WARWICK BRIDGE

INTIMATE CARE AND TOILETING PROCEDURES

10/09/2020

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
1	ORIGINAL - 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 and Standard Infection Control Precautions 9which replace Universal Precautions).	June 2016
2	Reference now made to ''Keeping Children Safe in Education' September 2019 & links updated	September 2019
3	Revised to reflect variations as a result of coronavirus pandemic and updated to reference Keeping Children Safe in Education September 2020 and updates to waste disposal management	September 2020

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References and Useful Links

DfE, Keeping Children Safe in Education, September 2020 including Part 1 - Keeping Children Safe in Education - Information for all School and College Staff, September 2020
DfE Working Together to Safeguard Children July 2018
DfE What to do if you're worried a child is being abused – Advice for Practitioners, March 2015
DfE, Supporting Pupils at School with Medical Conditions, Dec 2015
DfE 'Information Sharing – Guidance for Safeguarding Practitioners' July 2018
Cumbria Safeguarding Children Partnership (CSCP) website
Public Health England homepage
https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities
E-bug
National immunisation schedule
NHS choices
GOV.UK: Waste Disposal
NHS Professionals: Standard Infection and Prevention Control Guidelines
HSE - Blood Borne Viruses in the Workplace
KAHSC General Safety Series G21 – Use of Photographic Digital Images
KAHSC General Safety Series G45 – Managing Intimate Care and Toileting
KAHSC Medical Safety Series M01 – Infection Control in Schools and Other Childcare Settings
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
Admissions Arrangements
Single Equality Scheme/Objectives
Moving and Handling Procedures
Supporting Pupils with Medical Conditions Policy and procedures
Special Educational Needs and Disabilities (SEND) Policy/Information Report
Infection Control Procedures

Definitions

For the purposes of this Policy and procedures a child, young person, pupil or student is referred to as a 'child' or a 'pupil' and they are normally under 18 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.

Introduction

We are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner 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. Arrangements for intimate and personal care are open and transparent and accompanied by recording systems.

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

What is meant by Intimate Care

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).

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 and dignity is of paramount importance.

Staff who provide intimate care are appropriately trained to do so (including in child protection procedures) and, where required, lifting & 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 children 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 pupil with intimate care.

Pupils 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 pupils 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 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 pupil 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 a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage. Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case. Where intimate and personal care tasks are undertaken in another room, records will include times left and returned. These records will be kept in the child's file and available to parents on request.

There must be careful communication with each pupil 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 pupil's wishes and feelings should be sought and taken into account. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

Pupils are encouraged to act as independently as possible and to undertake as much of their own personal care as is possible and practicable. 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 in the vicinity who 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 child's Education Health and Care Plan (EHC 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.

Pupils are entitled to respect and privacy at all times and especially when in a state of undress, including, for example, when changing, toileting and showering. 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. The supervision will be appropriate to the needs and age of the young people concerned and sensitive to the potential for embarrassment.Each child's right to privacy will be respected. 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. 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.

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 Children

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 Cumbria Safeguarding Hub Tel: 0333 2401727 or email: safeguardinghub.fax@cumbria.gov.uk in line with the school Child Protection Policy.

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.

No member of staff will carry or have access to a mobile phone, camera or similar device 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, September 2020, 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) who will report the matter to the DO (formerly 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' July 2018 and the school Child Protection Policy.

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.

Staff Conduct

In accordance with our Code of Conduct 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;
- where there are changing rooms – announce their intention of entering;
- always consider the supervision needs of the pupils and only remain in the room where their needs require this.

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.

During the coronavirus (Covid-19) pandemic, in addition to the points made above:

We will:

- update care plans in writing where appropriate e.g. because there are changes to staff rotas, etc.;
- ensure that, wherever possible, intimate/personal care is provided by staff known to the child;
- ensure that only individuals that have been checked against the relevant DBS barred list are permitted to engage in intimate or personal care;
- ensure that appropriate levels of personal protective equipment (PPE) and arrangements for safe disposal of that equipment are provided for those involved in delivering intimate/personal care.

Staff and other adults will not:

- allow any adult to assist with intimate or personal care without confirmation from senior leaders that the individual is not barred from working in regulated activity.

Infection Control

All staff involved in personal care must adhere to good personal hygiene standards Reference should be made to the Public Health England guidancehttps://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities: . 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.

Personal Protective Equipment (PPE)

Where staff are performing intimate care procedures and/or nappy changing, disposable aprons and disposable gloves will be worn.

