

Personal Care Policy

Reviewed: September 2024
Next Review: September 2025

St George's Church of England Primary School



Bringing **faith** and **education** together

Ratified by the Full Governing Body
(Date TBC)

INTRODUCTION

Following the implementation of the SEN and Disability Act 2001, an increasing number of children and young adults with disabilities and medical needs are being included in mainstream educational settings. A significant number of these require assistance with personal care, especially toileting management. This is a new duty that requires clear guidance in order to avoid causing anxiety for staff, the children themselves and their parents/carers.

AIMS AND OBJECTIVES

The aims of this policy are:

- To provide guidance and reassurance to staff
- To safeguard the rights and well-being of children
- To assure parents and carers that staff is knowledgeable about personal care and that their individual concerns are taken into account.

DEFINITION OF PERSONAL CARE

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

Children may require help with eating, drinking, washing, dressing and toileting.

BASIC PRINCIPLES

It is essential that every child is treated as an individual and that care is given as gently and sensitively as possible. The child should always be encouraged to express choice and to have a positive image of his/her body. Staff should bear in mind the following principles

Children have a right to feel safe and secure.

Children should be respected and valued as individuals.

Children have a right to privacy, dignity and a professional approach from staff when meeting their needs.

Children have the right to information and support to enable them to make appropriate choices.

Children have the right to be accepted for who they are, without regard to age, gender, race, culture or beliefs.

Children have a right to know how to complain and have their complaint dealt with.

A child's personal care plan should be designed to lead to independence.

Children with disabilities have been shown to be particularly vulnerable to abuse. **It is essential that all staff is familiar with the school's Child Protection Policy and procedures, with agreed procedures within this policy and with the child's own Care Plan.**

Personal care may involve touching the private parts of the child's body and may leave staff vulnerable to accusations of abuse. It is unrealistic to eliminate all risk but this vulnerability places an important responsibility on staff to act in accordance with agreed procedures.

WORKING WITH PARENTS

Working effectively with parents is a key task and is particularly necessary for children with special care needs or disabilities. When a child needs routine or frequent personal care because of emotional or medical needs a Personal Care Plan will be drawn up in collaboration between the SENCO, Class teacher and/or Teaching Assistant, parents and school nurse if available.

Plans for the provision of personal care will be clearly recorded to ensure clarity of expectations, roles and responsibilities. The Care Plan will reflect arrangements for ongoing and emergency communication between home and school and how and when the plan is to be reviewed.

LINKS WITH OTHER AGENCIES

Children with special care needs or disabilities may be known to a range of other agencies. It is the responsibility of the school to arrange support for school staff where necessary, and the responsibility of the SENCO to coordinate links with other agencies. These might include:

Specialist Teaching Service Staff

Children's Social Services

School Nursing Service

Community Paediatric Health Service

Specialist Nurses (e.g. Children's Bladder and Bowel)

Hospital based Paediatric Services

General Practitioners

GOOD PRACTICE

Staff working with the personal care of children with special educational needs on a daily basis is in a position of great trust and responsibility. They are required to attend to the safety and comfort of the children and to ensure they are treated with dignity and respect. The time taken to carry out the care can be used to promote personal development, as even the youngest child can be encouraged to become aware of and value their own body. This in turn helps them to understand and distinguish between what is appropriate and inappropriate. Religious and cultural values must always be taken into account. It is vital that the school staff involved in providing the personal care meet with parents at the Care Plan meeting. It is recommended good practice that any personal care requirements are discussed with the school nursing service.

POSITIVE APPROACHES TO PERSONAL CARE

The following points should be observed at all times:-

- The person carrying out the care should be known to the child – this will normally be the Teaching Assistant who usually works with the class.
- Ensure the child is aware of the focus of the activity and give explanations in a straightforward and reassuring way.
- Encourage the child to undertake as much of the procedure for themselves as possible, to develop independence.

