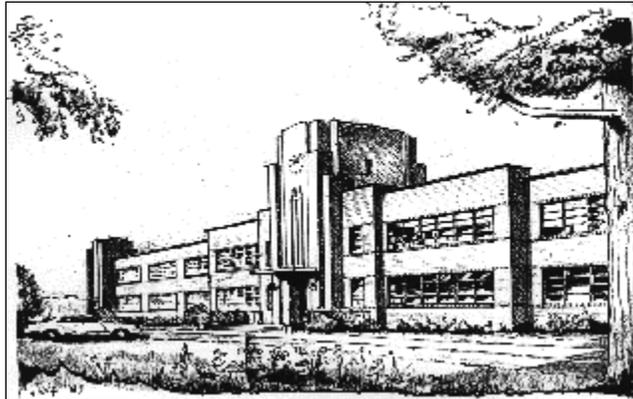


William Torbitt Primary School



Personal Care Policy

Personal Care Policy

INTRODUCTION

William Torbitt Primary School recognises that managing the personal care needs of young children is an important aspect in supporting their development and should not be seen as separate or different.

This policy applies to:

- ❖ Children who have not yet achieved full independence in using the toilet before attending nursery or school.
- ❖ School age pupils who, for a variety of medical, emotional or social reasons, require toilet training or special arrangements with toileting in school.
- ❖ Children who require support in dressing/undressing.
- ❖ Children who need support to develop independence in eating and drinking.

Our procedures will be applied fairly and consistently to all children and staff working in the school.

(This policy is written with reference to, and should be read in conjunction with, the Good Practice Guidelines provided by Redbridge Pre-School Liaison Group. Appendix 1)

Within this policy we recognise that:

The vast majority of children are relatively independent and able to manage their own personal care needs with minimal support before they start school or nursery.

The development of personal help skills is most successful when school and families work closely together.

It is essential that at all times children are treated with respect and with consideration to maintaining their dignity and self-confidence.

Principles of Good Practice

- It is important to adopt consistent approaches at home and at school.
- The school, in partnership with parents or carers and any other professionals involved, should make plans to work towards the earliest possible, or the maximum possible, independence.
- Head Teachers, Governors and senior managers in school or settings have special responsibility to set the tone for the way in which the issue is addressed. They should appreciate and support the extra demands these pupils may place on staff.
- School staff should be provided with access to appropriate resources and facilities and supported by clear plans, policy guidelines, and training. All staff supporting pupils with self-help skills must receive appropriate information and training.
- Head Teachers and Managers should be aware of, and ensure implementation of, appropriate health and safety procedures and risk assessments.
- Head Teachers, Governors and senior managers should be aware of their duties to comply with the Equality Act 2010. We "must not discriminate against" and "must make reasonable adjustments for disabled children" to prevent them being put at a substantial disadvantage.

Child Protection

- As soon as it is known that a child will require support with personal care a meeting must be held with the parent/carer to clarify what this will involve. A record must be kept of this meeting. When toileting needs are to be considered the Information Form (Appendix 2) must be completed and copied to parents/carers.
- Children will always be supported by familiar members of staff. Students and volunteers will not be involved in the personal care needs of pupils.
- Staff changing children in nappies or supporting children with toileting will always inform another member of staff when accompanying a child to the changing area/toilet. Doors will be left unlocked unless a child specifically asks for them to be locked.
- At all times children will be encouraged to be as independent as possible. Staff should only wipe/clean a child's intimate areas in exceptional circumstances; when it has been recognised that the child does not have the skills required; or when failure to do so will result in discomfort.
- Swimming - Students and volunteers will not accompany pupils into the changing rooms.

Health and Safety

- As in all circumstances that may involve contact with bodily fluids staff must wear protective gloves when supporting a child with toileting needs or handling clothing that is wet or soiled.
- Special bins are located in the disabled toilets for the disposal of nappies and bodily waste.
- Changing areas must be cleaned with disinfectant spray after use.
- If children use wipes it is important that parents/carers are asked about any allergies.

Special Educational Needs

For some children difficulty in achieving toilet training may be one aspect of more general developmental delay and learning difficulties. These children will benefit from all the usual good practice teaching and management techniques used across the curriculum. For example, children who have limited language development will benefit from the use of visual cues and signals as well as sequencing cards.

