St. Giles School is committed to ensuring that all staff responsible for the personal care of pupils will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all pupils with respect when personal care is given. No pupil should be attended to in a way that causes distress or pain. The pupil’s welfare and dignity is of paramount importance. Every pupil’s right to privacy will be respected. Wherever possible we aim to establish as much age appropriate independence around personal care as is possible but will take into account a child’s physical and learning disabilities. We will encourage parents to do the same to encourage a consistent approach both at school and at home.

 **Rationale**

The purpose of these guidelines is to set out procedures that safeguard pupils and staff by providing a consistent approach within a framework, and that recognise the rights and responsibilities of all those involved in providing personal care for pupils.

We believe that all pupils should be able to participate in all aspects of community life so personal care procedures will be carried out in various settings. It is therefore important that appropriate facilities and equipment are available and adapted when necessary.

We recognise that personal care raises complex issues. Whilst it may not be possible to eliminate all risks the balance should be on the side of dignity, privacy, parental (and where appropriate pupil) choice and safety.

In accordance with St. Giles School Health and Safety Policy, all employees, regardless of position, are legally obliged to take reasonable care for the health and safety of themselves and others, and to co-operate with the employer or other authorised persons in achieving this worthwhile aim.

All staff are trained in safeguarding, child protection and moving and handling and are expected to follow the school’s policies and procedures to keep children safe. See separate policies for these areas.

**Risk factors for children with disabilities**

Limited life experiences and social contacts mean that children with disabilities have had no chance to acquire the 'street-wise' behaviours and judgements which their non-disabled peers use in assessing the behaviour and attitudes of other people.

Some children with disabilities may have had almost no contact with non-disabled people and are particularly at risk in terms of understanding inappropriate adult behaviour. In particular, children with high dependency needs may have learned from an early age that it pays to be pleasing and compliant and may be reluctant to challenge carers (family or professionals).

Lack of experience together with a wider lack of control or choice over their own lives will be compounded if children with disabilities lack appropriate sexual education - including personal and social education. This creates problems which are further compounded if isolation and rejection increase the need for affection and attention which makes such children particularly vulnerable to adults' attention and favours.

**Exposure to Multiple Carers**

Children with disabilities are likely to use a much wider range of services than their non-disabled peers and, furthermore, to use services which may be distant from their family home. Research tells us that such children are most likely to be abused by someone they know. But who do they know? And how well do the multiple professionals involved in their lives and care 'know' each other and ensure that the children's wishes and feelings are fully recognised?

Their parents (however good the quality of parenting provided) are pressurised by the burdens and demands of caring for the child and may be reluctant to complain or to query the behaviour of any of their children's carers or supporters for fear of losing a service.

**Impaired Communication Skills**

Impaired communication skills may make disabled children appear to be 'safe victims' because they are unlikely to complain and may indeed lack the language skills to avoid the abuse in the first place. Communication skills may be obviously lacking, for example when a child has a significant learning disability which restricts vocabulary and language. They may also be lacking in children who can communicate but whose social skills and life experiences make it difficult for them to do so.

**Need for assistance with personal care**

The need for personal care presents a major challenge. Many children with multiple disabilities require constant physical care and assistance with eating, dressing, toileting and general mobility. Others require periodic personal care (if - for example - they have to use a public toilet which has not been adapted for wheelchair use) but may manage very well in a suitable environment.

Experience suggests that the risks and possibilities of abuse are minimised where there is both a culture which acknowledges the risks and practices which seek to prevent the possibility of abuse.

Key features include:

* procedures which respect the right of pupils to privacy but which prevents individual staff members from putting themselves at risk of possible allegations;
* opportunities for all staff to have received training in both preventing and recognising child abuse;
* an awareness by all staff that our first duty is to protect the child - not to protect parents or members of staff;
* staff, parents and children (where they are able to communicate) knowing clearly that concerns in relation to abuse should be referred to the headteacher or direct to MASH (Multi Agency Safeguarding Hub);
* the Head Teacher (designated teacher) will investigate all suspicions/allegations of abuse or improper practice.

Preventive Factors:

(i) Environmental conditions

Bathrooms and toilets need to be conveniently located and designed to permit maximum independence and privacy

(ii) Staff training

Practical help should be as unobtrusive as possible. Staff need clear messages about acceptable and unacceptable approaches to personal care. Pupils can be asked what they want - and their ideas and perceptions incorporated into training.