- Seek the child's permission before undressing if he/she is unable to do this unaided.
- Ensure privacy and modesty is maintained. This needs to be balanced with protection of staff involved (see under 'Staffing levels' below)
- Keep records of personal care interventions as agreed at the Care Plan meeting, including any responses or changes in behaviour of the child (see under 'Staffing levels' below)

The adult assisting with personal care should always be an employee of the school and this aspect will be reflected in the job description. In exceptional circumstances (e.g. on school trips or at swimming lessons) unpaid adults such as parents or voluntary workers may assist with personal care. The school will have ensured police checks have been carried out prior to any adult working with children in school or accompanying children on school trips. When personal care is carried out by an adult other than those who have signed the care plan, the parents will be informed at the earliest opportunity.

Personal care may be required on a regular basis for a small number of children with medical needs. In this instance there will be an agreed Health Care Plan involving discussion with school staff, parents, relevant health personnel and the child. All parties should sign the plan, which should be reviewed on a regular basis. (See Appendices for blank Health Care Plan and other documents.)

The Care Plan itself will give specific details of the facilities, provision of supplies and equipment, arrangements for P.E. and school visits, details of assistance required and staffing.

Staff should receive training as necessary in good working practices which comply with Health and Safety regulations such as dealing with bodily fluids, protective clothing, Manual Handling and Child Protection. There may be a training need for very specific personal care procedures.

PRACTICAL ISSUES

Staffing levels

There is a balance to be struck between maintaining privacy and dignity for children alongside protection for them and for staff. All key staff working in the same phase or area as the child should be made aware of the health care plan needs.

The member of staff attending to the child **must** alert the teacher or another member of staff that they are taking the child to carry out a care procedure.

All procedures that are **not** part of an agreed plan must be recorded and signed with the date, time and details. A decision will be made at the Health Care Plan meeting as to whether a regular record needs to be kept of routine procedures.

If a situation occurs which causes personal care staff embarrassment or concern, a second member of staff should be called and the incident reported and recorded. When staff are concerned about a child's actions or comments whilst carrying out the personal care procedure, this must be recorded and discussed with a line manager immediately.

Some children will occasionally need personal care as a 'one-off' requirement following a toilet 'accident'. In this instance the parents will be contacted and encouraged to come into school to deal with the incident. If the parents are unavailable or cannot come, then

verbal consent should be sought from the parent or named contact adult. Parents should be notified using the designated letter (See Appendix Form 5). A copy of this should be kept in the child's file.

Procedures and Materials

There should be sufficient space, heating and ventilation to ensure safety and comfort for staff and child.

Facilities should have hot and cold running water. Anti-bacterial handwash should be available. Handwashing must be done thoroughly.

Items of protective clothing, such as disposable gloves and aprons should be provided. Disposable gloves must not be reused.

Wet and/or soiled clothing/nappies/pads should be 'double-bagged' before placing in the bin.

Supplies of suitable cleaning materials should be available. Anti-bacterial spray should be used to clean surfaces. Always follow the latest infection control advice for clearing blood spills.

Supplies of clean clothes should be easily to hand to avoid leaving the child unattended while they are located.

Classroom management and organisation

Consider where the child sits in class in relation to the door if frequent visits to the toilet are needed. If a child is likely to suffer 'leaks' in class, consider the best place for the child to sit for example at story time – a plastic chair or carpet tile may be easier to clean. Ensure there is a system in place that allows a child to leave the classroom to use the toilet without fuss. Avoid causing embarrassment and avoid making the child 'hang about'. Physical activities such as P.E. can often result in an accident. It may be good to plan a visit to the toilet before session

Implications for learning

It is difficult to sit still if you need to go to the toilet.

A child with continence difficulty may be experiencing tummy pain or discomfort. Concentration and general well-being could be affected as a result of these problems. It may be necessary to monitor fluid intake, or indeed, give extra fluid.