During the coronavirus (Covid-19) pandemic:

- When changing children, and where the child can understand, we will ask the child to turn their head to the side during the changing process. A poster or bright picture at eye height can assist with this.
- Staff dealing with children with **complex medical needs** have an increased risk of transmission through aerosols being transferred from the child to the care giver. Staff performing tracheostomy care and other similar procedures will follow the PHE guidance , and wear the correct PPE which is:
  - a FFP2/3 respirator (which must be fit-tested)
  - gloves
  - a long-sleeved fluid repellent gown
  - eye protection
- If non-symptomatic children present behaviours which may increase the risk of droplet transmission (such as spitting), they will continue to receive care in the same way, including any existing routine use of PPE (disposable gloves and apron and a fluid resistant mask (FFP11R) or face-visor).
- If a child undergoing personal care becomes unwell with Covid-19 symptoms (a new, continuous cough, a high temperature or a loss of, or change in their normal sense of taste or smell [anosmia]) they will be moved to a room where they can be isolated behind a closed door, depending on the age of the child and with appropriate adult supervision if required. Where available, a window will be opened for ventilation. If it is not possible to isolate them, the child will be moved to an area which is at least 2m away from other people whilst they await collection.
- If the individual needs to go to the toilet while waiting to be collected or prior to them leaving for home, they will be directed to use a separate toilet if possible. The toilet area will then be cleaned and disinfected using standard cleaning products before being used by anyone else.
- If a child needs direct personal care until they can return home, a fluid-resistant surgical face mask will be worn by the supervising adult if a distance of 2m cannot be maintained. If contact with the child or young person is necessary, then disposable gloves, a disposable apron and a fluid-resistant surgical face mask will be worn by the supervising adult. If our risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection will also be worn.
- If a member of staff has helped someone who was unwell with COVID-19 symptoms, they do not need to go home unless they develop symptoms themselves (and in which case, a test is available) or the child subsequently tests positive (see below). The staff member will wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Cleaning the affected area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people. Refer to .

To remove PPE safely:

- Remove apron.
- If you have worn gloves, remove them next by turning them inside out in one single motion.
- Once removed, disposable gloves and aprons will be placed in the bin immediately.
- Waste will be double bagged, then stored securely for 72 hours then thrown away in the regular rubbish.
- Hands must be washed with soap and water for 20 seconds after all PPE has been removed.

A has been produced by Public Health England to support training in the removal of PPE safely.

To dispose of waste (including used PPE) safely where no-one has symptoms of, or confirmed COVID-19:

Dispose of routine waste as normal, placing any used cloths or wipes and used PPE/face coverings in 'black bag' waste bins. You do not need to put them in an extra bag or store them for a time before throwing them away. Do **not** use recycling bins.

To dispose of waste (including used PPE) safely after an individual with symptoms of, or confirmed COVID-19 has left the setting or area:

- Personal waste from individuals with symptoms of COVID-19 and waste from cleaning of areas where they have been (including used PPE, disposable cloths and used tissues):
    - should be put in a plastic rubbish bag and tied when full
    - the plastic bag should then be placed in a second bin bag and tied
    - this should be put in a suitable and secure place and marked for storage until the individual's test results are known
- This waste should be stored safely and kept away from children. It should not be placed in communal waste areas until negative test results are known, or the waste has been stored for at least 72 hours. If possible keep an area closed off and secure for 72 hours.
- If the individual tests negative, this can be disposed of immediately with the normal waste.
- If COVID-19 is confirmed this waste should be stored for at least 72 hours before disposal with normal waste.
- If during an emergency you need to remove the waste before 72 hours, it must be treated as Category B infectious waste. You must:
    - keep it separate from your other waste
    - arrange for collection by a specialist contractor as hazardous waste.

Immunisation against Blood Borne Viruses (BBVs)

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 Choices 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 GPs 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 Safety Series - Medical: M01 – Infection Control in Schools and Other Childcare Settings and M06 - Protection Against Blood Borne Infections-Viruses (BBVIs) and the Public Health England guidance Public Health England guidance: https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities.

Policy written and adopted by Warwick Bridge staff **September 2020**

Ratified by Governing Body **……..**

Date to be reviewed **September 2023**

Signed:……. **Signed:……**
Head Teacher **Chair of Governors**

Date:……..