Training times need also to be seen as staff support. Anxiety about abuse can actually create emotional abuse if staff believe all personal contact must be strictly monitored. Many disabled pupils need friendship and affection - but may be indiscriminate in how they seek and give it.

Prevention of abuse is most likely to occur when there are warm and open relationships between staff and pupils - rigid institutionalisation of care routines is unlikely to offer protection and may increase pupils' vulnerability.

(iii) Social skills and independence training

It can be easy to under-estimate a child's capacity to acquire self-care skills. Positive encouragement to self-management of incontinence; dressing and so forth are crucial. Better partnerships between schools and parents or professional carers can produce major improvements - and greater protection.

(iv) Listening to pupils

'Listening' may mean 'observation' for some pupils with multiple disabilities or major communications difficulties. Listening may mean using a range of communications and asking key questions about the needs of particular pupils using a service. Good record keeping by staff can indicate when behaviour indicates that pupils are unhappy or having difficulty with a particular routine.

(v) Listening to parents

A number of studies have suggested that negative perceptions of disability apply to parents as well as pupils. Parents frequently feel themselves not to be believed - or regarded as trouble makers - if they complain about a service. As noted above, many families are multiple service users. Such services may involve a child staying away from home periodically (for example in respite care).

(vi) Listening to colleagues

Professionals must accept that abuse can and does occur. The alternative - disbelief - can only exacerbate the disempowerment, vulnerability and isolation of the victims. An 'open mind' and a preparedness to accept and objectively analyse improbable and sometimes unbelievable scenarios are essential for the well-being of the pupils in our care.

**Types of Personal Care**

Due to the varying complex needs of the children in the school a wide range of care is carried out throughout the school day. Personal care involves helping pupils at St. Gileswith aspects of care, which they are not able to undertake for themselves, either because of their age and maturity or because of developmental delay or disability. This can include:

* Toileting
* Washing and drying of children
* Dressing and undressing, including swimming
* Supported eating, including tube feeding
* Dental hygiene
* Medical procedures and medication e.g. [buccal midazolam](https://www.google.co.uk/search?dcr=0&q=buccal+midazolam&spell=1&sa=X&ved=0ahUKEwig-uCt4Y7XAhWHb1AKHa_8BbkQvwUIJSgA&biw=1366&bih=628), care of

 Tracheostomy, Oral suctioning, applying nasal cannulas for oxygen

* Applying topical medicines e.g. sun creams, eczema creams
* Manual handling

**Aims**

St Giles will

Safeguard the rights and well-being of pupils with regard to dignity, privacy, choice and safety.

Ensure that pupils are treated consistently when they experience personal care whether at school or on educational visits into the community.

Assure parents and carers that all staff are knowledgeable about personal care and that individual concerns are taken into account and, when possible, are acted upon.

Provide appropriate guidance, training and supervision to staff to ensure safe practice

Ensure that agreed Personal Care protocols are shared with all agencies caring for a pupil e.g. health provided HCAs.

Allow the child or young person to care for him/herself as far as possible, to encourage independence and to encourage him/her to carry out aspects of personal care as part of his/her personal and social development. Targets may be set in developing these life skills.

Provide facilities appropriate to the pupils’ age and individual needs.

Show awareness of and be responsive to the pupils’ reactions, their verbal and non-verbal communication and signifiers.

Use opportunities during personal care toteach pupils about the value of their own bodies, to develop their personal safety skills and to enhance their self-esteem.

**Communication regarding Intimate Care**

**Letter of permission**

Permission must be sought from the parent/carer before any form of personal care can be undertaken. Parent/carers will also be asked to read and sign an agreement of care. Permission will normally be agreed during the transition process into St Giles.

**Staff communication with parents and carers**

Each pupil has a home-school book or Gilofax where daily contact with home is managed. This can also be used to pass on information relating to care issues. This might include information requested by parents/carers and could include

* how well a pupil has eaten/or what she/he ate
* seizure diary
* bowel movements

Staff should

* Have an understanding of parental and cultural preferences and take account of these.
* Be compliant with the Data Protection Act with regard to dissemination of information.
* Maintain confidentiality by sharing information on sensitive issues via telephone, sealed letter or personal contact as appropriate.

