimate care are aware that it maybe possible to determine a childs wishes by observation of reactions to intimate care. Where there is any doubt that a child is able to make an informed choice on these issues, the childs parents / carers are usually in the best position to act as advocates.

## Teaching of personal and intimate care

In order for young people to be as independent as possible, we will teach them about their own personal and intimate care, this may be in a discrete lesson, through long term startegies set out in their EHCP or be *of the moment* when needs arise. The teaching will as a matter of course be sensitive to the young persons feelings, cultual or religious beliefs; often this will be done in partnership with home.

**Care outside of the *normal* patterns**

On occaision we are called upon to support our young people with aspects of their care such as hair cutting, nail clipping or clothes shoppings for example, because this is what the young person needs to learn. In these cases careful planning and conversations with the young persons family will be appropriate.

## Infection Control

All staff involved in personal care must adhere to good personal hygiene standards Reference should be made to the UKHSA guidance Health Protection in children and young people settings, including education. This includes good hand hygiene, the appropriate use of personal protective equipment, ensuring their own wounds are suitably covered, safe management of sharps, and dealing correctly with blood and bodily fluid spillages.

Everyone should know and apply the standard precautions as a matter of good practice. This is made known to staff members/volunteers during initial induction and at regular intervals. Each staff member must be accountable for his/her actions and must follow safe practices.

## Immunisation against Blood Borne Viruses (BBV's)

By far the most all round effective way, including cost effectiveness, is to educate 'at risk' employees about the risks involved and to encourage all to maintain appropriate preventative measures. It is only when appropriate preventative measures are not deemed adequate to reduce risk to an acceptable level that immunisation will be considered. The national schedule of Immunisation changes periodically so it is important to check the NHS Health A-Z website for up to date details. It is important that all staff are up to date with the current immunisation schedule.

Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites resulting in puncture or breaking of the skin are potential sources of exposure to blood borne infections therefore it is essential that they are managed promptly.

There is a theoretical risk of transmission of Hepatitis B from human bites, so the injured person should be offered vaccination. Although HIV can be detected in saliva of people who are HIV positive there is no documented evidence that the virus has been transmitted by bites.

The most important BBV's to consider for employment purposes are Hepatitis B, C and HIV. It is not normally necessary for first aiders or those involved in intimate care in the workplace to be immunised against Hepatitis B virus unless the risk assessment indicates that it is appropriate; immunisation is not available for other BBVs. Currently, immunisation is only available for Hepatitis A and B and is not available for Hepatitis C or D or HIV. Hepatitis B vaccine is not recommended for routine school or nursery contacts of an infected child or adult.

Hepatitis B vaccine is, however, recommended for staff who are involved in the care of children with severe learning disability or challenging behaviour, and for these children, if they live in an institutional accommodation. In such circumstances it is the responsibility of the employer to finance the vaccine programme.

Employees who come into contact with blood and bodily fluids in the course of their work or who risk being scratched and bitten could be at risk from blood borne viruses. We are responsible for managing the risk to school employees from blood borne viruses. This is considered as part of the school's risk assessment processes. Those employees deemed to be at significant risk of contracting BBV's, despite taking all reasonable precautions. This may include the following:

- groups at risk from Hepatitis B;
- employees in 'healthcare roles' who are likely to have direct contact with infected blood or body fluids;
- carers or support staff for pupils with severe learning/behavioural problems, where there is a significant risk of the employees being bitten, scratched or otherwise sustaining blood injuries from the clients in the course of their work.

Most GP's will provide immunisation for their patients **where they are at risk from blood-borne viruses in their work**. The cost of this service varies from GP to GP but each immunisation should cost no more than the price of a prescription. Staff who, by means of our risk assessment, are advised to seek immunisation, can claim reasonable immunisation costs back from the school.

No employee should be forced or required to have an immunisation. If after explanation of the risks the employee chooses not to be immunised this decision should be recorded. A note will be made on the employee's personal file as evidence that this offer has been made.

Further details can be found in KAHSC Medical Safety Series: M06 - Protection Against Blood Borne Infections-Viruses (BBVIs) and the UKHSA guidance: Health Protection in children and young people settings, including education.

## Personal protective equipment (PPE)

Where a child or young person already has routine intimate care needs that involve the use of PPE, the same PPE will continue to be used. Single use disposable aprons and disposable gloves must be worn during intimate care.

### Aerosol generating procedures (AGP)

- An AGP is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract.
- Standard PPE recommendations for AGPs would include eye and face protection, apron and gloves to protect against the splashing or spraying of blood and bodily fluids.

**Appendix A**

# Situations Which May Lend Themselves to Allegations of Abuse

## 1. Physical Contact

All staff engaged in the care and education of children must exercise caution in the use of physical contact.