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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 pupils this will be in response to the pupil's 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 pupils' 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 pupil 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 pupil'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 pupils 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 pupil might be prone to misinterpret any such contact, alternatives should be considered, perhaps involving another member of staff or a less vulnerable pupil 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 pupils 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

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'*, 2014. 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'*, 2014 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. '*Supporting Pupils at School with Medical Conditions*' statutory guidance from the DfE 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

Record of Agencies Involved and Support Services Available/Used

Name of Child:		Date of Birth:	

Name / Role	Contact Address / Telephone / Email
Parent	
General Practitioner / Doctor's Practice	
School Nurse	
Buildings Services Support (building works or adaptations to premises)	
Continence Adviser	
Community Paediatric Nurse	
Community Specialist Nurse e.g. Asthma, Diabetes etc.	
Physiotherapist	
Occupational Therapist	
Hospital Consultant	
Physical and Sensory Support Services	
Educational Psychologist	
Social Care Worker	
Health Visitor	
Early Years & Childcare Adviser	
Family Worker	
LA Children's Services Referrals Team	

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Appendix D

Personal Care Management Checklist

(To inform the written personal care management plan)

Name of Child:		**Date of Birth:**	

Facilities Required	**Discussion Outcomes**	**Action**
Suitable toilet identified? Adaptations required? • Changing mat/table (easy clean surface) • Grab rails • Step • Easy operate locks at suitable height • Accessible locker for supplies • Mirror at suitable height • Hot and cold water • Lever taps • Disposal unit • Lifting & Handling equipment • Bleeper/emergency assistance		
Supplies Required	**Discussed**	**Action**
Parent provided supplies: • Pads • Nappies • Catheter • Wipes • Spare clothes • Other (please specify)		
School/setting provided supplies: • Toilet rolls • Urine bottles • Bowl/bucket • Antiseptic cleanser, cloths and blue roll • Antiseptic handwash • Milton/sterilising fluid • Paper towels, soap • Disposable gloves/aprons • Yellow sacks/disposal bags		
Training/Communication needs	**Discussion Outcomes**	**Action**
For and to staff		
For and to other children		

Appendix D

Curriculum Issues	Discussion Outcomes	Action
Enabling access to and inclusion in all activities e.g. PE, games, trips, performances etc. • Discreet clothing required? • Privacy for changing? • Specific advice required for swimming? • Specialist nurse? • Manual handling adviser?		
Specific Support Required	**Discussion Outcomes**	**Action**
Details of support required Identified staff to carry it out Back up staff to carry it out Training for back up staff Time plan for supporting personal care needs		

Appendix E

Personal Care Management Plan (developed from the Personal Care Management Checklist)

Name of Child:		Date of Birth:		Condition:	

Details of assistance required:
Facilities and equipment: (clarify responsibility for provision of supplies e.g. parent/school/other)

Staffing:	
Regular Staff Name(s)	**Time Plan for Care**
Back-up Staff Name(s):	**Time Plan for Care**

Training needs: (individual staff must keep signed/dated records of training received in addition to school and setting held records. A record should be completed when training has been delivered and kept as part of the care plan)
Curriculum specific needs:
Arrangements for trips/transport:
Procedures for monitoring and complaints: (including notification of changing needs by any relevant party)
This current plan has been agreed by: -

Name:		**Role:**		**Signature:**		**Date:**	
Name:		**Role:**	CHILD	**Signature:**		**Date:**	
Name:		**Role:**	PARENT	**Signature:**		**Date:**	

Proposed Review Date:	

Appendix F

Toileting Plan

Record of Discussion with Parents

Name of Child:			
Date of Birth:		**Class/Group:**	

	Detail/Action	**Date Agreed**
Working towards independence: e.g. taking child to toilet at timed intervals, using sign or symbol, any rewards used		
Arrangements for nappy/pad/clothes changing: e.g. who, where, arrangements for privacy		
Level of assistance required: e.g. undressing, dressing, hand washing, talking/signing to child		
Infection control: e.g. wearing disposable gloves, waste disposal		
Sharing information: e.g. if the child has a nappy rash or any marks, any family customs/cultural practices		
Resources required: e.g. special seat, nappies/pull-ups, creams, disposable sacks, change of clothes, toilet step, disposal gloves		

Parent Signature:		**Date:**	
Key Staff Signature:		**Review Date:**	

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Appendix G

Record of Personal Care Intervention

Name of Child:		Date of Birth:	

Date	Time	Procedure	Staff Signature	Comments

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Appendix H

Agreement to and Staff Training Record for Intimate Care Procedures for an Individual Child

The purpose of this agreement is to ensure that parents, children (where appropriate) and professionals are in agreement with what care is to be given, who is to provide the care and that the appropriate training is given.

The teaching of care procedures may be carried out by the parent or by a professional experienced in the procedures.

When the parent and/or professional are agreed the procedure has been learned and the staff carer feels comfortable with, and competent to administer that procedure this record should be signed by both parties. One copy should be given to the staff carer, one retained in the staff carer's personnel file and one filed in the child's Individual Healthcare Plan (IHCP) or Education, Health and Care Plan (EHCP).