**Staff communication with the pupil**

* Appropriate use of differentiated language, signs, symbols, photographs or objects will be used as appropriate at all times.
* Staff work in a reassuring, supportive and focused manner with the pupil when involved in personal care

**Responsibilities**

**Management responsibilities:**

* To ensure that staff receive ongoing training in good working practices which comply with health and safety regulations such as hygiene procedures, manual handling, awareness of medical conditions and associated first aid, safeguarding procedures and other aspects of Personal Care.
* To keep a record of training undertaken by staff and to ensure that refresher and updating of training is provided where required.
* To provide an induction programme for all new staff and ensure that they are made fully aware of the individual personal care protocols for the pupils they are supporting.
* To ensure that all new staff receive the appropriate assistance from experienced staff to provide the pupils they are supporting with the personal care as outlined in their individual protocols.
* To offer additional training and advice to staff where needs have been identified

**Staff Responsibilities:**

* Staff must be familiar with the Personal Care Policy and procedures.
* Staff must adhere to Health and Safety Policies and procedures and must report any health and safety concerns to management within their establishment.
* Staff will liaise with parents/carers and other appropriate services over the development and implementation of the agreed personal care protocol.
* Staff will liaise with other professionals regarding specific aspects of personal care (e.g. nursing) and their advice will be included in the pupil or young person’s individual personal care protocols.
* Staff will take part in annual training for all aspects of personal care support in which they are involved.

**Safeguarding**

It is normal practice for one member of staff to be involved in a child’s personal care, unless it is highlighted that a higher staff ratio is required due to behavioural, medical or physical needs. The person attending to a child will always be a member of school staff or a member of Croydon Health Service NHS Nursing Team based in the school. Students, volunteers and visitors will not be involved in supporting children in this area of care. New staff should not carry out 1:1 care until assessed to be competent as part of their induction. Temporary agency staff should only carry out care if accompanied by a competent member of school staff. Long term agency staff will be able to carry out 1:1 care when they are assessed as competent by the class team.

At all times staff will be encouraged to remain highly vigilant of any signs of improper practice including the breaching of school policies, as they do for all activities within the school.

If staff have any concerns about managing, a child’s personal care on their own they should first raise this with their line manager.

If any marks or injuries are noticed on the child during personal care they should be reported to the Head Teacher who is the designated safeguarding lead for the school. Staff must not question the child or carry out any additional examinations. Genital examinations MUST NOT be carried out on the school site.

This Policy has been approved by the Governing Body of St Giles School at the meeting on

Signed: Chair of Governors

Signed: Headteacher

Date for next Review:

**GUIDANCE ON PROVIDING SPECIFIC TYPES OF PERSONAL CARE**

**Appendix 1 Toileting**

**Appendix 2 Washing and Drying**

 **Appendix 3 Dressing and undressing (including swimming)**

 **Appendix 4 Supported eating, including tube feeding**

 **Appendix 5 Dental hygiene**

 **Appendix 6 Medical procedures and medication e.g.** [**buccal midazolam**](https://www.google.co.uk/search?dcr=0&q=buccal+midazolam&spell=1&sa=X&ved=0ahUKEwig-uCt4Y7XAhWHb1AKHa_8BbkQvwUIJSgA&biw=1366&bih=628) **Care of**