Toileting and Personal Care

Good Practice Guidelines

This guidance is for Staff in Mainstream Educational Settings

This guidance is relevant for all children including those with special educational needs and those with medical needs

Toileting and Personal Care

Good Practice Guidelines

Introduction

Managing the toileting needs of young children is part and parcel of managing their developmental needs and should not be seen as a separate or different issue. Staff in schools are used to dealing with children's personal needs with the minimum fuss and maximum sensitivity. With children entering nursery at an earlier age (some before their third birthday) and many children with special educational needs in mainstream schools, toileting or managing the personal needs of young children may need more structured management. These guidelines are designed to give advice on the management of the personal needs of children in school and to assist practitioners to feel confident in their approach.

Children in Nursery

- If a child is entering nursery and has not started the toilet training process, staff need to enquire sensitively about the parents' or carers' understanding of their child's developmental needs. Refer the parents to their health visitor, who will be able to give advice on how to make a start.
- Lack of toilet training may point to an underlying physical or emotional difficulty. The health visitor will be best placed to identify and work with the parents or carers on this issue and may want to liaise with you regarding progress.
- A child who is not ready to be toilet trained may come to school in nappies or pull-ups. Some children can come in pants and will be influenced by others to use the toilet. This is a good way to toilet train without fuss.
- Ask the parent or carer to take them to the toilet as they bring them into nursery. They may well be OK for the remainder of the session, although you may wish to support the toilet training process by following a routine at school.
- If a nappy needs changing during the school session, try changing the child while they are standing up. This affords maximum privacy for the child.
- Allow children maximum independence. If you do not need to enter a toilet cubicle to help them, stand outside and offer verbal encouragement.
- Teach children to care for their own needs. Teaching them to be independent is a high priority and meeting their personal needs is no different from meeting their educational needs.
- Have some visual aids such as Makaton symbols, PECS pictures, good picture books available and refer to them with all the children.
- Have clean clothes, spare polythene bags etc. freely available and labelled so that children can find their own items wherever possible.

- If a child is regularly soiling or wetting, keep a record of the time this happens – you may be able to pre-empt a problem. This may also be helpful in establishing a routine.
- Have everything you need close to hand so that you can change a child with the minimum of fuss and time.
- If possible plan for more than one member of staff to deal with each child so that if one person is not there, there is always someone else the child is familiar with.

Staffing

Schools have procedures in place for when accidents happen or for when a child is sick. If an occasional accident happens these procedures could be put in place to help change a nappy or to clear a puddle.

If a child needs changing regularly as part of a programme, try and build in a time with suits you e.g. if a child regularly soils at a particular time in a session try and plan for that time to be staffed flexibly. Drinks time, group time, singing etc. are often times when a member can be spared for a few minutes to help a child. (Staff members from neighbouring classes can also sometimes be borrowed to cover during these times or in an emergency).

Children with significant medical needs may require additional resourcing and this may be over a long period of time. Accessibility plans are in place in all schools.

Health and Safety

The most effective prevention for spreading infection is hand washing. Make sure warm water, adequate soap and a method of drying hands are always available. Instruct all staff to wash hands thoroughly after changing nappies or mopping up spills.

Equipment needed to change nappies or mopping spills are **gloves, polythene bags, and yellow bags.** All staff must wear gloves when handling bodily fluids. All soiled materials must be put into a sealed bag. All materials contaminated by bodily fluids must be disposed of in a yellow bag. (Information regarding yellow bags will be part of the school's health and safety policy).

You may consider relocating the school's yellow bag or you may purchase a lidded container to keep soiled materials and nappies until the cleaner/caretaker empties at the end of the day. Everyone who handles bodily fluids must be aware and take the appropriate safety precautions.

Methods of mopping spills of bodily fluids are the same as they are in the rest of the school and will be spelt out in your school's Health and Safety Policy.

Be careful to use and store cleaning agents such as Milton or washing up liquids in accordance with your schools Health and Safety Policy (COSHH).

Safeguarding

Many schools are worried about the safeguarding elements in attending to to a child's personal needs in schools. It is important to remember **that attending to a young child's personal needs is part of meeting their developmental and individual needs.**

However, there are certain steps you can take to ensure your own protection as well as that of the child/young person.

1. Have a school policy regarding meeting the personal needs of pupils, agreed by governors.
2. Have a written agreement with the parents or carers. As appropriate involve the child / young person in drafting and agreeing this agreement.