The expectation is that staff will work in 'limited touch' cultures and that when physical contact is made with young people in their care this will be in response to the needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background.

Staff should be aware that even well intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny.

Physical contact which is repeated with an individual child is likely to raise questions unless justification for this is formally agreed by the child, the organisation and those with parental responsibility.

Children with special needs may require more physical contact to assist their everyday learning. The general culture of 'limited touch' will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny. Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported. Extra caution may be required where a child has suffered previous abuse or neglect. In the child view, physical contact might be associated with such experiences and lead to staff being vulnerable to allegations of abuse. Additionally, many such children are extremely needy and seek out inappropriate physical contact. In such circumstances staff should deter the child without causing them a negative experience. Ensuring that a witness is present will help protect staff from such allegations.

## 2. Restraint

There may be occasions where it is necessary for staff to restrain children physically to prevent them from inflicting injury/damage on either themselves, others or property.

In such cases only the minimum force necessary should be used for the minimum length of time required for the child to regain self-control.

In all cases of restraint the incident must be documented and reported. Staff must be fully aware of the Physical Intervention/Positive Handling Procedures.

Under no circumstances would it be permissible to use physical force as a form of punishment, to modify behaviour, or make a child comply with an instruction. Physical force of this nature can, and is likely to constitute a criminal offence.

## 3. Children in Distress

There may be occasions when a distressed child needs comfort and reassurance that may include physical touch such as a caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and not subject to misinterpretation.

Judgement will need to take account of the circumstances of a yopung persons distress, their age, the extent and cause of distress. Unless the child needs an immediate response, staff should consider whether they are the most appropriate person to respond. It may be more suitable to involve the child's parents or an available counselling service.

Particular care must be taken in instances which involve the same young person over a period of time.

Where a member of staff has a particular concern about the need to provide this type of care and reassurance they should seek further advice from their line manager or other appropriate person.

## 4. First Aid and Intimate Care

Staff who administer first aid should ensure wherever possible that another adult or other children are present. The young person's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.

Regular requirements of an intimate nature should be planned for. Agreements between the setting, those with parental responsibility and the child concerned should be documented and easily understood. The necessity for such

requirements should be reviewed regularly. The child's view must be actively sought and, in particular, any discomfort with the arrangements addressed (see Guidance for Intimate and Personal Care).

## 5. Physical Education and Other Skills Coaching

Some staff are likely to come into physical contact with young people in their care from time to time in the course of their duties when participating in games, demonstrating, exercise or the use of equipment.

Staff should be aware of the limits within which such contact should properly take place and of the possibility of misinterpretation.

Where it is anticipated that a young person might be prone to misinterpret any such contact, alternatives should be considered, perhaps involving another member of staff or a less vulnerable young person in the demonstration.

## 6. Showers / Changing Clothes

Children are entitled to respect and privacy when changing clothes or taking a shower. However, there must be the required level of supervision to safeguard children with regard to health and safety considerations and to ensure that bullying does not occur. This means that adults should announce their intention of entering changing rooms, avoid remaining in changing rooms unless the young persons' needs require it, avoid any physical contact when children are in a state of undress and avoid any visual intrusive behaviour.

Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is present. However, this may not always be possible and therefore staff need to be vigilant about their own conduct e.g. adults must not change in the same place as children or shower with them.

## 7. Out of Hours or Off-site Activities – trips, clubs etc.

Employees should take particular care when supervising children in the less formal atmosphere of a childcare setting, residential setting or after-school activity club. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of staff will be no different from the behaviour expected within the setting. Staff involved in such activities should also be familiar with their setting's Educational Visits procedures, and where required, LA and Outdoor Education Adviser Panel (OEAP) Guidance regarding educational visits/off site activities.

To ensure children's safety, increased vigilance may be required when monitoring their behaviour on field trips, residential visits etc. It is important to exercise caution so that a child is not compromised and the member of staff does not attract allegations of overly intrusive or abusive behaviour.

On occasion (field trips/days out etc.) some children might be short of funds and would be embarrassed or singled out if this were known. It would be acceptable for a member of staff to subsidise a child provided that this was disclosed to colleagues.

Meetings with children away from the setting premises where a chaperone will not be present are not permitted unless specific approval is obtained from the head teacher or other senior colleague with delegated authority. Staff should not place themselves in a position where they are in a vehicle, house or other venue alone with a child.

If staff come into contact with children with whom they work whilst off duty, they must behave as though in a professional role and not give conflicting messages regarding their own conduct.