 **Tracheostomy, Oral suctioning, applying nasal cannulas for oxygen**

 **Appendix 7 Applying topical medicines e.g. sun creams, eczema creams**

 **Appendix 8 Manual handling**

 **Appendix 9 Permission Forms and Guidelines**

**Appendix 1. Toileting**

**Guidelines**

* Provide facilities, which afford privacy and modesty, with a separate changing area for girls and boys, which is screened off and separate accessible toilets including labelled accessible girls’ and boys’ toilets located in the secondary corridor.
* There should be sufficient space, heating and ventilation to ensure the individual’s safety and comfort.
* There should be appropriate and specialised toilet seats provided for the size and physical needs of the pupil or young person. A step may be necessary for younger pupils.
* Staff must receive training in good working practices, which comply with health and safety regulation, such as wearing of appropriate disposable gloves for certain procedures and methods of dealing with body fluids.
* Ensure that adequate facilities are provided, such as toilet paper, liquid soap, paper towels, hazardous waste bin for disposal of soiled pads.
* Supplies of suitable cleaning materials must be provided for cleaning and disinfecting areas.
* Items of protective clothing such as disposable gloves and aprons must be provided and readily accessible.
* Supplies of fresh clothes for pupils should be available when required.
* All staff must be made aware of good hygiene and its implications.
* Some pupils may prefer to be changed by a single member of staff for reasons of privacy and dignity. Where an individual expresses a clear preference this must be respected where possible. It is acceptable for a single member of staff to change a pupil providing they ensure that:
* this complies with the pupil’s moving and handling guidelines.
* another member of staff is aware of what is happening.
* any issue or problem, such as nappy rash, which may have arisen or has been noticed is recorded and shared with the parent/carer.

It may be necessary, however, to have more than one member of staff to help while toileting a pupil because of health and safety or other considerations. Hoists and a hydraulic changing table are provided and staff are trained in the use of these aids and equipment. Each pupil’s moving and handling plan and the school Moving and Handling policy must be followed.

Where possible pupils should be changed standing up.

* When pupils require high-level support including cleaning after soiling, consideration should always be given to minimising contact while ensuring that the pupil’s needs are being met. Staff should always take care to be gentle and non-invasive and use additional aids such as the shower bed if pupils require additional cleaning of genital areas.
* The use of additional aids such as urine bottle should be introduced as appropriate to minimise additional moving and handling procedures.
* Some pupils require catheterisation to ensure that they are emptying their bladders sufficiently. This procedure will be carried out by medical staff or trained education staff under the supervision of the nursing team who will ensure that they are sufficiently trained and competent to manage these procedures. As with all personal care procedures particularly those that require more intimate care staff should respect pupils wishes and ensure that their feelings and responses are considered throughout. Wherever possible pupils should be supported to manage their toileting requirements as independently as possible including self-catheterisation when they are able.
* Pupils may have bladder, ileostomy or colostomy stomas, which may require cleaning and/or emptying. As with all procedures, where possible pupils should be supported to manage their needs as independently as possible. If they require support this should be given in line with medical training and advice and cause the minimum of disruption to the pupil and be as uninvasive as possible.
* During menstruation girls who are normally independent may need some support in changing and disposing of soiled pads. Staff should always be mindful of pupils’ well-being and show care and respect when supporting them with personal care so that their wishes and feelings are considered throughout. Where appropriate girls should be shown how to dispose of soiled pads using the correct containers to support their independence.

For additional information about toileting see the’ Continence Policy’

**Appendix 2. Washing and Drying**

Pupils may require washing and drying of their hands, face or bodies including intimate areas as part of their personal care needs throughout the school day or when off site such as on school journey. Wherever possible pupils should be encouraged to manage their own needs independently and where they are physically and cognitively able they should be supported to develop as much independence as they can manage. However when they require support staff should always make sure that the pupils’ dignity, personal wishes and comfort are at the centre of any procedure.

**Guidelines**

**Hand Washing**

**Don't assume pupils know how to wash their hands.**

1. Wet hands under warm running water or immerse in warm water.
2. Apply a small amount of liquid soap.
3. Rub hands together carefully ensuring soap and water is applied to all surfaces of the hands. Be sure to rub between fingers, the palms and the back of the hands.
4. Rinse hands under warm running water or in clean warm water.
5. Dry hands, preferably using paper towels.

The use of a bowl with warm water may be required for pupils who have access issues.

**Encourage pupils to wash their hands before eating and ALWAYS after using the toilet.**

**Face cleaning**

Pupils may need to clean their faces, as a result of dribbling, eating/drinking, face painting etc. Wherever possible pupils should be encouraged and supported to clean their own faces using mirrors (where available), paper towels and water (or wet wipes).

If pupils need adult support the adult should ask the pupils permission where appropriate and talk to the pupil about what they are doing. Where a pupil is unable to give permission the adult should respond to the pupil’s body language and reactions and try to be as unobtrusive as possible.

The adult should always take care to be gentle and uninvasive and stop if the pupil’s behaviour or responses indicates they are not comfortable with the care.

As with all personal care, interactions should be kept to a minimum.

**Nose cleaning**

Some pupils may need help with blowing their noses or removing dry or wet nasal mucus. As with face cleaning adults should encourage pupils to be as independent as possible and use tissues for nose blowing. Dry nasal mucus may need to be removed with water and paper towels and gentle wiping.