3. Explain how and when nappies will be changed. (This may comprise part of a medical care plan)
4. Decide the most suitable place to assist children with personal care and what additional equipment might be required e.g. hoists etc. Seek advice as necessary from health professional and site managers.
5. Carry out a written risk assessment.
6. Agree a suitable place for changing nappies and/or providing personal care. Considering how this area is used by the whole school, e.g. particular toilet/s may be more visible to members of staff while still maintaining privacy for the child. Make sure this is included in your policy and your agreement with parents or carers.
7. Always notify another member of staff subtly when leaving the room to change a nappy – a sign or signal may be useful.
8. Remember to carry out meeting the personal needs of others with sensitivity; toileting difficulties can have a devastating effect on a child if not dealt with in the proper manner.
9. Safeguarding consideration should ensure the safety of children and of staff at all times and procedures and policies in regard to personal care should reflect this.
- 10.
11. Early years practitioners are skilled and experienced in dealing with sensitive issues, promoting independence and respecting children's views. Seeing the personal needs of children is as important as their educational needs.
12. Some member of staff may feel that for one reason or another they are unable to meet these needs in children. Headteachers may wish to remember this when allocating staff to year groups so that there is a balance in the team. It may be worth including a question regarding meeting the personal needs of children when interviewing for new staff.
13. Leaving a child in dirty clothing could be considered to be a child protection issue in itself.

Children with significant needs

The Special Needs and Disability Regulations 2014 and The Disability Act 2010 sets out two main duties:

Not to treat a disabled child less favourably.

To make "reasonable adjustments" for disabled children.

The DDA does not require schools to provide auxiliary aids or make physical changes to the buildings. However, if a child is not toilet trained due to a disability then the duties apply.

Examples of what a school can do to make sure they are not discriminating:

- Revisit admission policies
- Information to parents – is it clear regarding its policy on toilet training?
- Revise and review other policies e.g. Health and Safety, SEN, nursery/early years.
- Review provision of relevant Health and Safety issues.
- Monitor and access staff to training regarding relevant issues.
- Plan ahead to meet children's needs on school visits or special occasions.
- Review the kind of information that is gained from parents and carers before the child starts school.
- Liaise with other professionals involved e.g. health visitor, school nurse.
- Establish closer links with Health Services e.g. the Continence Service, local health centres.

Finally remember that attending to a young child's personal needs can be very emotive for all concerned: the child, their carer or parents and for staff members.

School toilets can be frightening and public places to be, crowds of children entering at one time, doors that can be looked over or under, unflushed toilets or noisy hand driers are just some of the things that can frighten children or put them off entering the toilets with the inevitable consequences. If children are reluctant to develop independent toileting skills where there is no underlying medical or physical difficulty it is worth exploring with a child their reasons for not wanting to use the facilities. This can apply to all ages.

Younger children often regress when they start school as they are dealing with so many new things at once. A child who is nearly toilet trained within the comfort of their own home will need time, encouragement and support from all concerned in order to be the same at school.

Hygiene and Health Precautions

Hygiene and Bodily Fluids

The risks in dealing with spillages of body fluids are so small as to be virtually non-existent. Nevertheless the maintenance of good hygiene standards is important. Assume body fluids (blood, vomit, urine etc.) may be infectious and always follow hygiene procedures.

Universal Precautions

- Hand washing is the most simple and effective method for preventing the spread of infections.
- Hands must be washed using soap under warm running water, rinsing carefully and thoroughly drying them on disposable paper towels.
- Shared towels should not be used.

Hands should be washed:

- Before and after each work shift
- Before putting on, and after removing, protective clothing.
- Before and after physical contact with individual children.
- After handling contaminated items such as soiled clothing & nappies.
- After using the toilet.
- After blowing your nose or covering a sneeze.
- Whenever hands become visibly soiled.
- Before eating, drinking or handling food.

Protective Clothing

Aprons

- Disposable plastic aprons should be used for all activities that may result in clothing being soiled with bodily fluids such as excreta.
- The apron should be thrown away and hands washed before dealing with a different child or any other activity.
- If heavy-duty protective clothing is worn, these should be washed and dried regularly, following the manufacturer's instructions to avoid contamination.

Gloves

- Disposable gloves are required where hands are in contact with body fluids, or for other health and safety reasons. For example when using a caustic cleaning agent.
- Gloves should be single use, well-fitting and made of vinyl (latex and polythene disposable gloves with seams are unsuitable).
- Hands must be washed after removing gloves, as germ counts increase while gloves are worn.

Skin

Cuts or abrasions in any area of exposed skin should be covered with a waterproof plaster dressing.