INSURANCE

This policy aims to manage risks and ensure that employees do not work outside the remit of their responsibilities. It is essential that all staff follow the advice set out in this policy and take all reasonable precautions to prevent or minimise accident, injury, loss or damage. It is of particular importance with regard to:

- Appropriate staff training
- Recording of activities
- Consent being obtained from parents/carers
- The Health Care Plan being written and signed by parents
- The Health Care Plan being monitored and reviewed

It is the employer's responsibility to make sure that insurance arrangements provide full cover in respect of actions which could be taken by staff in the course of their employment.

It is the employee's responsibility to carry out actions to agreed procedures and training. In this way, employees can be reassured that they will not be held responsible in the unlikely event of something 'going wrong'.

Links with other policies

For further guidance please also refer to the following policies:

- Child Protection
- Manual Handling
- Medicines
- Accessibility Plan
- Health & Safety
- Risk Assessment
- AEN

APPENDIX A

Helping Pupils with Personal Care difficulties

Form 1 Record of other agencies involved

Form 2 Personal Care Management Checklist (to inform the Personal Care Plan)

Form 3 Personal Care Management Plan (developed from Form 2 - the checklist)

Form 4 Record of Personal Care Intervention

APPENDIX B

Useful contacts and resources

Appendix A

HELPING PUPILS WITH PERSONAL CARE DIFFICULTIES

Background Information

There are many reasons for a child having difficulties with Personal Care. These can be:
Immaturity of development

Spina bifida

Cerebral palsy

Muscular dystrophy

Hirschsprung's disease

Colostomy

Perforated bowel

Emotional problems

Kidney problems

Constipation

Urinary tract infection

Use of overnight feeding

Physical/emotional/sexual abuse

Further professional advice relating to such individual conditions must be sought.

Contact the School Nurse in the first instance. Parents may also have specific contact personnel.

The Management Plan

Consider the following: -

- Is the health care plan leading to independence in personal care management?
- How will the situation be managed?
- On home-school transport
- On school trips
- Sports day/school performances/examination times
- Swimming
- What if child arrives in school soiled?
- Who is to cover if the regular assistant is absent?
- Have they had the relevant training?
- Who will help the child if there is no assistant available?
- Are spare clothes available in school?

It is important to maintain the child's self-image and social standing within the peer group through sensitive handling and discretion. There may be teasing / bullying, particularly if there is an issue of odour.

Classroom management and organisation

Adaptations to toilets, equipment and management strategies will vary according to the individual needs of each child.

Consider where the pupil sits in class in relation to the door if frequent visits to the toilet are needed.

When regrouping pupils for different activities, such as story time, think about the best place for the child who may “spring a leak” to sit:

- Is a plastic chair better than the carpet?
- Are individual carpet tiles easier to clean and dispose of if necessary?

There should be a system in place that allows the child to leave the classroom to use the toilet without fuss. Avoid causing embarrassment; avoid making the child “hang about”. If pupils have a set time for toilet management routines (e.g. catheterisation), they may be missing the same lesson all year. What can be done to avoid this?

Physical activity such as PE can often result in an accident. It may be good to plan a visit to the toilet before the session.

Implications for learning

These are not always immediately obvious. Consider: -

- It is difficult to sit still if you need to go to the toilet
- A child with a continence difficulty may be experiencing tummy pain or discomfort
- Concentration and general well-being could be affected as a result of these problems
- It may be necessary to monitor fluid intake, or indeed, give extra

Access, organisation and resources

- If at all possible, base the child in a classroom that is convenient for toilets
- You may need to use a separate toilet to ensure privacy for the procedure
- Any of the following may improve access: adaptations, provision of changing mat/table, installation of grab rails, step up to the toilet or to operate locks on toilet doors, position of toilet roll, lever taps
- A secure cupboard is required for storing medical supplies for certain procedures
- A spare set of clothes
- Plastic bags for sending home soiled clothing (ensure there are no holes!)
- Disposable gloves and antiseptic cleanser and air fresheners are essential. Equipment and cleaning materials for cleansing and clearing up will also be needed
- Accessible basin with hot and cold water, soap, towels/ hand drier within reach