Tissues must be disposed of appropriately and staff must wash their hands.

Catch it. Bin it. Kill it.

**Showering**

After swimming pupils may wash off chlorine but will keep their costumes on. This procedure involves minimal adult interaction as the purpose is to remove chlorine not wash intimate areas.

**Washing of body areas**

On occasions, pupils may need to wash their body and or intimate areas e.g. if they have had a loose bowel movement. As with toileting pupils, adults should support pupils to be as independent as possible and keep their personal space and privacy. Where pupils require adult support they should maintain positive relationships, be mindful of pupils’ dignity and keep interactions to a minimum. During washing pupils should be covered as much as possible. Pupils should be cleaned by pouring warm water and using a shower spray, wiping should be kept to a minimum and adults should always be gentle in their interactions.

**Drying pupils**

When pupils are wet e.g. after swimming, they need to be dried, particularly to avoid chaffing and soreness. As with washing or any personal care pupils should always be encouraged to be as independent as possible and guided to dry themselves correctly. If a pupil relies on an adult to dry them then this should be done as unobtrusively and gently as possible and with minimum interactions. Patting areas dry rather than rubbing should be encouraged to reduce possibilities of damaging fragile skin. As in all interactions where pupils are undressed they should be covered as much as possible to maintain their dignity.

**Adults should always maintain high levels of hygiene during personal care procedures by wearing gloves and washing their own hands with soap and water after procedures**

**Appendix 3. Dressing and Undressing (Including swimming)**

Pupils will need to undress and dress for swimming activities, they may also need to undress and dress for performances or if they need to change their clothes. Wherever possible the need to dress and undress is kept to a minimum for example we do not expect pupils to change for PE. Where pupils need to dress or undress we will ensure that facilities provide privacy and modesty e.g. separate toileting and changing for boys and girls or at least adequate screening.

**Guidelines**

Pupils should be encouraged, if able to dress/undress themselves as independently as possible.

There should be a clear plan, appropriate to each individual for (un)dressing for those who require supervision.

Staff should always be mindful of covering pupils as much as possible to protect their dignity while they are being dressed or undressed and should always talk through procedures to the pupils.

Staff will refer to the moving and handling procedures and plans for each pupil.

Staff will follow the guidelines of the relevant department - swimming or toileting.

When using public facilities staff should be aware in advance of the nature of the facilities, and ensure that school expectations related to privacy and modesty are maintained.

**Appendix 4. Supported Eating**

Eating is a social occasion however, some pupils are very easily distracted or become anxious in louder environments. An eating and drinking plan will be agreed for pupils to support them in comfortably eating and drinking. This will include:

* Where – classroom, hall, quiet space
* Who with – the same person each day or different people to support independence
* Communication – how will I know it is lunch time, how will I tell you what I want or don’t want
* Crockery and Cutlery
* Allergies and intolerances
* SALT eating and drinking guidelines

Pupils should be encouraged to eat as independently as possible and make choices where appropriate.

Food should be well presented on the plate, whatever the texture e.g. green peas, orange carrots. Foods should not be mixed together unless this is how the pupil prefers it.

**Guidelines**

**Procedure for supported eating**

1. Establish and follow a class routine for mealtimes – object of reference, song, symbol
2. Staff should wash their hands and encourage pupils to wash their hands before eating.
3. Ensure pupil is well positioned in chair in a stable upright position
4. If protection for clothing is required it should be appropriate to the age of pupil e.g. apron, disposable paper napkin
5. Follow each pupil’s eating and drinking guidelines for feeding

**Spoon Feeding**

Ensure that the pupil is well positioned in his/her chair in a stable, upright position and that his/her head is in the mid-line and aligned with his/her body.

Please refer to pupil’s own eating and drinking guidelines for individual advice.

**Method:**

* Tell the pupil what the food is and show them the food. This is particularly important when the food is pureed.
* Take the spoon to pupil's mouth. Do not force him/ her to take the food.
* Remove the spoon on a horizontal angle and try not to scrape the food off his/her teeth and upper lips.
* If a pupil bites on the spoon, wait until they release the spoon.
* If the pupil is not opening their mouth or turning away or pushing the spoon away, acknowledge they are saying they have finished and do not force them to take more.