Spills of Body Fluids

- Splashes into eyes or mouth should be rinsed freely with clean cold water.
- Body fluid spillages should be cleaned using whatever absorbent materials are available e.g toilet paper, paper towels. Disposable gloves and aprons should be worn when cleaning such spills.
- Skin that has been in contact with another person's bodily fluid should be washed with soap as soon as possible.
- Disinfect spillage area with bleach or other chlorine-releasing compound.

Spills on Hard Surfaces

Large spills should be covered with disposable paper towels to soak up excess. The towels should be treated as clinical waste and discarded in yellow bags. The remaining spillage should be treated as follows:

- Urine spillage: Wash the area using hot water and a general-purpose detergent, for example liquid soap.
- Other spillage: Disinfect with a 1% solution of a bleached disinfectant.

Spills on Carpets or Upholstery

- Mop up excess fluid with a J-cloth or kitchen roll. Sponge it with cold water, and then clean with hot water and liquid soap.

Spills on Clothing

- Sponge off with warm soapy water and wash as soon as possible in the hottest wash the clothing will stand. Clothing may also be dry cleaned, if suitable.

Bleach

Education establishments in the following circumstances must only use bleach:

- For the cleaning of hard surfaces in the event of accidental spillage of blood and bodily fluids.

Bleach is not to be used as a general cleaning aid by education establishments, as the risk of mixing it with other preparatory cleaning liquids is significant and can result in serious personal injury.

COSHH Assessment

COSHH Assessment's must be carried out for all cleaning agents (information will be included with the School's Health and Safety Policy or contact the School's Health and Safety Coordinator). All staff who are required to use and store cleaning agents are to be informed of the findings of the COSHH assessment.

Disinfecting products are irritating to the skin/eyes and can be harmful if swallowed. Contact with acid can liberate chlorine gas as can dilution in hot water. Provided instructions from the COSHH assessments and the control measures below are adhered to, the risk will be adequately controlled.

- Store in original containers, upright in a cool place not accessible to children.
- Ensure they cannot come into contact with acids.
- Wear gloves.

- Wear eye protection if risk of undiluted liquid splashing eye.
- Wash hands after use

The Table Indicated Some Common Products And The Correct Dilution:

PRODUCT	DILUTION
	<i>Product: Cold Water</i>
Household bleach (Sodium hypochlorite solution) 5% available chlorine	1:10
Baby bottle washing disinfectant e.g Milton (Sodium hypochlorite solution) 2% available chlorine	1:3
Products with 1% available chlorine	1:1
BEEP Super Effervescent chlorine tablets (Sodium Dichloroisocyanate) 1 gram available chlorine per tablet	5 tablets/litre

NB. BEEP tablets have a longer shelf life (over three years) than the other products and are therefore recommended where use is likely to be infrequent.

Changing Nappies

- Hygienic practices involving nappies and changing mats are vital as they are one of the commonest infectious problems.
- Changing mats should be covered with disposable paper which should be discarded after each child. If soiling occurs, the mat should be washed with hot soapy water and allowed to dry before further use. Adequate numbers of changing mats should be available. Torn or cracked covers should be disposed of immediately.
- Staff requiring to change children wearing pull-ups need a mat to kneel upon to protect their knees. This needs to have a vinyl surface so it can be cleaned as per the changing mats. A suitable mat would be a PE mat that has a cover which is not torn or cracked.
- Disposable nappies should be placed in a plastic bag, which should be tied securely before placing in a yellow bag. Non-disposable nappies must be soaked, for an hour max, in a bleach based agent and washed in a hot cycle afterwards.

Thorough hand washing, using soap and warm water, must follow any contact with soiled nappies and changing mats.

Disposal

- All waste contaminated body fluids (disposable gloves and aprons, together with contaminated absorbent material and dressings) should be treated as clinical waste and placed into yellow bags.

- You may consider relocating the schools yellow bag, or you may purchase nappy wrapper. The bag must be emptied at the end of the day; if an alternative to a yellow bag is used then this must be put into a yellow bag at the end of the day.
- Yellow bags are only to be two thirds full. These should be clearly marked 'clinical waste bio-hazard for incineration' and the bag should be sealed, the point of origin marked, and stored in a lockable, vermin-proof enclosure for collection, by the Public Protection Service.
- Clinical waste is incinerated and therefore more expensive to dispose of than non-clinical/household waste. Public Protection Service will be able to advise on the cost of the collection service.

Accidental Spillage of Clinical Waste

- Service areas should have a local procedure for dealing with an accidental spillage; contact Public Protection Service for advice. This procedure must include staff training.
- There must be proper cleansing of the affected area, tools or protective clothing used.