Implications for PE

- Clothing for PE should be discreet for children wearing continence products
- Privacy for changing should be considered where necessary
- Seek advice from parents /carers and medical personnel with regard to swimming

Form 1
Record of other agencies involved

Pupil name: DOB Name / Role:		Contact address/phone/email
	Discussed	Action
Parent/carer		
School Nurse		
Continence Adviser		
Physiotherapist		
Occupational Therapist		
Hospital Consultant - Community		
Hospital Consultant – (specify)		
Health Needs Education Service		
Specialist Teaching Service		
GP		
Educational Psychologist		
Health Visitor		

Form 2 Personal Care Management Checklist

(To inform the written personal care plan)

Pupil Name _____

Facilities	Discussed	Action
<p>Suitable toilet identified? Adaptations required?</p> <ul style="list-style-type: none"> • 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 • Moving and Handling equipment <p>Bleeper/emergency help</p> <p>Pupil provided supplies</p> <ul style="list-style-type: none"> • Pads/nappies • Catheters • Wipes • Spare clothes • Nappy sacks • Others (specify) <p>School provided supplies</p> <ul style="list-style-type: none"> • Toilet rolls • Urine bottles • Bowl/bucket • Antiseptic cleanser, cloths and blue roll • Antiseptic handwash • Paper towels, soap • Disposable gloves/aprons • Bins with black sacks – near the facility 		

PE issues	Discussed	Action
<p>Discrete clothing required?</p> <p>Privacy for changing?</p> <p>Specific advice required for swimming?</p> <p>Specialist nurse, Moving & Handling Adviser?</p> <p>School visits/holidays</p> <ul style="list-style-type: none"> • Access to toilets • Toilet stops for travel? • Transport and storage of equipment • Medication • Trained staff attending • Amended care plan for residential setting? <p>Support</p> <ul style="list-style-type: none"> • Identified staff • Back up staff • Training for back up staff • Time plan for supporting • Personal care need 		

Form 3

PERSONAL CARE MANAGEMENT PLAN (developed from the Personal Care Management Checklist)

Pupil Name:		Date of Birth:		Condition:	
Details of assistance required:					
Facilities and equipment: (Clarify responsibility for provision of supplies e.g. parent/school/other)					
Staffing					
Regular		Name		Time plan	
Back up					
Training needs (individual staff must keep signed/dated records of training received in addition to school 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/raising concerns: (including notification of changing needs by any relevant party)					
This current plan has been agreed by:					
Name		Role		Signature	
				Date	
Date for Review:					

APPENDIX B

Useful contacts and resources

In the first instance schools should contact their School Nurse. This could lead to a referral through to a Nurse Specialist in continence.

Moving and Handling Team – 01474 544320

Specialist Teaching Service Physical Impairment – 01732 525066

Electronic version of these guidelines available at <http://www.kelsi.org.uk/>

Go to...

- **Policies & Guidance**
- **Health & Safety Guidance**

Further Reading

Managing Medicines in Schools and Early Years Settings **DFES/DOH Reference 1448-2005DCL-EN**
Tel: 0845 60 222 60

Including Me **by Jeanne Carlin ISBN 1-904787-60-6 Available to order from:**

Council for Disabled Children National Children's Bureau, Wakley Street, London EC1V 7QE Tel: 020 7843 6334

Toilet Training for Individuals with Autism and Related Disorders **by Maria Wheeler**

Catheterisation in Schools – **Guidance for Good Practice**

Available from Astra Tech Ltd

All About your Mitrofanoff with Smarty

Stroudwater Business Park

Brunel Way, Stonehouse

Glos. GL10 3SW

01453 791763

Useful websites

www.eric.org.uk website of Enuresis Resource & Information centre

www.bog-standard.org a campaign for better school toilets but with much useful information

www.unison.org.uk/education/schools search for advice on managing medicines and toileting