**Tube Feeding and Water flushing**

Some pupils have to be fed or given water via a nasal or gastrostomy tube. Only qualified staff can carry out these procedures. Medical personnel do the majority of these procedures. During these feeds, consideration should be given to the pupil’s dignity and adults should take care to avoid disrupting the pupil as much as possible. While some feeds may take place in the classroom consideration should be given to the pupil’s well-being, personal space and privacy. Where clothes have to be moved to access, the gastrostomy site consideration should be given to privacy. As with all personal care procedures pupils should be given the opportunity to be as independent as possible and can administer their own feeds under supervision if they are able.

**Appendix 5. Dental Hygiene**

Pupils may need to brush their teeth or use mouthwashes as part of an agreed dental hygiene. Pupils who are able to do this independently should be able to use one of the bathrooms to undertake this procedure.

**Guidelines**

If pupils need help to do this then the adult should talk through the procedure with the pupil and follow any guidance that has been given for this pupil’s dental hygiene.

The pupil’s belongings should be clearly labelled and stored safely.

Adults should always seek the pupil’s agreement for procedures either verbally or as indicated by their body language and stop if the pupil does not agree or presents as unhappy with the procedure.

Adults should always be gentle and proceed as slowly as necessary to minimise discomfort.

**Appendix 6. Medical Procedures and Medication**

St. Giles aims to meet the needs of, and provide equal opportunities for, all its pupils. Due to the complex medical needs of many of the pupils they may have to take medication while attending school.

Medication will normally be administered by the school nursing team. Occasionally class staff may be requested to administer medication but this may only be done with permission of the Headteacher or Deputy Headteacher and with the agreement of the parent/carer and would normally be for a short term condition.

**Guidelines**

See the school policy for ‘Supporting pupils with medical conditions at school’

**Appendix 7. Applying Topical Medicines and Moisturisers**

**Guidelines**

* Staff may only apply topical preparations such as barrier cream, sun screen and insect repellent if supplied in a named container with written consent from the parent/guardian. E.g. a labelled tube of sunscreen and a note in the home-school book. Some pupils may require moisturiser to be applied, which should only be done if a written request from the parent/carer has been given.
* As with the application of any cream or liquid to the skin staff should only do if agreed permissions and procedures have been followed and should minimise the amount of contact.
* Only a light layer of fluid should be applied and pupils should be supported to apply this as independently as possible.
* Where staff have to apply these preparations on the pupil the minimum amount

of contact should be used and pupils should be kept informed of what the member of staff is doing and why.

**Appendix 8. Manual Handling**

Many of the pupils at St Giles have moving and handling protocols and physiotherapy programmes to enable safe manual handling and to maintain and improve their physical skills. These might involve an exercise programme, positioning programme- floor or standing frame, or a walking programme.

**Guidelines**

Moving and Handling protocols are written by the Occupational Therapist and reviewed regularly – see Moving and Handling Policy. All staff receive moving and handling training as part of their induction and are required to pass competencies before being able to lead any moving and handling activity. Staff must follow each pupil’s moving and handling protocol and report any concerns or need for review.

Where appropriate pupils can participate in and support their moving and handling procedures including identifying the correct loops for slings on hoists.

Where staff have to physically interact with pupils as part of their moving and handling requirements they should use the minimum amount of physical contact to ensure that the procedure is done accurately and safely.

In addition to moving and handling protocols, pupils who require holding in the pool also have additional protocols related to their requirements. These pupils will be nil by mouth and require being held to ensure their heads stay above the water while still experiencing the sensation of being immersed in water. Only trained experienced pool staff carry out this activity.

**Appendix 9. Permission Forms**

**Personal Care When at School, Initial Assessment and Consent Form**

|  |  |
| --- | --- |
| Pupil’s name |  |
| Is the pupil continent or incontinent (please include details on bladder and bowels, day and night)  |  |
| Does the pupil wear pads- if so size and where are they currently sourced. Query initial assessment required and date |  |
| Any medications that may impact on continence(Bladder and bowels) |  |
| Medical/behavioural issues that may impact on toileting or moving and handling  |  |
| Constipation or loose stools  |  |
| Any additional equipment needed |  |
| Pupil’s wishes and feelings around toileting.(Number of people to support, privacy and dignity, cultural beliefs) |  |

**Permission for School to provide Personal Care**

|  |  |
| --- | --- |
| Pupil’s last name |  |
| Pupil’s first name |  |
| Male/Female |  |
| Date of Birth |  |
| Parent/Carers name |  |
| Address |  |

I understand that;

I give permission to the school to provide appropriate personal care to my child

E.g. changing, toileting, feeding, showering, medical support or other.