## 8. Photography, Videos and Similar Creative Arts

Staff should be aware of the potential for such mediums of teaching to be used for wrong purposes. Additionally children who have been previously abused in this way may feel threatened by the legitimate use of photography, filming etc. The potential for founded and unfounded allegations of abuse requires that careful consideration be given to the organisation of these activities.

There must be clear policies and protocols for the taking and using of images and of the use of photographic equipment. These should require the justification and purpose of the activity; its content; avoidance of one to one sessions; appropriate privacy when changing of clothes is required; and, arrangements for access to the material and storage.

Consent to participating in these activities should be sought from the parents, but staff must remain sensitive to those children who appear particularly uncomfortable with the activity.

The guidance in Safety Series G21 – Use of Photographic Digital Images, good practice and any specific procedures should be followed when taking or using any images/photographs of children.

# Frequently Asked Questions

# Frequently Asked Questions

***What if we have nowhere to change children?***

If it is not possible to provide a purpose built changing area, then it is possible to purchase a changing mat and change the child on the floor or another suitable surface, screened off if required. Most children can be changed in a standing position and can be changed in a cubicle. A 'Do not enter' sign (visually illustrated) can be placed on the toilet door to ensure that privacy and dignity are maintained during the time taken to change to child.

***Won't it mean that adults will be taken away from the classroom or setting?***

Depending on the accessibility and convenience of a setting's facilities, it could take ten minutes or more to change an individual child. This is not dissimilar to the amount of time that might be allocated to work with a child on an individual learning target, and of course, the time spent changing the child can be a positive learning time.

***Is it OK to leave a child until parents arrive to change them?***

Asking parents to come and change a child is in direct contravention of the DfE statutory guidance Supporting Pupils at School with Medical Conditions. It is also likely to be construed as a direct contravention of the Equality Act 2010, and leaving a child in a soiled nappy or in wet or soiled clothing for any length of time pending the return of the parent is a form of abuse. Ask yourself if you would leave an injured child until parents arrived?

***Who is responsible for providing nappies/continence wear?***

Parents are responsible and must provide supplies. Schools may be asked how many nappies they may require by the continence nurse in order for them to calculate how many to give parents. Schools should provide gloves, other disposable clothing and personal protective equipment.

***How do we dispose of nappies?***

Check with your refuse collection service provider. For occasional use you may single wrap wet and double wrap soiled nappies and use ordinary waste bins.

***What if no one will take responsibility to change nappies?***

Consider your arrangements when a child accidentally wets or soils. The same system could be used for when such tasks might be expected rather than unexpected, but it is good practice for a familiar adult to undertake this task. While the DfE statutory guidance Supporting Pupils at School with Medical Conditions states that support is a voluntary task, it is written into the job description of most Local Authority employed teaching assistants. The statutory guidance does extend to pupils with toileting issues and is clear that a medical diagnosis is not a pre-requisite before school must provide any necessary support. Therefore appropriate staffing must be made available.

***I am worried about lifting***

Risk assessments must be undertaken for each child. Where manual handling in the form of support is required staff should receive advice or training. Children must not be physically lifted if they weigh more than 16kg, but encouraged to get on/off any changing beds themselves - many are height adjustable. Suitable equipment, such as hoists should always be used for children who are unable to help themselves, which will reduce the risk of injury to both child and staff – training will be required.

***How can I help a child to communicate when they need to use the toilet?***

Children with communication difficulties may need tools to help them communicate. Picture symbols and signs can be used to reinforce spoken words.

For children who are learning English as an additional language, it is helpful to learn how to say the appropriate words in their home language

***I work in an early years' setting. Won't I be changing nappies all the time?***

No, if parents change the child before school or arrival at the setting, staff should only need to check or change a child occasionally, depending on the child. Emphasis should always be on teaching the child independence and encouraging them to do as much as possible for themselves. Look on it as part of their early education and learning.

***Parents won't bother to toilet train their child will they?***

Parents are as anxious as you for their child to be out of nappies. You will need to make it clear that your expectation is that all children in school will be out of nappies, but that you will support children and families through

any difficulties. **For early years settings it is not appropriate that your expectation is that all children will be out of nappies prior to starting nursery.**

***Is it true that men can't change nappies because of child protection issues?***

No, there are many men in childcare who change nappies on a daily basis. DBS checks are carried out to screen for any known risks and they may also be subject to the requirements of the Childcare (Disqualification) Regulations 2009, and safe practice induction given to all designated staff. If there is a known risk of false allegation by a child then a single carer should not undertake intimate care.

***What if a child reacts defensively, or reacts to personal care?***

Is the child otherwise anxious about adults? Is it new or changed behaviour? Ask the parent whether anything has happened which may have led to the child being anxious or upset about intimate care. Has there been a change in the household? If you are still concerned, consider whether there may be child protection issues and follow the school child protection policy.