School/Setting:			
Name of Child:			
Date of Birth:		**Class/Group:**	
Procedure(s): (brief detail of the care procedures agreed by all parties and that staff have been trained in)			
Date of Child's Agreement to the above procedures		**Child's Signature:**	
Date Training Completed:			
Name of Trainer:			
Training Provider: Organisation, profession and job title of the person delivering the training	(Where this person is a parent or carer record that here)		
I confirm that the above named member(s) of staff received training in the procedure(s) detailed above and they are competent to carry out any necessary care procedures.			
Date by which I recommend this training be updated (where applicable):			
Trainer Signature:		**Date:**	
I confirm that I have received training in the procedure(s) detailed above.			
Staff Name(s):		**Staff Signature(s):**	**Date:**
Proposed Review Dates:			

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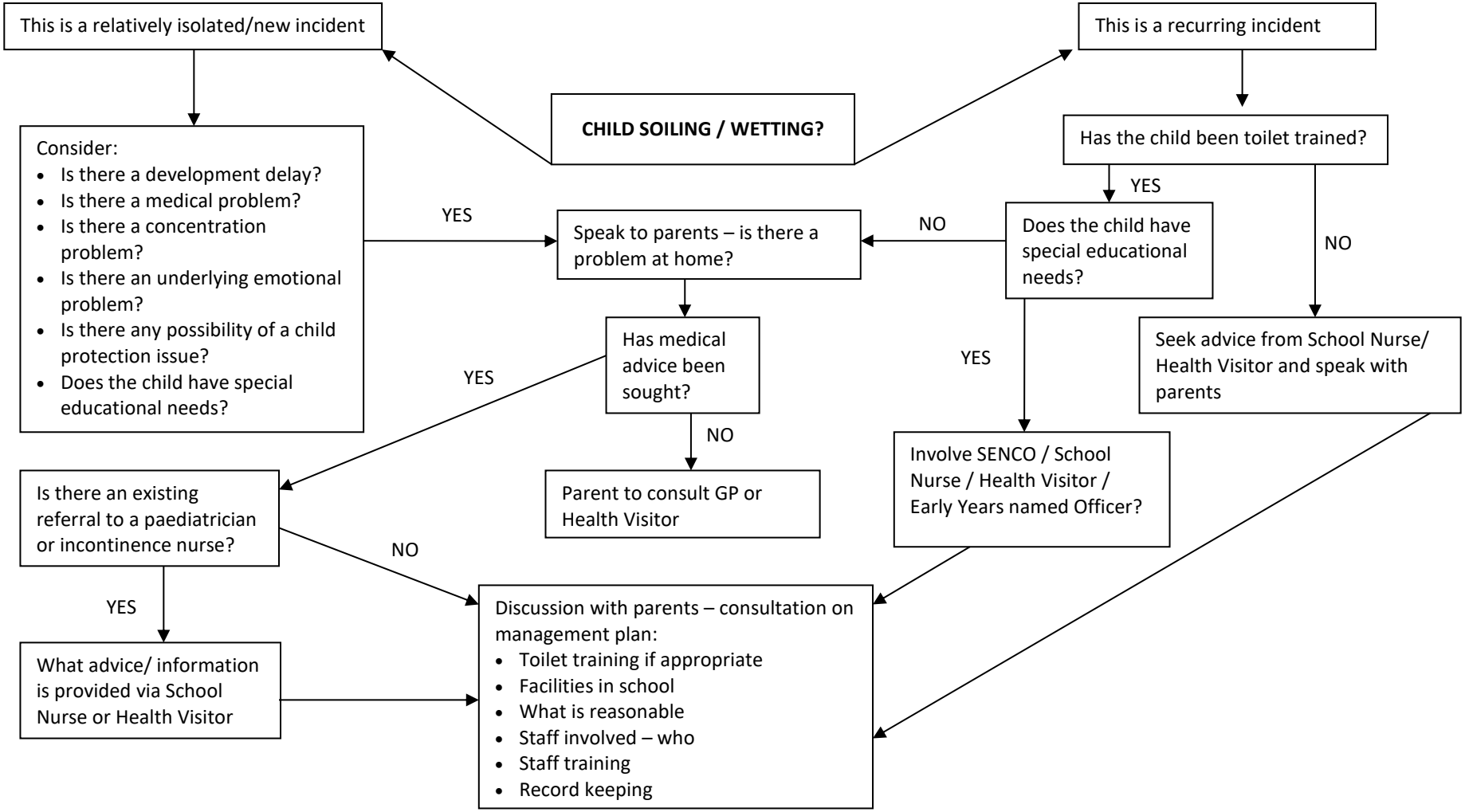
Appendix I

Toileting Management Flowchart



Always be aware of the possibility of Child Protection issues (in which case follow Safeguarding Procedures)