I wish to advise you that I would like the following to be the approach to this:

Special arrangements for my child should be as follows (please continue on a separate sheet if required)

I will advise the head teacher of any medical issues which impact on the personal care of my child.

The medical issues are

Name …………………………………………………..

Signature …………………………………………………..

Relationship to child …………………………………………………..

Date …………………………………………………..

**School and parent agreement of care undertaken**

The Parent/ Carer:

* Agrees to ensure that the pupil is changed at the latest possible time before being brought to school.
* Provides the school with pads, a change of clothes, topical creams and all individual equipment required to meet their pupil’s continence needs.
* Understands and agrees the procedures that will be followed when their pupil is changed at school – including the involvement of male and female staff, the ratio of staff, the naming and use of any topical creams.
* Agrees to inform the school should the pupil have any marks/ rashes.
* Agrees to a ‘minimum change policy’ i.e. when the pupil is soiled or uncomfortably wet.
* Agrees to review arrangements should this be necessary.

The school setting:

* Agrees to change the pupil should they soil themselves or become uncomfortably wet.
* Agrees to monitor the number of times the pupil is changed in order to identify readiness and progress for toilet training purposes.
* Agrees to discuss any marks or rashes seen.
* Agrees to review arrangements.

**I agree to the above**

|  |
| --- |
| **Consent statement**-(confirmation of your agreement to the prescribed care)I confirm that I have read the above agreement of care. Who do you want to help your child with their personal care? Please delete those which do not apply:*I am happy for male or female staff to support my child with their personal care**I want only female staff to support my child with their personal care**I want only male staff to support my child with their personal care* |
| **Parent/Carer/Young Person name and signature****Name/Signature/Designation of Practitioner**  | **Date**  |

**Guidelines for staff involved in toileting or personal care**

* Where possible children should be toileted standing up and encouraged to independently carry out as much of their own personal care as they are able to.
* Disposable wipes should be used to clean the child’s skin.
* Topical creams must be provided by parents/carers in their original containers. Over the counter creams should be labelled with child’s name. Prescription creams must display the pharmacy label. All topical creams are used on an individual basis and must not be shared. Written permission must be given by parents/carers.
* Any creams should be used sparingly as if applied too thickly they can reduce the absorbency of the pad.
* Disposable gloves should be worn when changing pads. Aprons should be worn when there is a risk of body fluid contamination to clothes or of the spread of infection.
* Any soiled or wet clothing should be placed in a plastic carrier bag and returned home with the child at the end of the school day.
* Once the child has been changed any equipment used and all surfaces should be cleaned with a disinfectant spray and left to dry.
* Personal protective equipment including gloves and aprons and all cleaning materials used must be disposed of in the clinical waste bins provided.
* Clinical waste is emptied and disposed of in line with the school COSHH policy.
* Hands should be thoroughly washed before and after any care carried out.

**Guidelines for Staff Involved in Swimming and Personal Care**

* Please remove outdoor shoes before entering the swimming area
* Parents/carers should send into school pupil’s own swimming kit, towel and swimming nappies, if required
* Read and follow moving and handling guidelines for each pupil
* Staff must wear gloves during procedures and they should be changed for each pupil
* Where there is a danger of staff clothing being contaminated by fecal materials and body fluids they must wear aprons, replacing them after each procedure
* Follow procedures for changing pupils and **ALWAYS** protect their dignity and privacy. Talk to pupils throughout the changing procedure to keep them engaged and involved
* Changing beds should always be positioned at the correct level for staff to change pupils
* Changing beds should be sprayed and wiped down with disinfectant after each use
* When putting pupils in the pool chair staff should ensure that all safety straps are engaged
* When using the pool bed staff should ensure that the sides are up and that the handle faces the pool before moving it
* Hoists need to be returned to their charging positions after use
* At the end of use changing rooms should be left clear and all clinical waste bags removed