***What if a member of staff refuses to change a child person who has soiled?***

The Equality Act 2010 is clear that children should be protected from discrimination, and therefore a child who has soiled should be tended to in order to be able to return to the classroom/setting without delay. The DfE statutory guidance Supporting Pupils at School with Medical Conditions is also clear that pupils should be supported with toileting issues whether there is a medical diagnosis involved or not. The issue should not arise if designated support staff have been advised on appointment and induction, and existing support staff trained in relation to the school's duties under the Act.

**Appendix C**

# Home School agreement:
# Personal & Intimate Care Plan

| | |
|---|---|
| Child's name | |
| Class | |
| D.O.B | |

| NATURE OF PERSONAL CARE TASK | Requires full support from staff | Requires supervision / minimal assistance from staff |
|---|---|---|
| Toileting | | |
| Dressing and Undressing | | |
| Handwashing and personal hygiene | | |
| Supported eating (including tube feeding) | | |
| Application of skin creams (including sun screen) | | |
| Administering of medication | | |
| Menstruation | | |

| Facilities / Equipment Required | ✓ if Yes | Comments |
|---|---|---|
| Changing bed / Table | | |
| Hoist | | |
| Step | | |
| Wheeled Stool | | |
| Grab Rails | | |
| Step | | |
| Hot and Cold water | | |
| Disposal Unit | | |
| Other 1 | | |
| Other 2 | | |

| Young persons wishes / comments: |
|---|
| |

| Supplies | Home Provides | School Provides |
|---|---|---|
| Pads / Nappies | ✓ if required | |
| Change of clothes | ✓ if required | |
| Antiseptic / Disinfectant cleanser | | ✓ |
| Wipes | | ✓ |
| Disposable gloves and aprons | | ✓ |
| Contaminated waste disposal bins | | ✓ |
| Disposal Sacks | | ✓ |
| Paper towels | | ✓ |
| Soap | | ✓ |
| Toilet paper | | ✓ |
| Other 1 (please detail below) | | |

| Additional information / Comments: |
|---|
| |

## Permission for school to provide intimate care:

I/We give permission for JAMES RENNIE SCHOOL to give personal & intimate care to my/our child in line with the school Personal and Intimate Care policy.

I/We will advise the school of anything that may affect issues of personal and intimate care.

I/We understand the procedures that will be carried out and will contact the school immediately if there are any concerns.

1. Signature: _____ Date: _____

   Printed Name: _____ Relationship to child: _____

2. Signature: _____ Date: _____

   Printed Name: _____ Relationship to child: _____

# Home School agreement:
# Personal & Intimate Care Plan

| | |
|---|---|
| Child's name | |
| Class | |
| D.O.B | |

| NATURE OF PERSONAL CARE TASK | Requires full support from staff | Requires supervision / minimal assistance from staff |
|---|---|---|
| Toileting | | |
| Dressing and Undressing | | |
| Handwashing and personal hygiene | | |
| Supported eating (including tube feeding) | | |
| Application of skin creams (including sun screen) | | |
| Administering of medication | | |
| Menstruation | | |

| Facilities / Equipment Required | ✓ if Yes | Comments |
|---|---|---|
| Changing bed / Table | | |
| Hoist | | |
| Step | | |
| Wheeled Stool | | |
| Grab Rails | | |
| Step | | |
| Hot and Cold water | | |
| Disposal Unit | | |
| Other 1 | | |
| Other 2 | | |

| Young persons wishes / comments: |
|---|
| |

| Supplies | Home Provides | School Provides |
|---|---|---|
| Pads / Nappies | ✓ if required | |
| Change of clothes | ✓ if required | |
| Antiseptic / Disinfectant cleanser | | ✓ |
| Wipes | | ✓ |
| Disposable gloves and aprons | | ✓ |
| Contaminated waste disposal bins | | ✓ |
| Disposal Sacks | | ✓ |
| Paper towels | | ✓ |
| Soap | | ✓ |
| Toilet paper | | ✓ |
| Other 1 | | |

| Additional information / Comments: |
|---|
| |

**Permission for school to provide intimate care:**

I/We give permission for JAMES RENNIE SCHOOL to give personal & intimate care to my/our child in line with the school Personal and Intimate Care policy.

I/We will advise the school of anything that may affect issues of personal and intimate care.

I/We understand the procedures that will be carried out and will contact the school immediately if there are any concerns.

## Young persons signiture:_____

1. Signature: _____ Date: _____

   Printed Name: _____ Relationship to child: _____

2. Signature: _____ Date: _____

   Printed Name: _____ Relationship to child: _____